A TRANSTHEORETICAL FRAMEWORK OF RECOMMENDATIONS FOR MALE-FRIENDLY COUNSELLING WITH ADOLESCENT MALES

A Thesis submitted by

Micah Jiel Boerma
BSciPsych (Hon 1); MClinPsych,
MAPS, FCCLP

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ABSTRACT

Despite being a group at high risk for experiencing psychological distress across the lifespan, adolescent males are the least likely to engage with health services and compared with female peers, attend fewer sessions and drop out of therapy prematurely. Discrepancies between conventional therapy, gender role socialisation, and masculine norms have been implicated as obstacles to young men's therapy participation, with limited guidance in the literature afforded to therapists for engaging this population. The aim of this thesis was to collate existing scholarly recommendations for counselling adolescent males, supported by accounts from Australian mental health practitioners, young male clients, and caregivers to establish a transtheoretical framework for male-friendly counselling with young men that may be utilised across professional disciplines and therapeutic modalities. The first of three papers presents a qualitative systematic review that consolidated and provided thematic recommendations for adapting counselling for adolescent males. The overarching themes, inductively developed from the review, provided the foundations for a transtheoretical counselling framework. The second paper explored the experiences and recommendations of Australian therapists who provided counselling to young men. This paper elucidated intrapersonal adjustments and deliberate interpersonal interactions that enhanced adolescent males' engagement in therapy. The final study explored the experiences of young men and caregivers who engaged with a male-specific counselling service. This paper identified key personal and structural facilitators of young men's involvement with male-friendly services. The synthesised findings of the three papers led to the original contribution to knowledge of this thesis: the development of a novel, transtheoretical framework for engaging adolescent males in individual counselling that can be utilised by therapists and service providers. This framework provides implications for future research and clinical training to better equip therapists who work with young men.

CERTIFICATION OF THESIS

I Micah Jiel Boerma declare that the PhD Thesis entitled *A Transtheoretical Framework of Recommendations for Male-Friendly Counselling with Adolescent Males* is not more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references, and footnotes.

This Thesis is the work of Micah Jiel Boerma except where otherwise acknowledged, with the majority of the contribution to the papers presented as a Thesis by Publication undertaken by the student. The work is original and has not previously been submitted for any other award, except where acknowledged.

Date: 10th August 2024

Endorsed by:

Dr Carla Jeffries
Principal Supervisor

Dr Nathan Beel
Associate Supervisor

Dr Govind Krishnamoorthy
Associate Supervisor

Student and supervisors' signatures of endorsement are held at the University.

STATEMENT OF CONTRIBUTION AND FORMATTING

This thesis is formatted in an adapted Sandwich A thesis by publication model (Mason & Merga, 2018), where focus is divided between introductory chapters, including a literature review, discrete chapters for each published article, and an overall discussion and conclusion chapter. This format was chosen as it permitted each paper to be subjected to rigorous peer-review, while also maintaining a cohesive narrative and focus on the research gap and questions through the inclusion of the introduction, literature review, and conclusion. Relatedly, the references presented in the thesis reference list only include citations presented in chapter 1, 2, and 6. The references for the published papers presented in chapter 3, 4, and 5 are included in the relative chapter in the published journal article format. Supplemental materials that were submitted to journals alongside manuscripts are presented in Appendix A–H of this thesis yet are not referenced in each of the journal formatted articles throughout. As such, descriptive titles accompany each appendix to clarify its inclusion. The PRISMA checklist and data base search terms for paper 1 (chapter 3) are presented in Appendix A and B respectively. Supplemental information for paper 2 (chapter 4) is presented in Appendices C–F, and supplemental information for paper 3 (chapter 5) is presented in Appendices G–H.

The peer–reviewed publications that form the major chapters of this thesis were a joint contribution from the authors. The details for the publication status for each paper, and each author's contribution as per the Contributor Roles Taxonomy (https://credit.niso.org) to each specific paper are listed below:

Paper 1

Boerma, M. J., Beel, N., Jeffries, C., & Ruse, J. (2023). Recommendations for male-friendly counselling with adolescent males: A qualitative systematic literature review. *Child and Adolescent Mental Health, 28*(4), 536-549. https://doi.org/10.1111/camh.12633 (Q1 journal; impact factor: 6.8)

The overall contribution of ***Micah Boerma*** was 80%: conceptualisation; investigation; methodology; data curation; formal analysis; visualisation; project administration; writing – original draft. The overall contribution of ***Nathan Beel*** was 10%: Conceptualisation; supervision; formal analysis; writing – reviewing and editing. The overall contribution of ***Carla Jeffries*** was 5%: supervision; writing – reviewing and editing. The overall contribution of ***Jesse Ruse*** was 5%: formal analysis.

Paper 2

Boerma, M. J., Beel, N., Jeffries, C., & Krishnamoorthy, G. (2024). "It's all about rapport": Australian therapists' recommendations for engaging adolescent males in counselling and psychotherapy. *Counselling and Psychotherapy Research, 24*(2), 805-817. https://doi.org/10.1002/capr.12716 (Q1 journal; impact factor: 2.4)

The overall contribution of ***Micah Boerma*** was 85%: conceptualisation; methodology; investigation; data curation; formal analysis; visualisation; writing – original draft. The overall contribution of ***Nathan Beel*** was 10%: conceptualisation; supervision; formal analysis; writing – review and editing. The overall contribution of ***Carla Jeffries*** was 2.5%: supervision; writing – review and editing. The overall contribution of ***Govind Krishnamoorthy*** was 2.5%: writing – review and editing.

Paper 3

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The overall contribution of ***Micah Boerma*** was 70%: conceptualisation; data curation; formal analysis; methodology; writing – original draft; project administration. The overall contribution of ***Nathan Beel*** *was* 10%: formal analysis; supervision; writing – review

and editing. Similarly, the contribution of ***James Neill*** was 10%: project administration, writing – review and editing. The overall contribution of ***Carla Jeffries***, ***Govind Krishnamoorthy***, and ***Jonathan Guerri-Guttenberg*** was 10%: supervision, project administration; writing – review and editing.

OTHER PUBLICATIONS RELATED TO THESIS

Carlowe, J (Host). (2023, April 3). Review: Recommendations for male-friendly counselling with adolescent males: A qualitative systematic literature review (No. 212) [Audio podcast]. In *ACAMH Podcasts.* Association of Child and Adolescent Mental Health. https://www.acamh.org/podcasts/recommendations-for-male-friendly-counselling-with-adolescent-males/

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Soli Deo Gloria

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Please note: an editor has not been used in the construction of this thesis.

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
APA	American Psychological Association
APS	Australian Psychological Society
BPS	British Psychological Society
CBWFR	conflict between work and family relations
CORE-Q	Consolidated Criteria for Reported Qualitative Research
DSM	Diagnostic and Statistical Manual of Mental Disorders
GP	General practitioner
GRC	Gender role conflict
GRCS	Gender Role Conflict Scale
GRIP	Gender role identity paradigm
GRSP	Gender role strain paradigm
MDRS	Male Depression Risk Scale
MCC	Multicultural Counselling Competencies
MCO	Multicultural Counselling Orientation
MRNI	Male Role Norms Inventory
NPM	new psychology of men
PPPM	positive psychology positive masculinity paradigm
PRISMA	preferred reporting items for systematic reviews and meta-analyses
QSLR	qualitative systematic literature review
RABBM	restrictive affectionate behaviour between men
RE	restrictive emotionality
SPC	success, power, competition
SUD	Substance Use Disorder
TMI	traditional masculinity ideologies
US	United States
WHO	World Health Organisation

CHAPTER 1: INTRODUCTION

In Australia, despite being at a higher risk of experiencing psychological distress, adolescent males are among the least likely demographic group to seek out mental health services across the lifespan (Australian Bureau of Statistics, 2023 [ABS]; Islam et al., 2020; Johnson et al., 2016). Moreover, when young men do seek out psychological treatment, they prematurely discontinue treatment earlier than female peers (Seidler, Rice, Dhillon, et al., 2020). Research has proffered that conventional counselling and psychotherapeutic treatment does not adequately suit the relational styles and masculinities of young men (Kiselica, 2003), with recent calls to tailor therapeutic interventions to suit their needs (Liddon et al., 2019; Rice, Purcell, et al., 2018).

Male-friendly counselling has been proposed in the academic literature to address the specific needs and preferences of male clients and increase engagement and retention (Addis & Mahalik, 2003; Beel et al., 2018; Liddon & Barry, 2021; Mahalik et al., 2003, 2012; Seidler, Rice, Ogrodniczuk, et al., 2018; Smith, 2007). This approach emphasises the importance of a male's gender socialisation and masculinity as essential factors to consider in his help-seeking behaviour and engagement with mental health services (Whitley, 2021). Masculinity incorporates the individual and cultural meanings attached to boys and men and expressed via beliefs, behaviours, and language both within the individual and social contexts (Wong & Wang, 2022). Masculinities are a key determinant of boys and men's mental health and help-seeking behaviours (Rice, Purcell, et al., 2018; Seidler et al., 2016; Yousaf et al., 2015). However, this literature predominantly examines the interaction of adult men and masculinity with counselling and psychotherapy research. Thus, there is currently limited research and practice guidelines available to mental health practitioners about providing male-friendly counselling to adolescent males. As such, the aim of this thesis was to collate existing scholarly recommendations for masculinities-informed counselling with adolescent

males, supported by accounts from Australian mental health practitioners and young male counselling consumers, to establish a conceptual framework for male-friendly counselling with young men.

1.1. Overview of Thesis

The current chapter provides readers with an overview of this thesis and the program of research, its purpose, aims, and terminology. It also discusses the methodology and methods used across the course of the program. This includes the qualitative nature of this thesis, research design, analytic process, and the ontological and epistemological assumptions. Finally, a discussion situating the author as researcher will close the chapter.

Chapter 2 provides a literature review to contextualise the thesis in the broader field of men and masculinities research. Justification for the necessity to investigate male-friendly counselling practices with adolescent males as a discrete population is provided with consideration to their unique health-related vulnerabilities, engagement with formal mental health services, and developmental-contextual needs. A brief review of the salient theoretical concepts and theories in the field of men and masculinities research that have contributed to the development of male-friendly therapy thus far is also provided and is used to further contextualise the current thesis program. Drawn from this literature review, the rationale, aims, and research questions for this thesis program are presented.

Chapters 3–5 include three published papers that address the research questions of the thesis program. In Chapter 3, a qualitative systematic literature review (QSLR) is presented that thematically analysed the scholarly literature on male-friendly counselling with adolescent males. The findings of this review collated transtheoretical counselling recommendations for engaging young men and highlighted the sparsity of primary research exploring therapist and client experiences of counselling in the extant literature. In Chapter 4, a qualitative exploration and thematic analysis of a diversity of Australian mental health

practitioners' experiences and recommendations for counselling adolescent males is presented. Therapists espoused that providing psychological treatment with young men necessitates a unique therapeutic relationship characterised by therapeutic collaboration, choice, and autonomy, and that these qualities assist in reducing resistance and shame experienced by young men in therapy. Finally, in Chapter 5, a thematic analysis of young men and caregivers' experiences of a male-friendly, male-specific counselling service (Menslink) is presented. Participants responded positively to male-friendly adaptations made by Menslink to engage them in counselling. These findings also confirm the suitability of previously recommended gender-sensitive adaptations to practice that can be made by both clinicians and mental health services to better engage young men.

Finally, Chapter 6 presents a synthesised account of the three studies and is contextualised within the existing male-friendly literature. A novel framework is presented for male-friendly counselling with adolescent males that can be adapted for a diversity of therapeutic modalities. The thesis concludes with a summary of findings, discussion of recommendations and limitations from the thesis, and a statement of my original contribution to knowledge.

1.2. Terminology

It should be highlighted that throughout this thesis, the terms *adolescent, adolescent male, adolescence,* and *young men* all refer to males between the ages of 12–18 years. This age range was specifically chosen by the research team when developing the rationale, aims, and research questions for this thesis for several reasons.

Firstly, it was necessary to choose parameters of a conceptual age range to direct focus more clearly. Currently, there is a lack of consensus in the academic and clinical literature on the specific age range of an *adolescent*, and generally when the developmental period of adolescence begins and ends. For example, the World Health Organisation

considers *adolescence* to be the period between 10–19 years (World Health Organization [WHO], 2023) and then refer to the proceeding developmental period as *young adulthood*, which is typified by people aged between 18–24 years. In other research, adolescence is proposed to be 10–24 years (Sawyer et al., 2018). In part, this equivocal interpretation of the adolescent age range can be attributed to the evolving ontological nature of what characterises adolescence. This is due to the fact that adolescence includes not only rapid changes in physiology, but is also distinguished by significant social role transitions (Sawyer et al., 2018). For example, across the last two decades, there has been a slower progression towards adult milestones among young people, such as leaving home and living independently from parental support, entering employment and receiving money for paid work, and having romantic relationships (Twenge & Park, 2019). Authors have suggested the theoretical implementation of a novel developmental stage that aligns with the sociodemographic demands of the modern world (Arnett et al., 2014). Arnett et al. recommend the inclusion of *emerging adulthood*, which encompasses the age range of 18–29 years. Overall, although a range of ages have been offered in the scholarly literature to define adolescence, the parameters of 12–18 years are represented in all ranges.

Secondly, the majority of male-friendly counselling and psychotherapy literature has focused adapting treatment to suit adult males. The cut-off age range for many of these studies appears to be 18 years. For example, Beel et al. (2018) excluded potential scholarly texts that focused on male-friendly practices with males under the age of 18 years in their QSLR of male-friendly counselling recommendations. Similarly, Seidler, Rice, Ogrodniczuk, et al.'s (2018) scoping review of engaging men in psychological treatment included scholarly texts that focused discussion on males 16 years and older. However, the final data set only included studies with participants that were 18 years or older (Seidler, Rice, Ogrodniczuk, et

al., 2018). As such, there is currently no synthesis of research comparable to that of adult males available for adolescent males aged 12–18 years.

Thirdly, 12–18 years represents an important development period for both clinical and scholarly perspectives. The peak onset period for mental disorders is 14.5 years (Solmi et al., 2022), with near 50%–75% emergent by age 18 (Slade et al., 2009; Solmi et al., 2022). Consequently, many adolescents have first contact with mental health professionals during this time. This period of time also appears to indicate when adolescent males start to disengage with health services (Rice, Purcell, et al., 2018). Disparity rates in death by suicide between males and females also diverge during this time (Roh et al., 2018). In research, many research measures of masculinity adapted from adult versions for adolescent males normed data with males aged 12–18 years (e.g., Blazina et al., 2005; Chu et al., 2005).

Finally, apart from the qualitative systematic review that was conducted for this thesis (Boerma et al., 2023), the data that was collected is wholly derived from the experiences of therapists and young men who live in Australia. As such, we intended to give prospective participants for our studies an age-range that was familiar to them and their practice. Thus, we opted for a region-specific snapshot for this population. As such, 12–18 years old aligns with the secondary school years in the public and private Australian education system and more broadly in Western countries (McKenzie & Weldon, 2015). This age range also aligns with many governmental mental health services, with young people in continuity of care in public services progressing from child clinical services to adolescent services at age 12 to 13 years and youth progressing to adult services at 18-years-old (McGorry et al., 2013).

Next, in different countries the terms *counselling, psychotherapy, psychological treatment,* and *therapy* represent a variety of meanings. Equally, *therapist, practitioner, counsellor, mental health professional,* and *clinician* also represent overlapping concepts embedded with various meanings. In the United States, the terms psychotherapist and

counsellor occupy different regulatory meanings and purposes in the mental health sector, whilst in the United Kingdom and Australia—despite some protest (see Gale, 2024)—psychotherapist, therapist, and counsellor are used somewhat interchangeably. The former country including these terms within its membership of the British Association of Counselling and Psychotherapy and the latter the Psychotherapy and Counselling Federation of Australia. In most scholarly literature, the term *therapy* and *therapist* generally denotes talking therapies provided by a mental health practitioner. In paper 2 presented in chapter 4, a group of 67 mental health practitioners including psychiatrists, psychologists, counsellors, and social workers who provide talking therapy to adolescent males were labelled the generic term *therapists* to represent their capacity to deliver psychological treatment irrespective of their clinical disciplines. However, in paper 3 presented in chapter 5, the term *counsellor* was used as it aligned with Menslink's counselling program and was the term familiar to participants and their caregivers who participated. In sum, the terms *counselling, psychotherapy, psychological treatment,* and *therapy* will be used interchangeably in this thesis to broadly represent the diversity of talking therapies completed in an individual therapy format.

Over the past few decades, increased scholarly interest has been afforded to the term *male-friendly counselling* in the study of men and masculinities. Although not previously well defined (Smith, 2007), *male-friendly* counselling includes both pre-contact and in-session strategies and adaptations to promote, engage, and retain boys and men in counselling by appealing to their masculinities and male relational styles (Brooks, 2010; Kiselica, 2005). Similar terms denote a separation from gender-neutral practices, such as *gender-sensitive* and *gender-aware* therapy practices. In particular, the American Psychological Association (APA; 2018a) define gender-sensitive approaches as modifications to traditional psychological interventions based upon existing theory and research to more successfully

engage boys and men in psychotherapy. Broadly, these terms describe practices that signify an appreciation on behalf of services or therapists that their clients are gendered beings, and consequently adapt therapy to more effectively suit boys and men's preferences (Liddon et al., 2019).

1.3. Methodology

A qualitative research methodology was used for this thesis program, with qualitative research methods employed in each of the three papers. As each paper included a self-contained discussion of the methods used, this section will provide a broader comment upon the overall research paradigm and methodology of the thesis program and the decisions made throughout. Qualitative research aims to produce knowledge and understanding about human experiences primarily through language as data that emphasises the meanings provided by participants (Levitt et al., 2017). As psychotherapy is inherently about language, qualitative research methods are apt for answering questions of "what?" and "how?" (Creswell et al., 2007) about complex processes in therapy and appeal to scientist-practitioner audiences who prefer more narrative explanations of phenomena congruent with their therapeutic practice (Morrow, 2007). Perhaps most importantly, findings from qualitative research can be utilised to formulate interventions and adaptations to practice based upon greater understanding about a phenomenon of interest and consumer feedback (Morrow, 2007), which—for males—can lead to refined service provision and further enrich interpretations of concomitant quantitative findings (Granero-Molina et al., 2022). Primarily, this research was exploratory in nature, as I attempted to ascertain and synthesise recommendations for male-friendly counselling with young men derived from the literature and collated them with practitioner and client experiences.

Several reasons guided my decision in choosing a qualitative research design approach. Firstly, the research questions developed for this thesis program align with

qualitative research methods. Developed from a review of the contemporary literature, several questions arose, such as: *what* makes counselling gender-sensitive psychotherapy *male-friendly? What* makes gender-sensitive practices different to gender-neutral psychotherapy? *How* do practitioners adapt their practice to appeal to young men? And *how* do young men experience male-friendly counselling? As qualitative research allows sense-making of language-based meanings (Morrow, 2007), it was determined that rich and nuanced descriptions of male-friendly practices may be feasibly derived from multiple data sources across the papers.

It was evident that these types of questions had not been sufficiently answered for this population in the past. Broadly, scholars in the field of men and masculinities in recent years have noted this, calling for a greater qualitative focus in research about the diversity of boys and men's experiences of masculinity and how it influences their well-being, particularly through an integration of psychological and sociological perspectives (Addis et al., 2016; Cole et al., 2021; Isacco, 2015; Whorley & Addis, 2006; Wong & Hom, 2016). To date, the majority of empirical research in the field of men and masculinities has employed quantitative research methods that originate from primarily positivist ontological assumptions that are embedded in the broader field of psychology (Addis et al., 2016). For example, a content analysis by Whorley and Addis (2006) of five journals that often published articles on men and masculinities between 1995–2004 found that from 178 articles, approximately 5% were qualitative. Similarly, Wong and Hom's (2016) content analysis of the journal Psychology of Men and Masculinity between 2009–2013 found that from 168 articles, only 17% of articles were qualitative. Although the contribution of quantitative research methods to theory and research in the field of men and masculinities cannot be understated, these methods do not engender rich, contextual, and nuanced accounts of boys and men's experiences and their meaning-making as it relates to the world around them (Wong & Hom,

2016). Qualitative research may bridge this current gap in knowledge of how males experience gender-sensitive adaptations. As aptly argued by Granero-Molina et al. (2022), "…health cannot exist without the collaboration of the individual who demands healing" (p.10). In response to these calls, the purpose of this thesis program was to collate meanings derived from qualitative thematic analysis of scholarly perspectives, therapist recommendations, and consumer experiences regarding male-friendly counselling for adolescent males and synthesise these meanings into a conceptual framework for practitioners and researchers alike.

1.3.1. Theoretical Paradigm

As noted by Braun and Clarke (2021c), "Any analytic method contains theoretically embedded assumptions, whether acknowledged or not, when applied to the analysis of a particular data set" (p.157). The ontological and epistemological assumptions held by a researcher constitute their research paradigm, which is considered the philosophical lens through which the researcher sees the nature of reality, the world, and phenomena of interest (Wong & Hom, 2016). This lens subsequently determines the appropriate methodology, informs what methods of data collection and analyses are applied (Lockwood et al., 2015), clarifies the researchers' stance on objectivity and subjectivity in their research, and directs how research findings are communicated to wider audiences (Ponterotto, 2005).

The case has been made in qualitative research methods that instead of independent, disparate perspectives, research paradigms exist on a continuum (Williams & Morrow, 2014), starting with positivism and then progressing through post-positivism, interpretivism, forms of constructionism, and through to critical ideological and post-structural positionings (Ponterotto, 2005). Across the course of research, a researcher's paradigmatic positioning may shift (Williams & Morrow, 2009) as researchers undertake different directions of enquiry.

I adopted critical realism as the overall paradigm for this thesis project with a particular tilt towards social constructionism for the second and third paper. Critical realism maintains the position that objective reality exists yet acknowledges that ontology cannot simply be reduced to epistemology, such that there is a *real* social reality that researchers may seek to understand yet is not limited to what is actually known or believed about it (Fletcher, 2017). Meanwhile, social constructionism proposes that there are multiple realities, and that these realities: (a) are constructed through social interactions and experiences; (b) constantly negotiated and changing through time through ongoing social interactions and experiences; and, with regards to research, (c) meaning from data derived from participant experiences is *created* by the researcher analysing the data (Spencer et al., 2020).

Ontologically, critical realist perspectives propose that reality is stratified into three different layers (Bhaskar, 1998). The first is the *empirical* level, where events and phenomena are experienced by individuals. At this level, events or phenomenon are measured via qualitative methods yet remain filtered through human experience and interpretation (Fletcher, 2017). The second level is considered the *actual,* where events or phenomenon occur regardless of human experience or interpretation. Finally, the third level is considered the *real,* where causal mechanisms exist, such that the components of an object or phenomenon act as causative forces to generate events that can be experienced by individuals at the empirical level (Fletcher, 2017). The main objective of critical realism is thus the understanding and explanation of social phenomenon and events through these causal mechanisms and their consequential effects throughout the stratified layers (Fletcher, 2017).

Epistemologically, critical realism emphasises the inherent fallibility of knowledge and proposes an epistemic relativism (Roberts, 2014). This position posits that human knowledge about reality is forever socially, culturally, and historically situated (Cruickshank,

2012), and consequently needs to be examined continually and theoretically refined (Roberts, 2014). Indeed, how masculinities and mental health have been *constructed* has shifted across time and context (Addis et al., 2016). Here, critical realism aligns more closely on the continuum to social constructionism such that Bhaskar's (1998) *real* level of reality cannot be apprehended through participants' experiences that will also be contextually located. Yet, while social constructionism rejects any notion of a stable, single reality, critical realism adopts the position that knowledge production from qualitative research may be *positively* applied to clinical practice (Cruickshank, 2012). Thus, with particular regard to paper two and three—that utilised two methods of data collection (online qualitative surveys; semi-structured interviews)—a social constructionist lens was utilised which aimed to recognise and elucidate therapist (paper 2) and young men or caregiver (paper 3) recommendations and experiences and locate them within a contemporary context, yet remain committed to actionable and explanatory assumptions about knowledge adopted in critical realist approaches (Cruickshank, 2012; Wiltshire & Ronkainen, 2021).

Overall, this positioning offered me a "middle path" between positivism and relativism and is appealing to the social and psychological science of gender and mental health (Bergin et al., 2008). Namely, it maintains that there is an objective reality that can be examined and causally understood through the development of theory via empirical research, yet acknowledges the epistemological contention that this reality cannot be directly apprehended as it is continually transmuted through psychological, social, and cultural mediums (Wiltshire & Ronkainen, 2021). In this way, textual recommendations from various sources synthesised by way of the QLSR (paper 1) allowed for the positivist notion that there are stable approximations of knowledge about reality that can be identified and developed into clinically meaningful recommendations. Moreover, this approach also afforded the opportunity to explore what participants in the second and third paper believed to be genuine

and true through their subjective interpretations of experience (Wiltshire & Ronkainen, 2021), and subsequently derive and synthesise recommendations from experiences of reality that contributes to the development of theory about stable recommendations of male-friendly therapy (Fletcher, 2017). In sum, this paradigmatic lens informed the qualitative methods subsequently chosen to complete the research program.

1.3.2. Qualitative Methods

Three different qualitative methods were utilised across the three papers. For the first paper, I decided upon conducting a QSLR for the purpose of collating and synthesising the current scholarly literature published on male-friendly counselling for adolescent males. Several reasons guided this decision. In developing a conceptual framework, an initial task is to undertake a review of the multidisciplinary texts related to a phenomenon of interest (Jabareen, 2009). In addition, from the literature review and broader reading, it was evident that little research had been published specifically on salient male-friendly factors for engaging young men in counselling. Notably, it was clear that from the available literature, recommendations were provided across disciplines that related to specific issues facing young men (e.g., anger, depression), contexts (youth detention programs), subgroups (gay young men), and therapeutic modalities (cognitive behaviour therapy). As such, the QSLR also acted as a scoping review of the current state and depth of the available literature which in turn guided the development of paper 2 and paper 3.

The second paper focused on the recommendations provided by Australian therapists. A key finding from the QSLR was that little research had previously surveyed the perspectives of practicing therapists from a diversity of disciplines on their actual experiences and recommendations for counselling adolescent males. Studies included in the QSLR were predominantly commentaries provided by expert practitioner-researchers in the field rather than primary research. Yet, in light of the recent criticisms raised by scholars and practicing

therapists (Ferguson, 2023; Liddon & Barry, 2021; Wright et al., 2019) in relation to the previously released psychological practice guidelines for working with boys and men (APA, 2018a), it remained unclear whether or not this broad scholarly guidance translated into therapists' clinical practice. As such, the second paper utilised a text-based qualitative survey of therapist's recommendations for counselling young men. Text-based qualitative surveys are a novel technique that allow for shared patterns of meaning to be developed from a diversity of therapist perspectives (McEvoy et al., 2021). A key advantage of this approach is that is offers a "wide-angle lens" on phenomena of interest which may be under-explored areas of research, and allows for the experiences of participants who represent a diversity of perspectives and disciplines to be captured and synthesised (Braun et al., 2021). In paper 2, cross-sectional, purposive sampling was used to gather mental health professionals from a diversity of backgrounds who provide counselling to young men, including counselling, psychology, psychiatry, and social work. Moreover, participants in this study represented varying levels of professional experience, geographical locations, mental health sectors, and levels of training in gender-sensitive counselling. As noted by Braun et al. (2021), the collation and synthesis of perspectives across a broad range of professional identities and ideological perspectives allows for a stronger representation of the robustness of themes generated from the data set. As such, salient themes developed across the participant responses provided in paper 2 highlight how professional therapists make their therapeutic interactions with adolescent males' male-friendly.

Finally, I wanted to ascertain mental health consumer's perspectives of receiving male-friendly counselling services. From my search, no research has explored young men's experiences of receiving tailored, male-friendly counselling in Australia. In part, this was undertaken to clarify and confirm whether the potential thematic recommendations in the scholarly literature and those provided by therapists aligned with young men's actual

preferences and perceptions. In addition, I was interested in how the recent findings of a series of focus groups that asked young men and service providers about the facilitators and barriers to young men's access to community mental health care (Rice, Telford, et al., 2018) may translate to actual consumer experiences. To achieve this, I utilised an existing data set of semi-structured interviews that were undertaken with past clients of Menslink counselling service in Canberra, ACT (Neill, 2018). I gained access to this data set after receiving ethical approval from both the University of Southern Queensland (ETH2023-0318) and the University of Canberra (11672 & 13466) and collaborated with researchers from both universities to complete this paper. In sum, the aim of each study contributing a different lens through which male-friendly counselling with adolescent males can be viewed was achieved.

In line with the chosen methods, reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021c, 2021a) was utilised as the analytic method for producing themes of recommendations from the QSLR and two empirical papers in this thesis. Thematic analysis is a method of analysing, generating, and interpreting shared patterns of meaning across language-based data sets (Braun & Clarke, 2021c), that is both systematic and adaptable. It is systematic as it employs a six-phase protocol to analysing data that was developed to enhance rigour in qualitative research (Braun & Clarke, 2006). This protocol has subsequently been refined and clarified (Braun & Clarke, 2019, 2021c). The six phases were completed in each of the studies completed in this thesis, with the general procedure detailed in Table 1. Thematic analysis is also adaptable, such that it is a method of data analysis that can be underpinned by different paradigms of research (Braun & Clarke, 2021c), such as critical realism (Fryer, 2022; Wiltshire & Ronkainen, 2021) and social constructionism (Kiaos, 2023). This theoretical flexibility allows for both inductive analysis, deductive analysis, and a combination of both to be used when analysing data (Braun & Clarke, 2021b). For each paper, an inductive approach was utilised such that themes and recommendations were

derived from the “ground up” from the data. Then, when attention shifted to the overall conceptual framework, the inductive themes were viewed through a deductive lens that involved applying existing theory and concepts detailed in the literature review in chapter 2 to interpret and contextualise the recommendations in the broader literature (Braun & Clarke, 2021b).

Table 1

Process of Thematic Analysis

Phases of analysis	Steps in phase	Actions taken
Phase 1: Data familiarisation	The researcher reads and rereads responses to become familiar with the data set and makes note of any initial impressions or insights of individual data items and the entire data set.	MB read and reread the data set and recorded initial impressions in a research journal that were subsequently discussed with the second author (NB).
Phase 2: Coding	The data is systematically coded by the researcher. This is a dynamic process in which codes aim to reflect a single concept within the data item that may be semantic (explicit meaning) or latent (underlying implicit meaning).	MB coded the data using open coding, with a primary focus on semantic meaning to remain close to the scholarly texts/participants experiences. Impressions of latent meaning were also coded during this phase.
Phase 3: Generating initial themes	Individual codes that appear to share similar meaning and may provide an answer to the research question are clustered into candidate themes.	MB collated the coded data and developed candidate themes. NB then reviewed the codes and candidate themes developed across the entire data set.
Phase 4: Developing and reviewing themes	Candidate themes are then reviewed in relation to each item of coded data and the entire data set by the researcher to evaluate its conceptual 'fit'. Candidate themes may be adapted or removed based on their central concept, scope, and relationship to other potential themes.	The candidate themes were then discussed by the entire research team(s), which consisted of three males and one female. Consensus and agreement were reached for the themes that best fit the data and appeared to answer the research question most thoroughly.
Step 5: Refining, defining, and naming themes	Themes are refined through clarifying their scope, and how they contribute to the overall 'story' developed from the data set. Each theme is named and provided with a definition.	MB refined the themes and provided each with illustrative names and definitions. These were discussed with the research team so agreement on the suitability and presentation of the themes in the final report could be agreed upon.
Step 6: Writing the report	The themes are developed into a coherent narrative within a written report to answer the previously posed research question(s). Illustrative data extracts are used to supplement the analytic interpretation of the themes.	MB selected appropriate data extracts and developed the written report. The research team then reviewed the included extracts and were involved in the editing of the final report.

Note. Table adapted from Box 2.1 (pp. 35-36) of: Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage Publications.

As stated previously, a key objective of this thesis was to develop a practicable framework for male-friendly counselling with young men. Conceptual frameworks in qualitative research allow empirical findings to demonstrate their broader relevance in relation to existing literature, contribute to the development of new theory, and provide directions for future research (Collins & Stockton, 2018; Naeem et al., 2023). Yet, although Braun and Clarke's reflexive thematic analysis was the analysis of choice for this thesis project, the development of a conceptual framework is not an explicit requirement nor end goal in their approach. In part, this may be attributed to the flexibility of thematic analysis to either employ an inductive, deductive, or hybrid approach to qualitative data. For example, Braun and Clarke (2021c) recommend researchers develop a *thematic map* of developed themes to understand how themes both relate to each other and also contribute to the overall "story" of an analysis. This appears particularly useful in primarily inductive approaches and was applied to the three papers in this thesis. However, this approach does not necessarily translate to the development of a conceptual framework that connects to and is underpinned by existing theory and research (Naeem et al., 2023).

To address this, the general guidance of Naeem et al.'s (2023) protocol for developing a conceptual model from qualitative research findings was followed. Naeem and colleagues's protocol is adapted from Braun and Clarke's (2006) six phases of thematic analysis, yet provides additional steps for clarifying developed themes and conceptual interpretation. As such, Naeem et al. (2023) provides a method—that is, a set of systematic steps from data coding to the development of a conceptual framework—to transform qualitative findings into conceptual knowledge. Regarding methodological assumptions, Naeem et al. (2023) suggest this protocol can be flexibly utilised with a range of theoretical paradigms with varying ontological and epistemological assumptions, such as critical realism and social constructionism.

The primary data analysed to develop the conceptual framework was the QLSR. In line with Braun and Clarke (2021c), six phases of inductive thematic analysis were completed to synthesis the recommendations. From this analysis, Naeem et al.'s (2023) protocol for ensuring each theme and subtheme satisfied a range of criteria (e.g., robustness; reciprocal; recognisable) was then applied. At this early stage, an inductive approach was taken to ground the concepts and themes in the data (Naeem et al., 2023). I then shifted to a deductive approach, utilising existing theory and theoretical concepts outlined in the broader literature to provide interpretation and understanding for each concept, as suggested by Naeem et al. (2023).

Importantly, it was clear from the men and masculinity literature that some concepts derived from various disciplines are interrelated. For example, Connell's (2005b) conceptualisation of "hegemonic masculinity"—a sociological construct demonstrating culturally dominant and subordinate masculinities in cultures—is a central concept among most gender-transformative health interventions (Zielke et al., 2023). As such, a consideration of multidisciplinary sources related to the target phenomenon—that is, male-friendly counselling with young men—was needed. To do this, Jabareen's (2009) definition of a multidisciplinary conceptual framework was used. In this definition, a conceptual framework includes a collection of concepts that each play an integral role and are understood relative to their own constitution and how they relate to others that are developed and constructed through a thorough process of qualitative analysis; and can include concepts from varying disciplines (Jabareen, 2009). As recommended by Jabareen, initial steps in this thesis were to identify, collect, and synthesise multidisciplinary texts (paper 1), and complete qualitative surveys with practitioners from various disciplines (paper 2) to ensure a thorough data collection of the target phenomenon. As such, we proffer that the conceptual framework developed in this thesis is *transtheoretical*, such that male-friendly counselling

recommendations derived from the framework are not wedded to a specific discipline, therapeutic modality, or theoretical approach. Concurrently, recommendations and findings from paper 2 and 3 were applied to the inductively developed concepts in the framework to be both clinically and theoretically meaningful. As such, it is hoped that the transtheoretical framework developed serves both as a starting point of recommendations for clinical practice with young men and identified focal points for further scholarly research.

1.3.3. Ensuring Rigour and Trustworthiness in Qualitative Research

In contrast to positivist methodological approaches and quantitative research methods that esteem validity, reliability, and replicability, the paradigmatic and epistemological foundations of qualitative research necessitate different vetting measures to ensure trustworthiness and rigour in qualitative findings (Williams & Morrow, 2014). Although paradigmatic perspectives may differ in qualitative research, Williams and Morrow (2009, 2014) outline three categories of trustworthiness that authors should address in their research: the integrity of the data, clear communication of findings, and balancing subjectivity and reflexivity. In close alignment with Williams and Morrow's (2009, 2014) guidance, Wong and Hom (2016) outline three fundamental domains of best practice in qualitative research that researchers should follow to ensure rigour and trustworthiness in qualitative findings in men and masculinities research. Broadly, Wong and Hom propose that researchers should: (a) provide a justification of the intentionality of their qualitative methodology, (b) provide a thorough explanation of the research process, and (c) locate the researcher in the research. Throughout this thesis program, I developed the studies in close alignment and adherence to the principles presented by these authors.

Firstly, researchers should describe explicitly the research paradigm, methodology, and qualitative research methods used and explicitly explain why they were chosen. Previously in this chapter I have identified the chosen research paradigm, including

ontological and epistemological assumptions that informed the chosen methodology. These decisions shaped the developed research questions and provided direction on potential data sets that would suitably provide meaningful answers to the questions posed. As the overarching aim of this thesis was to develop a transtheoretical framework, the research questions were developed to account for a range of scholarly texts and recommendations (paper 1), a diversity of Australian therapists (paper 2), and experiences of young male clients receiving gender-sensitive counselling (paper 3). In turn, these distinct data sources allowed for some level of triangulation and reciprocal confirmation of data integrity.

Secondly, it is crucial for researchers to provide thorough explanations of the research process, including the study design, research team, recruitment strategies, and analytic approach. In paper 1, the QLSR was pre-registered with the International Prospective Register for Systematic Reviews (PROSPERO; CRD42021255477). For paper 1, 2, and 3, the consolidated criteria for reported qualitative research (CORE-Q; Tong et al., 2007) was used to report salient aspects of the research process, research team, findings, analysis, and interpretations, and accompanied each paper when submitted to journals for publication. Moreover, in the procedure sections of each paper, detail was given on how the chosen method was executed, including who enacted specific tasks. The developed questionnaire for paper 2 was piloted with four psychologists, two counsellors, and one social worker to confirm that the questions were understandable and relevant to their practice. Supporting documentation of each research paper is also presented in the appendices of this thesis. This includes the preferred reporting items for systematic reviews and meta-analyses (PRISMA) (Page et al., 2021) for the QSLR, and the questionnaires used in paper 2 and 3. Finally, methodological limitations of the research conducted were also presented in the discussion or each published article and more broadly in the discussion section of this thesis.

How data was analysed and reported was also explicated in each published article.

Although a reflexive thematic analysis approached was utilised, a second reviewer of the codes in the data analysis phase was enlisted to "sense check" initial codes and themes (Byrne, 2022). Acting as a "critical friend", I dialogued primarily with Nathan Beel in the initial coding and theme development phases of data analysis in an effort to develop my interpretations of the participant data via Nathan acting as a sounding board to encourage my reflexivity and explore various alternative explanations of the data set (Smith & McGannon, 2018). As suggested by Wong and Hom (2016), team consensus was achieved for the final thematic maps and presentation of the themes in written reports. This was completed by sending frequent candidate themes accompanied by lengthy quotations to the research team and discussing these in regular meetings. In the results sections, a range of quotes were used to portray the participant data contributing to each theme. Naeem et al. (2023) delineate between *discrete, embedded,* and *longer* quotes in qualitative research that increase the trustworthiness of themes. Discrete quotes are concise and allow for a diversity of participants to speak to the same target phenomenon, embedded quotes are brief phrases and sentences that highlight significant points or shifts in focus, while longer quotes illustrate more complex sections of data that contextualise developed themes (Naeem et al., 2023). The QLSR predominantly utilised discrete and embedded quotes to represent the diversity of includes sources, while both empirical articles more often used embedded and longer quotes to provide rich and detailed participants experiences to animate the qualitative data. Finally, a reflexive journal accompanied my research across the studies that recorded the evolution of my thinking about the data. Keeping a research journal afforded the ability to take contemporaneous notes, record reflections and insights about the data, identify any biases and assumptions that may have clouded my interpretation of the data, and detail my decision-making process.

Thirdly, Wong and Hom (2016) emphasise that it remains crucial to locate the researcher within qualitative research. Researchers utilising qualitative methods inevitably construct their research questions, data collection, and analysis through their own subjective lens and hold their own biases and assumptions (Wong & Hom, 2016). In achieving trustworthiness in qualitative research, Williams and Morrow (2014) speak of the balance between subjectivity and reflexivity. Some level of subjectivity is wedded to all forms of research, from how research questions or hypothesises are developed at particular times and in particular context to how research is conducted (Williams & Morrow, 2014). Qualitative researchers should readily acknowledge their own subjectivity yet commit to managing it through reflexivity (Williams & Morrow, 2014). Reflexivity can be considered the self-awareness of qualitative researchers in critically reflecting upon how their biases—including theoretical, political, disciplinary, and personal—influence their approach to research design, analysis, and the construction of interpreted knowledge (Braun & Clarke, 2021c). In reflexive thematic analysis, researcher subjectivity is viewed as a primary tool of data analysis that underlies "…the researcher's reflective and thoughtful engagement with their data and their reflexive and thoughtful engagement with the analytic process" (Braun & Clarke, 2019, p. 594). Various methods are utilised to achieve trustworthiness and are described in detail above, yet a central feature of reflexivity to achieve trustworthiness is to provide reflexive accounts of researcher positioning within research projects (Robertson, 2008) specifically to provide transparency and allow readers to draw their own conclusions upon the decisions made, questions asked, process of analysis, and final produced outcomes in qualitative research (Williams & Morrow, 2014; Wong & Hom, 2016). This researcher position will be detailed in the proceeding section.

1.3.4. Positioning the Researcher

Mason (2017) describes several justifications for why a particular area of research may be selected by qualitative researchers: (a) to answer a research gap in the contemporary knowledge of a particular topic or issue; (b) because research on the particular topic would be timely; (c) the research may be commissioned by an institution to evaluate a program related to a topic; and (d) because a particular area of research is of prominent interest to a researcher that relates to their own experience. The first two reasons—the research gap and the timeliness of the researcher—have been highlighted earlier in this chapter and will be further detailed in the following chapter. Yet, the final reason is often absent in published qualitative research, much less the reflexive accounts of male qualitative researchers (Robertson, 2008). The subjective interest and past experiences of a researcher inevitably shapes the research questions, process, and outcomes in qualitative research (Palaganas et al., 2017). Thus, as a researcher, despite using a variety of strategies to ensure rigour and trustworthiness in the data as highlighted above, I acknowledge that my choices are not unaffected by my subjective experience or my specific interest in this area of research.

Further to the academic impetus for exploring male-friendly counselling practices for adolescent males, there are personal reasons for undertaking this topic. I am a Clinical Psychologist who has provided psychological treatment to young people for most of my career. Several years after receiving my registration as a psychologist, I transitioned into working in an educational context as a school psychologist at a single-sex school, exclusively providing therapy for young men aged 12–18 years. For the first few months, I provided what could be considered gender-neutral therapy to the young men I worked with. During this time, considerations for gender and sex in my case formulations were meagre. Yet, upon reflection, this appeared to be commensurate with the level of gender-specific training for working with men that was afforded to me during my undergraduate and postgraduate

clinical training. When I started to notice various themes running through the challenges that young men that I worked with faced and how they responded to them, I searched back over my notes, lecture slides and recordings, and supervision notes that I completed during my clinical training to locate any information regarding how to better engage young men in therapy. To my disappointment, I found little. In sum, a case in point that reflects the broader literature that has identified limited gender-specific training for engaging boys and men in health care among tertiary training programs (Mellinger & Liu, 2006; Seidler, Rice, Dhillon, et al., 2019; Seidler, Macdonald, et al., 2023; Seidler, Benakovic, Wilson, Davis, et al., 2024).

Around the same time, I found myself being creative with different ways to engage young men. As a Star Wars enthusiast, I started to display collectible items on my office bookshelf, which I noticed was an inlet to building rapport over shared interests. In addition, I started to shift my language to a more casual nature, avoided using words such as "depression" or "generalised anxiety", and started to incorporate humour into my responses. During a post-suspension appointment with an older male student—whose career prospects in professional sport looked fainter due to a string of recent disciplinary issues—my spontaneous suggestion to take a ball outside onto the sporting field and "chat" was met with more enthusiasm from the client than the preceding 15 minutes had afforded. While passing the ball, all the details necessary for a shared understanding of his current challenges were obtained, and a shared analogy of "player composure"—a common attribute of video game sporting characters—was developed and subsequently used as a focal point for strategies to address the challenges he was facing. These experiences progressively shaped my belief that young men can engage meaningfully in psychotherapy, yet to achieve this, therapy may need to be adapted to suit their way of relating to others.

These experiences also piqued my interest in this topic area. I started to undertake personal research in the area to develop my knowledge, yet to my disappointment, little was available. Options such as formal training or professional development were non-existent, while empirical research was also lacking. Broadly, the issues of young men were often lumped into gender-neutral issues of childhood and adolescence, or an extension of the issues faced by adult males (Sheikh et al., 2024). No comprehensive guidance was available for engaging and keeping young men in counselling. Similarly, I noticed the assumptions that some therapists in my professional network held towards engaging young men. On one occasion, I attended a group supervision with psychologists from a variety of schools and can recount how in response to a psychologist discussing their frustration with a client who could not identify his emotions nor connect them to his externalised behaviours, another colleague remarked "well, what else do you expect? He's [the client] a male!". Being the only male present, I received a few glances as others around me laughed. "… what else do you expect?". I wrote this down in my supervision notes and reflected upon it over the following week.

Across the following months, I came to realise that I *expected* several things regarding young men, clinical psychology, and of myself as a practitioner. First, I expected that young men—like others—possess rich, internal emotional experiences. Yet, exploring this internal architecture was not a given when working with young men. Frequently, it is the opposite, and due to their socialisation and society's expectations, they will not readily disclose parts of themselves to mental health professionals. Secondly, I expected that psychologists—as with other mental health practitioners—should uphold ethical standards when providing psychotherapy to male clients. Australian ethical standards behove psychologists to not discriminate or stereotype unfairly based upon gender in clinical practice (Australian Psychological Society [APS], 2007, 2017). Maintaining ethical practice with all

clients remains an ongoing process, particularly for client populations that may attract or receive negative stereotyping in psychotherapy (Ashfield & Gouws, 2019; Mahalik et al., 2012). Finally, as a practitioner, I expected that it is my responsibility to adapt therapy to fit the preferences and needs of the individual client in front of me. Contemporary research reflecting the importance of intersectionality, multicultural considerations, and the shift from nomothetic to ideographic therapeutic approaches (e.g., see Hayes et al., 2019) highlights the centrality of the developmental and sociocultural characteristics of individual clients. Practitioners and researchers alike have acknowledged the benefits of adapting therapy to the preferences of clients (Swift et al., 2018). I expected young men to be no different. In sum, the limited scholarly findings, accompanied by my professional experience and beliefs about the utility of psychotherapy for young men, provided motivation to at least, in part, to undertake this program of research and fill the epistemic lacunae that currently exists for providing therapy to this population.

Salient characteristics of myself as a researcher are necessary to adequately describe my positionality in relation to the thesis program and how they may have shaped by decisions throughout. I am a White, Australian, young adult male of European descent. In part, I am an insider in relation to the target population as I have similarly and recently encountered traditional masculine socialisation and have experienced the "mask" of masculinity (Pollack, 1998) during adolescence. When reflecting upon pressures of the masculine gender role during adolescence, the pressures to always be tough, be in control, not ask for help, and excel at sports quickly come to mind. I performed these, was policed, and policed others to conform to these behaviours in particular contexts, namely in sporting and social contexts. As such, through my own experiences of gender socialisation, I can identify with the pressures and challenges that young men face when developing their masculine identity during adolescence. However, I am also an outsider for several reasons. I did not receive counselling

during adolescence nor interacted with the public or private mental health system during this time. As such, I am learning how young men's masculinity may interact with their mental health and subsequent engagement with mental health services. Moreover, in conceptualising the pressures I faced, I acknowledge that several characteristics (i.e., White, tall, athletic, heterosexual, able-bodied) I possess align with hegemonic masculine ideals in the Australian context (Connell, 2005b; Sharp et al., 2023). As such, I acknowledge that my experiences are only one lens through which a masculine identity is viewed and experienced, and through consideration of unequal power relations between different patterns of masculinities (Connell, 2005b), I strove to not "other" the identities of men with differing characteristics through keeping a reflective journal and dialoguing with the research team. Moreover, the overarching objective of this thesis was a focus on transtheoretical recommendations that can be applied to psychotherapy with all young men. Consequently, the research design applied aimed to be inclusive of young men that enact a diverse range of masculinities.

Notably, my upbringing also afforded me frequent exposure to characteristics not viewed as traditionally masculine, which in turn expanded the flexibility of my own masculinity, both past and present. Growing up with five sisters and a single mother afforded me constant exposure to traditionally feminine characteristics that I inevitably internalised. As such, I felt less pressure to deny showing or discussing emotion, and more comfortability in displaying empathy, supportiveness, and sensitivity. Additionally, growing up in the Christian protestant faith, I saw adult men at church sharing challenges and anxieties they faced, asking each other for support and prayer, and fostering friendships together with significant emotional depth. This modelling largely influenced my interest in becoming a clinical psychologist, an area of health services that is traditionally seen as feminine (Affleck et al., 2018; Whitley, 2021) and predominantly occupied (approximately 80%) by females (Psychology Board of Australia, 2024). This broad exposure provided me with the experience

of a flexibility in my masculinity that was not constrained by traditional masculine norms. Consequently, this has led me to take a functional-contextualist view of masculinities (Hoffmann & Addis, 2023) that is values-led and attempts to change current affairs to be more workable and prosocial for boys, men, and broader society.

1.4. Summary

This chapter introduced readers to broad aims and overall structure of this thesis program. A discussion of key terminology was provided followed by a discussion of the research the research paradigm, including my ontological and epistemological assumptions, and subsequent explanation of the methodology, research design, and analytic procedures utilised. This chapter concluded by explaining my interest in this topic, and my positioning as a researcher. The focus of the next chapter is to provide a literature review to contextualise this thesis program in the broader scholarly discourse related to gender-sensitive counselling for males and provides the research aims, objectives, and research questions that guide the remainder of this thesis.

CHAPTER 2: LITERATURE REVIEW

2.1. The Need for Male-Friendly Counselling for Adolescent Males

Across the last two decades, an increasing body of scholarly and public literature has shed light upon the unique problems facing adolescent males. No longer viewed as "older boys" or "mini-men", adolescence is a discrete developmental period where a range of mental, physical, and social vulnerabilities onset for young men and some authors argue that the central issues of "the boy crisis" crystalise into maladaptive patterns that continue into adulthood (Farrell & Gray, 2018; Pollack, 2006; Reeves, 2022; Sax, 2009). As will be discussed, adolescent males present with unique vulnerabilities in rates of suicide, substance misuse, sexual violence, interpersonal violence, and incarceration. Despite these challenges, adolescent males are among the least likely to seek and engage with professional support.

Some scholars contend these challenges relate to a larger crisis of masculinity, where previously esteemed traditional masculine norms—such as stoicism, dominance, and toughness—and roles of men have clashed with modern expectations incumbent upon boys and men in contemporary society (Levant, 2011). Indeed, men's gender norms are changing, with qualities traditionally viewed as feminine—such as emotional expression, interdependence, distribution of child care and home duties, and the suppression of aggression and violence—becoming increasingly accepted and expected in society (Elliott, 2016; Levant, 2011).

This conflict appears most salient in adolescence, where young men adopt and navigate conformity to a variety of masculine norms in the context of peer pressure and policing of gendered norms (Rogers et al., 2021). During this period of identity formation, young men do not only develop increasingly sophisticated psychological representations of themselves as gendered individuals in affiliation with a gender collective (McMahon, 2024), but also embody forms of masculinity that are ordered by power relations and cultural

expectations that contribute to young men's mental health (Connell, 2005a). Complicating this further, an increasing cultural discourse of negativity towards men and masculinity that characterises many traits as "toxic" and problematises men as the cause of their vulnerabilities appears to contribute to a backlash in growing numbers of young men to adopt polarised, restrictive masculine ideologies, exclusively follow the ideology of far-right personalities, congregate in antifeminist online communities, and avoid seeking out professional mental health services (Ashfield & Gouws, 2019; Nicholas, 2023; Reeves, 2022; Sparks & Papandreou, 2023; Wescott et al., 2024). In sum, this interplay of specific mental health vulnerabilities, evolving masculine norms, and polarised cultural discourses appear to have created a challenging landscape for young men to seek out professional mental health services.

To address the health disparities facing boys and men, the Australian Government released the National Men's Health Strategy 2020-2030 with the explicit goal: "Every man and boy in Australia is supported to live a long, fulfilling and healthy life" (Department of Health, 2020, p. 6). Inherent within this strategy is the call to action for the health care sector to tailor the delivery of services to be male-friendly to engage and retain boys and men in health services. This strategy coincides with a broader international focus on how services can be adapted to be gender-sensitive for boys and men (Baker, 2018; Evans et al., 2011; Patton et al., 2018; Robertson et al., 2015). Male-friendly counselling is one focal point of research that attempts to adapt psychotherapy practices to engage and retain men in counselling and prevent premature dropout. Although a considerable amount of research has been afforded to male-friendly psychotherapy with adult men (Beel et al., 2018; Seidler, Rice, Ogrodniczuk, et al., 2018), little research attention has been afforded to male-friendly counselling recommendations for young men in the scholarly literature. This is despite the fact that young men are among those least likely to seek professional help for mental health

disorders across the lifespan in Australia. Currently, it is unclear in the available literature whether generic recommendations for engaging adult males transfer to working with adolescent males in clinical encounters. With renewed interest in the problems facing young men, further research is needed to support practitioners attempting to engage this population.

While some may find it difficult to see the value of a concerted effort in focusing upon the unique needs of adolescent males in psychotherapy, there are compelling reasons for doing so. Firstly, a health paradox exists in many countries where boys and men have a considerable number of physical and mental health disparities compared to women yet receive less awareness and governmental representation (Nuzzo, 2020). For example, guidelines for psychological practice with girls and women were published by the American Psychological Association in 1978 (APA, 1978) and have since been periodically updated (APA, 2007, 2018b). Meanwhile, comparable guidelines have only been recently introduced for practice with boys and men (APA, 2018a); near four decades later. Although there is a wealth of literature on men's health, a gendered-lens of men's and—to a lesser extent—boys' mental health and interaction with mental health services is less well researched (Addis & Cohane, 2005; Patton et al., 2018; Rice, Purcell, et al., 2018). Secondly, as will be detailed, adolescence coincides with the onset of unique vulnerabilities for adolescent males that can continue into adulthood and if left untreated, can adversely influence their health trajectories across the lifespan (Amin et al., 2023).

A third reason to increase focus on the mental health of adolescent males is their underutilisation of mental health services worldwide (Addis & Mahalik, 2003; Baker & Shand, 2017). In Australia, young men are among the least likely group to seek professional mental health services (ABS, 2023; Islam et al., 2020; Johnson et al., 2016), despite being among the most likely to die by suicide (ABS, 2019; Kõlves & De Leo, 2016). Fourthly, the behaviours of adolescent boys have a profound impact on their broader social milieu.

Impulsivity and risk-taking is higher among adolescent males, with the maturation of the frontal lobes and consequential capacity for greater inhibitory control developing slower in boys than girls (Cross et al., 2011). Adolescent males are more likely to engage in substance misuse, be involved in a road injury, engage in unprotected sex, perpetrate sexual and relational violence, and experience and engage in interpersonal violence (Amin et al., 2023; Rice, Purcell, et al., 2018). By addressing these problems not only supports young men, but their broader communities as well.

Finally, clinicians report challenges working therapeutically with boys and men that are perpetuated by limited guidance available for working with this population and reflected in high dropout rates (de Haan et al., 2013; Seidler, Rice, Dhillon, et al., 2019, 2020; Seidler, Wilson, Trail, et al., 2021; Seidler, Benakovic, Wilson, Davis, et al., 2024). Moreover, therapists self-reported confidence and competence working with men appears to be lacking (Seidler, Wilson, et al., 2023), particularly for some female clinicians, who report reluctance and uncertainty towards working with men's externalising behaviours in therapy, such as anger (Scaffidi et al., 2024; Seidler, Wilson, Trail, et al., 2021). Overall, many benefits may be gained by developing a framework of recommendations for male-friendly counselling with adolescent males.

In this chapter, I review the extant literature detailing how male-friendly counselling may benefit the mental health needs of adolescent males. This chapter is structured in four main sections. First, a discussion and justification are presented for this research supported by a brief review of young men's unique mental health related vulnerabilities. Second, a review of the barriers faced by young men in accessing formal psychotherapeutic mental health services and incompatibilities with these services is provided. Third, a review of salient constructs and theories of men and masculinities is presented to contextualise the current theoretical foundations of male-friendly counselling. Fourth, a rationale is presented for the

development of male-friendly counselling recommendations specifically for adolescent males that is attuned to their developmental context. Finally, the aim, objectives, and research questions that guided this thesis are presented. Given that Australian data was used in both the second and third paper, Australian data and research will be prioritised when available to provide a region-specific account and will be accompanied by data from other Western nations to confirm the broader relevance of vulnerabilities and counselling experiences adolescent males face within the global context.

2.2. Mental Health Vulnerabilities in Adolescence for Males

The dawn of adolescence marks the beginning of a range of mental health problems for young people. The onset of mental disorders peaks during this period (Solmi et al., 2022), with half of all adult mental disorders emerging by age 14 (Kessler et al., 2005). Across the lifespan, mental disorders primarily affect younger people, with 38.8% experiencing a mental disorder in the last 12-months in Australia; the highest of any age-group drawn from recent nationally representative data (Australian Bureau of Statistics, 2023). Notably, this data did not take into account the potential impact that SARS-COV2 (Covid-19) had on young people in recent years, with some rapid meta-analytic findings suggesting that anxiety and depressive symptoms in young people near doubled during this time (Racine et al., 2021) in addition to the already increasing incidences of mental health issues globally (Piao et al., 2022). Only presently is our understanding of the gravity of the impact of Covid-19 on the wellbeing of young people being realised (Beames et al., 2023; Panchal et al., 2023). Challenges with mental health in adolescence are related to a plethora of adverse emotional, social, academic, and vocational consequences that persist into adulthood.

Notably, the beginning of adolescence also marks the beginning of disproportionate risk factors and mental health inequities for young men that can impact their physical and mental-wellbeing (Exner-Cortens et al., 2021). In contrast to young women, young men are

more likely to kill themselves, use and misuse substances, have poorer engagement and academic outcomes in school, be diagnosed with conduct and behavioural disorders, perpetrate sexual assault, experience and commit interpersonal violence, and be incarcerated (Alom & Courtney, 2018; Rice, Purcell, et al., 2018). Yet, despite a broad range of physical and mental health outcomes among young men being significantly worse than those of young women during the adolescent period, this gendered disparity has received sparse attention until only recently (Rice, Purcell, et al., 2018). This section will provide a brief overview of the central mental health vulnerabilities associated with males during the adolescent period.

2.2.1. Suicide

Suicide remains a leading cause of death for adolescents globally (Glenn et al., 2020). The single clearest finding in the research literature on mental health disparities remains that although young females are more likely to experience suicidal ideation and attempt suicide more, young males are three to four times more likely to die by suicide globally (Glenn et al., 2020; Kõlves & De Leo, 2016; Mcloughlin et al., 2015; Roh et al., 2018; Wasserman et al., 2005). Termed the "gender paradox" (Canetto & Sakinofsky, 1998), this disparity in suicide mortality rate for adolescent males continues into adulthood and maintains across the lifespan (Mcloughlin et al., 2015). In Australia, suicide is the leading cause of death for young people, account for one-third of all deaths, with males accounting for three-quarters of all suicides (ABS, 2019). This is consistent with sex differences in suicide rates globally, with the average rate of suicide in young males three-four times greater than the average suicide rate for young females (Roh et al., 2018).

Adolescence appears to be a key developmental period for the onset of suicidal ideation, behaviours, and divergent trajectories of suicide completion rates between males and females. While there is relative parity in suicide attempts amongst prepubertal children (Nock & Kazdin, 2002), divergence in death by suicide onsets at the start of adolescence. For

example, research utilising the Victorian suicide register across a 10–year period identified that the gap between death by suicide between boys and girls starts to widen as young people move through adolescence. Lee et al. (2019) found that the suicide rate for adolescent males aged 13–16 was 4.38 (per 100,000 persons) and 3.10 for aged-matched females. However, for older adolescents (17–19 years), the suicide rate increased markedly for males to 11.01, and only marginally for females to 4.53. Comparative findings have been found for suicide mortality rates from other nations. Roh et al. (2018) examined WHO mortality data and population data from 29 Organisation for Economic Co-Operation and Development countries to calculate suicide rates for young people aged 10–19 years. Roh et al. found that increasing age had the greater effect on rates of suicide for adolescent males than females. For males, the completed suicide rate when categorised by older adolescent age (15–19 years) was 8.85 times higher than for young adolescent age (10–14 years) while the female completed suicide rate was 5.59 times higher between the older and younger age range. Between sexes and age groups, the male suicide rate was 1.61 times greater for females from the younger adolescent age group and increased to 2.37 times in the older age group (Roh et al., 2018).

A range of risk factors are implicated in contributing to male suicide amongst adolescents. Although many of those likely to die by suicide often have a diagnosable mental illness, not all do, with a range of other psychosocial risk factors predicting suicide mortality rate (Lee et al., 2019). Some risk factors appear common amongst all young people. In order to determine the extent of associations between gender and various types of suicidal behaviour, as well as identify gender-specific protective and risk factors of suicide attempts and deaths in adolescent and young adults, Miranda-Mendizabal et al. (2019) completed a systematic review of 67 studies published between 1995 and 2017. Miranda-Mendizabal et al. identified that common risk factors for suicide attempt for both male and females included

previous exposure to interpersonal violence, mental, or substance use disorders. For males, specific risk factors for suicide attempt included disruptive and conduct disorders, hopelessness, parental separation or divorce, and access to means. For suicide death, male-specific risk factors included access to mean, behaviour and conduct disorders, and problematic substance misuse. Miranda-Mendizabal et al. contended that young men may enact these behaviours in an attempt to cope with mental health problems rather than seek help in an attempt to maintain traditional masculine norms of stoicism and invulnerability. As detailed below, these broader risk factors remain notable vulnerabilities facing young men.

2.2.2. Drugs and Substance Use

Similar to other mental disorders, substance use disorders (SUD) tend to develop during adolescence (Kessler et al., 2005; Solmi et al., 2022). In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text-Revised (APA, 2022), SUD is a broad term that represents a range of more specific subtypes of addiction related mental disorders, such as alcohol use disorder or cannabis use disorder. Although young people in Australia today are less likely to smoke tobacco, use some illicit drugs, and drink alcohol than previous years, substance use remains a key vulnerability for young men. In the 2022 Australian Burden of Disease Study, alcohol use disorder was the second leading cause of burden of disease for males aged 15–24, following only suicide and intentional self-harm (Australian Institute of Health and Welfare [AIHW], 2022). In addition to alcohol use disorder, young males are three times more likely to exceed the alcohol risk guidelines of > 4 standard drinks per day. Moreover, young males are more likely to use meth/amphetamines, cocaine, and psychoactive drugs (AIHW, 2020a). Nationally representative data from other nations shows similar trends. Data from the United States indicated that the median onset age for alcohol use with and without dependence was 14 years, while the median onset age for drug use without dependence was 15 years (Swendsen et al., 2012). Notably, although in this sample

male and female adolescents had near equal rates of alcohol use, males had higher rates of regular use and dependency that continued to diverge through the adolescent years.

Accordingly, males are more likely to be diagnosed with a SUD (Eaton et al., 2012). Although the causes underlying gender differences in substance use and addictions are complex and multifactorial (Whitley, 2021), some do require greater consideration for adolescent males. Research has identified that substance related disorders are associated with impulsivity (Eaton et al., 2012). On average, meta-analytic data has found males to exhibit more impulsive behaviours and have a higher sensitivity to reward and sensation seeking than females (Cross et al., 2011). Concerningly, adolescence as a developmental period is where higher levels of sensation seeking, risk-taking, and disinhibition place young men at risk for externalising symptomatology (Rice, Purcell, et al., 2018). Misuse of alcohol and substances during the developmental period of adolescence is related to a range of adverse cognitive, neurological, and social consequences (Khan et al., 2014; Lees et al., 2020) and scholars have behoved mental health systems to address this vulnerability in adolescent males (Rice, Purcell, et al., 2018).

2.2.3. Social and Behavioural Vulnerabilities

In recent years, there has been growing concern for the rising rates of loneliness and isolation among young men (Twenge et al., 2021). Globally, loneliness—or the perceived sense of social isolation and limited positive relationships—among adolescents and young people is increasingly recognised as a public health challenge (Surkalim et al., 2022), with loneliness being related to a range of negative physical and mental health issues (Christiansen et al., 2021). Australian survey data identified that one in five young men aged 15–24 and one in six young women reported of loneliness (ABS, 2024). Regarding young men specifically, representative data from 237 diverse countries and cultures found that young men from individualistic cultures were the most vulnerable to loneliness, and that it was more

intense and longer lasting than other groups (Barreto et al., 2021). Young people with higher levels of loneliness are at an increased risk of depression, anxiety, and suicidal ideation (Twenge et al., 2021). Moreover, findings from another representative population sample identified an interaction effect, such that loneliness and suicidal ideation was strongly associated for young men, in contrast to women and older men (Ernst et al., 2021). Digital mediums, such as social media and the internet, and recent environmental events, such as Covid-19 are implicated in contributing to the growing pervasiveness of loneliness among young people (Botha & Bower, 2024; Twenge et al., 2021).

Relatedly, the association between loneliness, young men's social media experiences online, and their wellbeing is a growing area of concern in recent years. Although there is some data to suggest that social media can be facilitator for positive social connection and mental health promotion for young men (O'reilly et al., 2019), there is a growing field of research examining how niche online men's groups can amplify adherence to restrictive masculine norms, misogynistic attitudes, and may contribute to poorer mental health outcomes for among young men (Wilson et al., 2024). The rise of online forums, such as Reddit and YouTube, has encouraged the self-disclosure of young men behind the protection of anonymity to connect with others through online communities for support, yet also exposes them to unvetted content about self-harm, suicidality, risk-taking, and hypermasculinity, that can repeatedly be reinforced through personalised algorithms creating digital 'echo chambers' of content (Wilson et al., 2024). Termed the 'manosphere', the focus of content remains intensely focused upon masculinity as means for social, financial, and sexual success wedded to essentialist views of male/female and often undergirded by patriarchal ideologies (Ging, 2019). Notably, although limited research has emphasised that the intentions of the average young man seeking out the manosphere of are often to reconcile a profound sense of loneliness, disconnection, and lack of purpose (Wilson et al., 2024), they

are often met with much content promoting restrictive, sexist, and extremist masculine ideologies. In one study, Scharrer and Warren (2022) identified that the higher use of watching YouTube for young men was associated with higher endorsement of traditional masculine norms, such as dominance and emotional inhibition, and those who played a high amount of exposure to violence scored highest in the subscale of avoidance of femininity. Although a nascent, and developing area of research, understanding the digital subcultures and ideologies that impact young men's mental health and their views concerning identity, masculinity, and relationships is crucial for therapists working with young men to understand.

Turning now to social behaviour, young males are consistently diagnosed and ascribed more behavioural and externalising disorders[1] than females (Owens, 2016). Indeed, gender differences in behavioural disorders, prosocial behaviour, and self-regulation skills are stark. In Australia, the prevalence of attention deficit hyperactivity disorder among young people was twice as high in males than females, while the prevalence of both conduct disorder and oppositional defiance disorder was also more prevalent in males than females (Lawrence et al., 2015). Moreover, young males aged 14–17 account for the majority (89%) of adolescents in detention (AIHW, 2023a), and perpetrate the majority of antisocial crimes (Australian Institute of Criminology, 2005). Hospitalisation from assault injury or homicide death relative to per 100,000 people peaks for young males aged 15–24 and is highest across gender and all age groups and was more likely to be perpetrated by someone unknown to the victim or an acquaintance (AIHW, 2023b). Between 2018–2019 in Australia, males accounted for most sexual assault offences recorded by police (97%), with males aged 15–19

[1] Externalising behaviours are behaviours that are a response to psychological distress directed towards an individual's external environment rather than internal, such as aggression, violence, substance use, and suicidality, which are maladaptive and often lead to destructive patterns.

years indicated to have the highest offender rate (per 100,000) across any age group (AIHW, 2020a).

These findings are important, as early behavioural problems in childhood and adolescence predict later behaviour and health problems (Amin et al., 2023; Owens, 2016). A key challenge in young men's higher prevalence of externalising disorders remains how they are perceived by educational and health services. Addis (2008) proposes that externalising behaviours are the observable symptoms of a concealed "masked" underlying depression or mental health issues in boys and young men which may lead to misdiagnosis and incorrect treatment. Indeed, adolescent males presenting with externalising problems may more often come into contact with the criminal justice services instead of health services in Australia (Watkeys et al., 2024). Broadly, this remains an important consideration when examining the challenges faced by young men. Care should be afforded to how externalising disorders and behaviours are framed, as they are often viewed as issues of boys character, rather than their mental health problems (Affleck et al., 2018). This labelling may inadvertently associate the challenges of boys and young men as *characterological* and *social* problems rather than *health* problems, leading to less restorative and more punitive responses when young males present to educational and mental health services.

Overall, as highlighted above, young males in Australia and around the world face a range of unique risk factors to their socioemotional wellbeing that impacts them in the present and can continue into adulthood, which may both adversely affect themselves but also their wider social milieu. These vulnerabilities underscore the need for young men to seek out and connect with services and targeted mental health interventions. However, as will be discussed in the next section, young men's attitudes toward, and engagement with mental health services presents another set of challenges in providing psychological treatment to this population.

2.3. Engaging Adolescent Males in Counselling: Help-Seeking and Formal Service Use Utilisation

As highlighted above, the distinct vulnerabilities in both mental and physical health are key justifications for the importance of adolescent males seeking healthcare services. Ideally, this should occur as early as possible, as early prevention, detection, and intervention are crucial in assuaging current psychological distress for young men, whilst also stymieing mental ill-health challenges from continuing into adulthood (Patton et al., 2018; Rice, Purcell, et al., 2018; Sheikh et al., 2024). Although it is common for adolescents to recover from a mental health disorder without any specific psychological treatment (Roach et al., 2023), many neither recover or seek out treatment. In Australia and around the world, there is a consistent trend of low formal service use and engagement for boys and men (Addis & Mahalik, 2003; Galdas et al., 2005; Gonzalez et al., 2011; Rickwood et al., 2015; Yousaf et al., 2015). Data from the Australian National Survey of Mental Health and Wellbeing conducted in 2007 highlighted the disparity between service use between male and females aged between 16–85 with a diagnosable mental disorder. Between sexes across the lifespan, females with a mental disorder were more likely to utilise health care services (40.7%) than males (27.5%; Burgess et al., 2009). Only 13.2% of males in the youngest age group (16–24) had used services for mental health problems in the preceding 12–months despite experiencing psychological distress, the least amongst any demographic group for mental health problems including aged-matched female peers (31%; Slade et al., 2009). Regarding access to mental health services specifically, young men aged 12–25 years made up only 31.9% of people accessing Australia's National Youth Mental Health foundation Headspace between 2013–2014 among a sample of over 30,000 young people (Rickwood et al., 2015).

More recent data presents a more promising trend in adolescent service use. For example, young people aged 14–25 had a 111% increase in the number of mental health

related Medicare-funded service use between 2012–2021 (AIHW, 2024). Yet, lower overall service use is still apparent, particularly those with a diagnosable mental health issue. The Young Minds Matter survey was a national face-to-face household survey conducted in 2013–2014 with over 6000 carers and 3000 young people to identify the proportion of young people with diagnosable mental disorders and their patterns of service use (Lawrence et al., 2015). For young people aged 13–17 years, 18% reported using health services for emotional and behavioural problems in the previous year and the proportion of females (23.6%) was near twice that of males (12.7%). Among this age range, 21.5% had a diagnosable mental disorder based upon carer/young person self-report. From this cohort, 44.7% reported having accessed health services in the last year with a higher proportion of females (55.2%) than males (30.8%) accessing care (Lawrence et al., 2015). Younger females also access Medicare-funded mental health services more often and more frequently, from low service use in a given year (i.e., one mental health related service), to high service use (16 services or more) (AIHW, 2024). Even when mental health diagnosis is controlled for, females with a mental health disorder in a 12-month period more often (51.1%) consult a mental health professional than men (36.4%) in Australia (ABS, 2023), which is commensurate from population data from other nations (Mendenhall et al., 2014; Sagar-Ouriaghli et al., 2019). This data indicates a clear trend in lower mental health service use for young men despite their apparent need.

In attempting to explain these trends, authors typically divide barriers to service use largely into three groups: pre-engagement help-seeking factors, engagement factors, and post-engagement factors (Whitley, 2021). Put simply, what factors contribute to getting young men "to the clinic and through the door", what keeps them engaged, and what are their attitudes and beliefs about mental health services post-engagement, to which we will now turn our attention to.

2.3.1. Mental Health Help-Seeking in Adolescent Males

In the context of mental health, Rickwood and Thomas (2012) proposed a conceptual definition of help-seeking defined as "…an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" (p. 180). External assistance in this context is considered any supports that are outside an individual's internal capacity and attempts to resolve a mental health problem. In the literature, these external supports are further divided into both *informal* and *formal* supports. Informal supports are those that utilise nonprofessional assistance, such as family, friends, or community services, while formal supports are those that utilise professional services delivered by accredited professionals, such as psychologists, counsellors, psychiatrists, and general practitioners (GP) (Whitley, 2021). Formal services in Western nations are generally further divided into *primary* (e.g., GPs), *secondary* (private psychologists, psychiatrists), and *tertiary* (hospital, mental health inpatient) care settings. Across these care settings, young men have less access and less intention to seek access in contrast to other demographic groups (Johnson et al., 2016; Watkeys et al., 2024). First, we examine dominant barriers towards seeking initial support for mental health issues.

2.3.2. Barriers Towards Help-Seeking

Although the help-seeking behaviour of boys and men is progressively becoming normalised in societies due to cultural shifts in education and public familiarity of mental health issues (Vogel & Heath, 2016), various barriers remain to young men accessing support. In this section, a summary of the main barriers to young men's help-seeking is provided. In the past, explanations of boys and men's underutilisation of formal mental health services has been predominantly ascribed to internalised notions of traditional masculinity (Addis & Mahalik, 2003). In this explanation, boys and young men are thought to be socialised to internalise and embody dominant notions of masculinity, such as stoicism and

importance of being perceived as tough and invulnerable, with the implication being that mental health problems should not be expressed, discussed, or sought help for (Evans et al., 2011). Indeed, masculinity is a central determinant of men's intention to seek formal mental health services (Seidler et al., 2016). However, contemporary researchers have questioned the utility of this sole explanation of boys and men's help-seeking intention that dominates current scholarly discourse on men's mental health as a narrow research agenda that problematises masculinity (Affleck et al., 2018; Liddon & Barry, 2021; Whitley, 2018, 2021). Whitley (2021) contends that exclusively positioning masculinity as *the* problem in men's service use places blame *within* and onto boys and men, such that their health outcomes are principally determined by their attitudes towards receiving assistance, rather than the interplay of a variety of structural and systematic barriers.

More recently, quantitative and qualitative systematic reviews have identified a broader range of barriers that contribute to underutilisation of and engagement with formal mental health services among adolescents beyond masculinity (Gulliver et al., 2010; Macdonald et al., 2022; Palmer et al., 2024; Radez et al., 2021; Sheikh et al., 2024). Moreover, further qualitative research examining the experiences of boys and young men has contributed to the understanding of how masculinity influences attitudes towards service use (Clark et al., 2018a; Rice, Telford, et al., 2018; Seidler et al., 2016; Sheikh et al., 2024; Sylwestrzak et al., 2015). Collectively, these scholarly reviews and articles highlight: (a) socialisation to traditional masculinity and stigma; (b) limited mental health literacy; (c) preference for self-reliance and informal supports; and (d) compatibility with conventional mental health services as key challenges engaging adolescent males in psychotherapy.

2.3.2.1. Socialisation to Traditional Masculinity and Stigma

One of the most pronounced barriers to help-seeking among young men consistently found in both scholarly research and accounts of young men's experiences are the stereotypes

and expectations of traditional masculine norms, with stronger conformity to these norms associated with higher stigma and lower help-seeking intention in men (Clark et al., 2018a, 2020; Galdas et al., 2005; O'Brien et al., 2005; Rice, Telford, et al., 2018; Sagar-Ouriaghli, Brown, et al., 2020; Seidler et al., 2016; Sheikh et al., 2024; Yousaf et al., 2015). Predominantly, authors postulate this to be the result of socially constructed traditional masculine gender roles (Vogel & Heath, 2016). Traditional masculinity, inclusive of many stereotypical masculine norms, such as restricted emotionality, stoicism, and avoidance of displaying weakness or vulnerability is posited to largely contribute to increased stigma in boys and men (Addis & Mahalik, 2003). Consequently, these masculine norms are considered to be in conflict with help-seeking behaviour, as healthcare help-seeking has been traditionally conceptualised as a feminine characteristic that would result in failure to uphold and threaten their masculinity (Clark et al., 2018a). Thus, avoidance of showing vulnerability, appearing weak, and seeking help is characterised as a mechanism for performing, and maintaining their gendered role (Courtenay, 2000).

In turn, these masculine stereotypes may interact with mental health stigma to lead to an exacerbated gender-specific form of stigma for younger men experiencing mental health problems during adolescence. A systematic review of 144 qualitative and quantitative studies exploring the impact of stigma on help-seeking by Clement et al. (2015) found significant effects for age and gender, such that higher stigma towards seeking help was experienced by younger men. From the qualitative analysis, samples with younger people under 18 years highlighted the subtheme of "not normal" (p. 19), such that younger people felt more acutely an unease with being different from their peers because of a mental health problem they were experiencing. Notably, a subtheme "difficultly talking to professionals" (p.19) was more pronounced for younger men experiencing stigma. Gender norms intensify and are strongest during adolescence (Kågesten et al., 2016), while approval from peers becomes more salient

as young people grow older (Rickwood et al., 2007). For younger Australian men, qualitative studies have highlighted that seeking help constitutes taking a risk, such that being bullied or stigmatised for seeking help was viewed as an inherent hazard of traversing male adolescence (Clark et al., 2018b, 2018a). Relatedly, quantitative studies highlight how higher self-stigma—the internalised shame and negative attitudes one has about their mental illness—predicts reluctance to receive professional support for young Australian men (Juillerat et al., 2023). Consequently, the combination of these stereotypical ideas about men and the stigma associated with mental health issues and not "fitting in" during adolescence could worsen the stigma of mental illness and waylay intentions to seek help.

By striving to uphold the prescriptions of traditional masculine norms by avoiding seeking help, young men may inadvertently turn to less efficacious forms of coping with psychological distress. Qualitative research with young men has identified that traditional masculine ideals and perceived rejection from peers initially deter them from seeking help, and again deter them from seeking help once symptoms become unbearable, thus leading to a range of adverse coping behaviours and cognitions instead, such as alcohol dependence or suicidal ideation (Lynch et al., 2018). Consequently, this stronger conformity to masculine norms appears to result in outcomes that are antithetical to those that seek help, such as negative self-esteem, greater substance use and interpersonal violence, reduced interpersonal intimacy, depression, and anxiety (Herreen et al., 2021; Mahalik et al., 2003), and then deter them from seeking help once symptoms worsen. Thus, conformity to this norm thus appears to be a double-edged sword for young men attempting to seek help, leading to their initial interaction with formal healthcare services in crisis, rather than presenting with mild or moderate symptoms.

2.3.2.2. Limited Mental Health Literacy

Men's mental health literacy—the cognitive and social skills to appropriately understand, obtain, and maintain psychological wellbeing—has been found to be lower than that of females (Peerson & Saunders, 2009), even more markedly so for boys and men that adhere rigidly to traditional masculine norms (Milner et al., 2019). Mental health literacy includes the ability to recognise symptoms and severity of a mental disorder within the self or others; understand relevant risk and causative factors of mental disorders, attitudes and beliefs towards receiving professional support, and knowledge of how to appropriately seek out professional help (Sampaio et al., 2022). Notably, higher mental health literacy has been found to be an important predictor of actual service use among men (Milner et al., 2019). Although mental health literacy among the adolescent population is significantly lower than adults (Lam, 2014; Sampaio et al., 2022), adolescent males report a poorer knowledge of mental health (Sheikh et al., 2024). In contrast to young women, young men are worse at identifying psychological problems such as symptoms of anxiety or depression, display less awareness of accessible mental health services, and perceive more tangible barriers towards receiving help, such as cost and service waiting times (Clark et al., 2018a; Haavik et al., 2019; Rice, Telford, et al., 2018). Traditional gender norms, higher self-stigmatising attitudes towards mental health, less contact with mental health services through preference for self-reliance, and beliefs that mental health issues cannot be treated are factors that have been proposed that discourage young boys and men from seeking out mental health information and engaging with mental health services (Macdonald et al., 2022; Sagar-Ouriaghli et al., 2019; Sheikh et al., 2024).

When young men do attempt to engage with the mental health system, an Australian study using qualitative focus groups found that they reported difficulty in understanding the mental health system, a limited awareness of available services, and a limited understanding

of what talk therapy entails as being major challenges to receiving support (Rice, Telford, et al., 2018). Similarly, research by Clark et al. (2020) with a sample of Australian adolescent males found that higher mental health literacy of anxiety was related to more favourable attitudes towards help-seeking, particularly for those with low or moderate alignment with traditional masculine norms. Indeed, it appears that the central reason to develop the mental health literacy of adolescent males is to increase the likelihood that they will correctly identify when, who, and how to access appropriate support services for their mental health needs.

In recent years, online environments have emerged as promising avenues for promoting young men's mental health literacy and acting as a facilitator for help-seeking behaviour (Nazari et al., 2023; Sheikh et al., 2024). Young men may be more likely to access online information about mental health, via search engines, podcasts, chat-based websites, and social media as they are freely accessible, maintain anonymity, and allow access to support without their sense of personal masculinity being undermined (Best et al., 2016; Sheikh et al., 2024). Young males in Australia identified that online formats for learning about mental health issues and guidance were considered a safer initial step towards accessing more formal mental health support (Clark et al., 2018b). However, in addition to an being an unregulated medium, mental health initiatives would have to contend with the proliferation of ideas about masculinity and mental health published on digital platforms and often coined the 'manosphere' (Wilson et al., 2024). A key challenge moving forward remains upskilling young men on filtering out the accurate from the inaccurate as not all of the information online would be of high-quality (Best et al., 2016). As more and more young men migrate and congregate on online platforms, this medium offers new opportunities to reach this population where they congregate (Macdonald et al., 2022).

2.3.2.3. Preference for Self-Reliance and Informal Supports

Many young men with a considerable need to access mental health services do not do so, with some Australian estimates indicating that only 12–30% of young men with mental health disorders access any type of formal service (Johnson et al., 2016; Lawrence et al., 2015; Slade et al., 2009). A main reason appears to be that young people generally report a preference for self-reliance in the face of psychological adversity. Systematic reviews of qualitative and quantitative data highlight that many young people do not seek help due to a desire to cope with their mental health problems on their own (Gulliver et al., 2010; Radez et al., 2021; Sheikh et al., 2024). Interestingly, this theme was present in nearly all studies included in Radez et al.'s (2021) review that collected data from people with elevated levels of depressive symptoms and self-harming behaviour, suggesting the potential stigma in seeking support related to these difficulties. Preference for self-reliance in part appears to be linked with mental health literacy, such that a limited ability to recognise mental health symptoms and their severity may in turn lead to minimisation or denial of symptoms as adolescents grow older, particularly for young men (Macdonald et al., 2022). Radez et al. (2021) identified that in 35% of studies, young people felt uncertainty about whether a psychological problem was serious enough to require help and expected that it would improve on its own with time. Thus, low symptom recognition or knowledge of mental health difficulties appears to subsequently influence young people's decision to self-manage symptoms and not seek out formal services.

For young men, a preference for self-reliance intersects with masculine norms. Overwhelmingly, young men in Australia report a strong preference to deal with their mental health problems on their own (Booth et al., 2004; Clark et al., 2018a; Ellis et al., 2013; Vincent et al., 2018). A dominant perception among young men is that, with time, mental health problems will "fix themselves" (Vincent et al., 2018). Using a sample of 1506

Australian men across the lifespan (18–94 years), Vincent et al. (2018) found that 68% reported delaying a visit to a health professional, with younger men citing that they assumed the problem would "fix itself" in time, and generally waited until symptoms were at the point of affecting their daily functioning. The theme of problems fixing themselves was shared across the lifespan as a key reason for delaying seeking professional help (Vincent et al., 2018). Thus, minimisation or dismissal of symptoms appears to begin early and continue into adulthood for men with limited mental health literacy.

Although traditional notions of masculinity esteemed in Western societies uphold characteristics of strength, stoicism, and self-reliance that can intercept men's efforts to seek support for mental health issues (Seidler et al., 2016)—which will be detailed in the proceeding section—Australia in particular possesses deeply held cultural norms of manhood that men adopt and expect of themselves which may also impede intention to seek out support (Mahalik & Walker, 2007). For example, Sharp et al.'s (2023) analysis of discourses about masculinity and mental health from five focus groups with Australian men explored the cultural idiom of *"she'll be right"*[2]*,* an assumption that "…whatever is wrong will correct itself in time – as such issues might best ignored or left unattended" (p.119). Sharp et al. granted that respondents also emphasised connotations of hope and optimism amongst hardship related to this idiom, yet often signalled the implicit assumption to not seek out support or worry about mental health symptoms, and by extension; not concern or seek out help from others. An apt reflection of how this belief still manifests in recent times is from a response by an Australian 14-year-old boy in a semi-structured interview about help-seeking for anxiety (Clark et al., 2018a): "I wouldn't talk to anyone personally. I would just probably keep trying to deal with it myself and try my best not to let anyone else know about it…" (p. 229). Sharp et al. (2023) concluded that masculinity is contextualised within culture, and

[2] "She'll" referring to any and every type of problem that may arise for an individual.

seeking help for mental health problems for Australian men does not only constitute a navigation of masculinity, but Australian masculine culture as well. When early symptoms are not recognised due to either limited mental health literacy, or a perception that there is no need for concern due to cultural beliefs, a lifetime pattern of limited informal or formal help-seeking may develop. As such, young men not exposed to healthcare cannot become accustomed to or at ease using services, nor can they obtain practical experience in accessing and utilising treatment when necessary.

If, and when young men do decide to seek support, research indicates that they prefer to seek out informal supports, and who they seek support from changes as they develop through adolescence (Liddle et al., 2023; Rickwood et al., 2015). For younger adolescents, informal support was more likely to be sought from parents while older adolescents are more likely to seek help from close friends (Booth et al., 2004). These informal supports are highly influential on a young person's intentions to seek formal support (Gulliver et al., 2010; Liddle et al., 2023). From a sample of 9,832 men attending in-person Headspace centres, 69% percent of 12–14-year-olds reported "family" as influential in their decision to seek mental health support, whilst young men aged 15–17 years and 21–25 years reported "family" as influential 51.5% and 21.7% respectively as influential in seeking help (Rickwood et al., 2015). Inversely, "friend" and "myself" as influential in a decision to seek support increased as boys progressed through adolescence with those aged 12–14 years and 21–25 years reported "friend" as 3.3% and "myself" 6.0% and "friend" as 8.0% and "myself" 32.4% respectively (Rickwood et al., 2015). This appears to correspond with the natural development of autonomy and subsequent independence from parents that begets newfound capabilities in adolescents to self-refer, handle problems independently, and gain advice from peers and as they move towards adulthood (Rickwood et al., 2007).

Importantly, social support appears to be a key facilitator towards young men's intentions to seek out more formal supports (Palmer et al., 2024; Sheikh et al., 2024), particularly those with higher self-reliance (Ishikawa et al., 2023). Notably, among young Australians, those that perceived to have little social support were more likely to have a higher reliance upon self to manage mental health issues and not seek professional support than those who perceived greater social support (Ishikawa et al., 2023). Research with some young men highlighting that closeness with family allowed them to trust that they would be supported helped with their concerns (Burke et al., 2022). Opportunities exist for developing pathways where informal supports can be offered as a first line response to mental health challenges for young men, and also act as bridge towards more formal supports (Heerde & Hemphill, 2018; Macdonald et al., 2022; Petersen et al., 2024).

2.3.2.4. Engagement with Formal Mental Health Services

Due to delaying help-seeking for mental health problems, many boys and men arrive at mental health services by the behest of others or in a state of crisis (Bilsker et al., 2018; Block & Greeno, 2011; de Haan et al., 2013; Seidler et al., 2016; Seidler, Rice, River, et al., 2018). Adolescent males in particular may initially engage with other services first to address academic and behavioural problems, such as educational or vocational services, before being referred to psychological services (Bassilios et al., 2017). When young people do engage with mental health services, premature dropout from treatment is common (de Haan et al., 2013), with some Australian data suggesting it is particularly so for adolescent males. National data from Headspace found that amongst a sample of 80,502 young people, young men were significantly more likely to attend only 1–3 sessions in contrast to young women, and discontinue psychological treatment prematurely (Seidler, Rice, Dhillon, et al., 2020), a finding that has been identified in research from other regions (Meddings et al., 2022). A

range of reasons are implicated in why young men may discontinue treatment. In the sections to follow, a brief overview of the main reasons is provided.

Upon presentation to mental health services, assessment of psychological distress in young men may be conceptualised differently or altogether misdiagnosed. In part, this appears to be explained by the trend of young men to present with externalising symptoms rather than internalising. The most salient example of this in the literature remains the assessment and diagnosis of major depressive disorder. A well-known finding is that women are more often diagnosed than men with major depressive disorder and subsequently treated. Although estimates vary, the lifetime odds ratio of depression for women and men is approximately 2:1, and that gender differences in levels of depression appear to emerge between 12-years-old (Salk et al., 2017). In Australian samples of adolescents, 5.8% of females and 4.3% of young men aged 12–17 years met criteria for a major depressive disorder (Lawrence et al., 2015). However, researchers have recently suggested that a type of "male-specific depression"—characterised by more externalising symptoms—may more accurately reflect the prevalence of major depressive disorder and men's actual experiences (Cole & Davidson, 2018; Rice et al., 2022). Interestingly, when authors used a newly created depression scale that specifically included externalising symptoms of depression more commonly expressed in men—such as anger, risk-taking, or substance misuse—alongside traditional measures of depression on a subgroup (n = 5692) of a nationally representative sample who met lifetime criteria for any disorder, they found men (30.6%) and women (33.3%) met criteria for major depressive disorder in near equal proportions (Martin et al., 2013) suggesting no difference in actual incidence of major depressive disorder but a difference in presenting symptoms.

Male-specific depression measures may also inform symptomology assessment and diagnosis in younger men. Using their developed Male Depression Risk Scale (MDRS, Rice

et al., 2013), Rice et al. (2019) found that younger men aged 18–35 years were more likely to experience suicidal ideation, even when controlling for internalising symptoms, than older men aged >35 years. Moreover, the MDRS subscales of drug use, anger and aggression, and risk-taking yielded interaction effects with age x suicidal ideation, such that these symptoms were more salient in younger male depression (Rice et al., 2019). Clinical assessment primed to evaluate externalising symptoms for depression in young men may aid correct diagnosis and psychiatric interventions. Moreover, comprehensive assessment of externalising symptoms for depression may shorten the time between assessment and treatment, and also reduce the likelihood of symptoms, such as aggression, substance misuse, and risk-taking, being addressed through forensic pathways rather than psychiatric.

Turning now to mental health services, a growing body of literature has highlighted that the (a) presentation and (b) requirements of psychological treatment are not compatible with adolescent males and their relational styles (Kiselica, 2003, 2005; Liddon & Barry, 2021; Mahalik et al., 2003; Whitley, 2021). Moreover, (c) clinician assumptions and (d) young men's perceptions and interactions may lead to negative experiences that influence their future engagement. Firstly, regarding presentation, authors report that mental health services appear to be inherently "feminised" which may deter young men from seeking support in unfamiliar settings (Affleck et al., 2018; Morison et al., 2014; Whitley, 2021). Young men's first interactions for mental health care often are with primary services, such as family GPs, which can often be feminised. A report commissioned by men's health foundation Movember collated directed research by 13 men's mental health experts on mental health promotion recommendations from various countries and identified that many clinical settings are feminised and could deter specific subgroups of men such as boys and young men and ethnic minority men (Robertson et al., 2015). For example, an Australian observational study of GP waiting rooms by Whitehead et al. (2020) identified that only

3.15% of promotional and available materials displayed across multiple sites was male-specific, whilst 15.31% was female specific and 81.54% gender neutral. Additionally, experiences captured by young men maintain that from afar, psychotherapy and mental health services are perceived as feminine (Rice, Telford, et al., 2018), which has led to recommendations for changing mental health services to appeal to preferences of young men (Grace et al., 2018; Petersen et al., 2024; Rice, Purcell, et al., 2018; Sagar-Ouriaghli, Brown, et al., 2020; Swann et al., 2018).

Authors also highlight how the current ratio of female to male clinicians available may contribute to mental health services being perceived as feminised by young men (Whitley, 2021). Much of the mental health workforce in Australia is female, which aligns with other Western nations (APA, 2015; AIHW, 2021). As an example, 80% of psychologists in Australia are female (Psychology Board of Australia, 2024). Regarding whether therapist gender affects treatment outcomes or young men's preferences remains unclear in the research. While some research has highlighted that therapist gender did not significantly influence therapeutic retention or dropout for adolescent clients (Ryan et al., 2021), other research has found that gender-matched dyads in treatment for those who misuse substances led to greater retention for adolescent males, who tended to stay longer in psychological treatment when matched with male therapists (Wintersteen et al., 2005). It may be that therapists of different genders occupy different roles for young men in therapy at different times. For example, male therapists may model healthy emotional regulation for young men, while female therapists may present opportunities for young men to deconstruct negative beliefs about women and interact with them in a prosocial way (Marasco, 2018).

A sample of adult Australian men found that most (60.5%) of participants did not have a preference, while 20.4% preferred a woman and 19.1% preferred a man (Seidler, Wilson, Kealy, et al., 2022). Interestingly, for those who indicated a preference, satisfaction

with previous therapy with a gender-matched therapist was significantly higher than those who were not matched. Various reasons also presented as to why they indicated a preference. For example, feeling less judgement and feeling more understood by another male were common reasons for a gender-matched preference (Seidler, Wilson, Kealy, et al., 2022). Amongst younger Australian men, qualitative research inclusive of client and service provider voices highlighted the importance of having male clinicians available for young men to build rapport (Rice, Telford, et al., 2018). While not endorsed by the overall sample, choice was esteemed amongst young men as a facilitator of engagement. Although many young men may not indicate a preference, a notable number do so. Thus, although there is little evidence that therapist gender affects clinical outcomes for adolescent males, those young men who do prefer male clinicians may encounter difficulties when deciding to consult with mental health services that may not have male staff available.

With regard to the requirements of talking therapies, an incompatibility appears present between the conventions of how psychotherapy is routinely conducted and the relational styles of young men. Conventional psychotherapy necessitates individuals to introspect, verbalise intimate thoughts and emotions over extended periods of time, and form intimacy in a dyadic relationship (Kiselica, 2003, 2005; Mahalik et al., 2003). Instead, Kiselica (2003) contends that in building rapport, therapists need to lean into how young men form relationships outside of therapy, typically through "…active, instrumental, and group activities" (p. 1226). Kiselica warns that if clinicians are not flexible in adapting to how many young men build rapport and enforce strict conventions, they may misinterpret disengagement in therapy as a sign of resistance or restrictive masculinity impeding the development of rapport. Indeed, a wealth of literature has highlighted that boys and men prefer action-oriented, problem-solving, skill-based, and group-based forms of therapy (Beel et al., 2018; Robertson et al., 2015; Seidler, Rice, Ogrodniczuk, et al., 2018, 2019). However,

direction from psychotherapy guidelines has been less forthcoming on how these could be applied in the individual counselling context for young men (e.g., APA, 2018a; APS, 2017).

In recent years, a focus on group-based interventions for young men has been gaining interest. School-based and sports-based interventions in particular appear to have promising effects in raising mental health literacy and help-seeking intention for young men (Gwyther et al., 2019). These interventions typically rely on interweaving psychoeducational material into group-based activities. Commonly termed "health by stealth", these interventions attempt to tap into men's interests, camaraderie, and cooperation, whilst also promoting social connectedness (Whitley, 2021). Mental health and self-disclosure are often not emphasised, rather "healing" is manifested through peer-support and reciprocity in the sharing of information. Some common forms of activity-based group programs include schools (Calear et al., 2021), Men's Sheds mentoring (Wilson et al., 2014), and community-group and sports-based programs (Gwyther et al., 2019; Liddle, Deane, et al., 2021; Swann et al., 2018). Inversely, these programs may also act as a bridge between adolescent males and mental health services through the inclusion of screening measures for the detection of symptoms for those at-risk (Robinson et al., 2010). Future research is needed to ascertain how elements from these programs may be utilised in more traditional psychotherapy formats with individual or small groups of men.

How clinicians interact with young men can also influence their experiences of psychotherapy. Indeed, the therapeutic alliance between client and therapist is one of the most influential factors of outcomes in adolescent psychotherapy (Ryan et al., 2021). Yet, some research indicates that men are more likely to be negatively judged and stereotyped than women by therapists which may impede a strong therapeutic alliance. Gender is one of the first characteristics therapists recognise about clients that can be accompanied by stereotypes and expectations (Isacco et al., 2013), and therapists themselves have highlighted

potential biases and stereotypes that are consequential of recognising the gender rather than the person. In an qualitative survey of 475 American psychologists, Mahalik et al. (2012) found that risks included therapists: holding stereotypes that boys and men's will be unwilling to speak about emotions; quickly assessing that they are not suitable for therapy; underdiagnosing gender-atypical disorders or presentations—such as eating disorders or a male victim of domestic violence; not acknowledging men's attempts at conveying emotion; and not providing the same empathy towards young male clients which may be afforded to female clients. In addition, therapists' behaviours of pushing young people to talk or not acknowledging attempts at expressing emotions have been found to negatively impact the therapeutic alliance for adolescent clients (Ryan et al., 2021). Additionally, therapists also report more difficulty in working with externalising symptoms, such as anger and irritability, in men than internalising symptoms (Seidler, Wilson, Trail, et al., 2021), which may lead to therapists deflecting or not allowing space for these emotions to be fully expressed for male clients. These assumptions, biases, and stereotypes may arise in the clinician as a result of their own beliefs about how boys and men should adhere to or resist traditional gender roles (Mahalik et al., 2012). However, authors caution that assumptions and stereotypes held by the therapist and imposed onto male clients to which they may not align also may inadvertently damage the therapeutic alliance and deter further help-seeking (Richards & Bedi, 2015; Shepherd et al., 2023).

Current guidance by professional psychotherapy bodies and reactance to the current social climate towards men and patriarchy may also influence clinicians' perspectives of male clients. For example, criticism has been raised of the APA's guidelines for psychological practice with boys and men (APA, 2018a) for taking an inherently deficit-perspective of masculinity. In particular, an often quoted section of the guidelines "…socialization for conforming to traditional masculinity ideology has been shown to limit

males' psychological development, constrain their behavior, result in gender role strain, and gender role conflict, and negatively influence mental health…and physical health…" (p. 3) has been scrutinised. Ferguson (2023) levels that a singular ideological standpoint of feminism, patriarchy, and male privilege may unduly influence therapists focus on specific treatment goals and modalities that are different to what male clients may actually prefer and need and discourage male clients from seeking therapy from the onset. Albeit that clinicians have the freedom to adhere to guidelines or not in their practice, Ferguson contends that this singular ideological—rather than therapeutic—focus puts pressure on clinicians "…to see men and boys through these lenses" (p. 5) and somewhat brazenly provides the example that if clinicians wholly utilise the ethos of the guidelines to focus their treatment for men, it would be:

> …unclear that, say, the out-of-work coal miner, struggling to provide for his family and feeling suicidal is going to benefit from a discussion of his privilege, or an examination of how patriarchy has shaped his perceived role in the world. (Ferguson, 2023, p. 5).

Key authors of the guidelines responded to Ferguson (2023) in a rebuttal by arguing that they do not advocate diminishing boys and men's agency or concerns in psychotherapy, rather utilise masculinity research to guide therapists' knowledge and understanding of men (Levant et al., 2023). Moreover, they place Ferguson's (2023) criticisms as characteristic of the broader polarised response to the guidelines in the progressive and conservative media in the US and Western societies (see McDermott et al., 2023) and highlight that the guidelines were not created for "traditional men" only, rather built upon four decades of masculinities research of the diversity of men.

Although these guidelines and the deficit-based perspective of masculinity will be discussed in more detail in a latter section of this review, this case in point provides important information that confirms points raised by Barry et al. (2021), such that how therapists view

men and masculinity is related to how they treat men. Concurrent with contemporary narratives embedded in cultural discourse, which are largely negative towards men and masculinity (Nathanson & Young, 2006; Power, 2022; Waling, 2023), these guidelines may inadvertently influence clinicians to see boys and men through a lens of "blame" for their presenting issues which may undermine the provision of ethical, unbiased treatment (Ashfield & Gouws, 2019). Yet, knowledge, competence, and unbiased treatment remains central tenets to the delivery of ethical mental health services and multiculturally inclusive counselling competencies (APS, 2007, 2017; Sue et al., 1992). One solution to this challenge may be that knowledge and competency may be increased by a specific focus on men's socialisation to gendered norms and their unique mental health vulnerabilities in clinical training programs. However, it appears dedicated curriculum to men's issues in clinical training appears to be relatively scarce across health disciplines (Baum, 2016; Mellinger & Liu, 2006; O'Neil & Renzulli, 2013b, 2013a; Seidler, Macdonald, et al., 2023; Seidler, Rice, Dhillon, et al., 2019; Whitley, 2018), whilst dedicated courses are in their infancy (Seidler, Benakovic, et al., 2023; Seidler, Wilson, et al., 2023). As such, it is unclear if and how therapists adapt their practice to engage young men in counselling. Moreover, in the absence of dedication training curriculums, it is unclear where therapists learn further knowledge and skills about working with adolescent males in particular. Overall, it is clear that future research is needed in understanding approaches to working clinically with young men that provide autonomy and respect to clients whilst utilising the most evidenced-based research, and that this needs to be easily distributed to mental health professionals to support their clinical practice with young men. Moreover, research highlighting how therapists from different disciplines enact male-friendly adaptions to practice with young men is needed.

Finally, negative perceptions and experiences of psychotherapy for young men can deter them from seeking support in the future. Adolescent males commonly arrive at mental

health services with negative attitudes towards psychotherapy (S. Burke et al., 2008; Ellis et al., 2013; Liddle, Vella, et al., 2021). Poor experiences with mental health services may inadvertently reinforce masculine ideals of self-reliance and toughness that may act as barriers to future reengagement (Liddle, Vella, et al., 2021). For younger Australian men "lack of connection" with a therapist is a notable reason for dropout, alongside other commonly reported reasons such as "didn't feel right" and "logistics" of therapy (Seidler, Wilson, Kealy, et al., 2021). Moreover, another sample found that young men expressed a lack of trust that therapists would actually maintain confidentiality and a lack of confidence in their ability to actually help (Ellis et al., 2013). Other key reasons noted for adolescent clients identified are therapists taking authoritative and over-directive stances, strict formality, criticising, pressuring clients to talk, aligning with authority figures, and expressing inauthenticity to clients (Orlowski et al., 2023; Ryan et al., 2021). Overall, how therapists relate to young men in therapy appears to determine the quality of the therapeutic alliance. Further research exploring the perspectives of therapists may contribute to knowledge of practices they deem helpful or not helpful in engaging young men in counselling.

Consequently, past therapy experiences influence future intention to seek out therapy. In a sample of 133 Canadian men, Seidler, Rice, Kealy, et al. (2020) found that among men who had previously engaged in counselling, greater dissatisfaction with that therapy experience was associated with an increased doubt about the effectiveness of counselling which in turn mediated an increased reluctance to share psychological distress with their GP in the future. Indeed, negative experiences during adolescence may entrench negative attitudes and reduce the probability of engagement with mental health services in the future (Macdonald et al., 2022). Although negative experiences and critical incidents in therapy that are causative in premature dropout for men has been examined (Richards & Bedi, 2015), no

research in Australia has examined young men's experiences of receiving psychotherapy from services that purport to be male-friendly and responsive to their preferences. As such, exploring the experiences of young men who have received therapy may aid in understanding what male-friendly adaptations are salient for their positive engagement in counselling.

This section of the literature review attempted to provide a discussion of research examining young men's help-seeking and engagement with formal mental health services. It should be noted that by no means are young men a homogenous group, and diversity exists in men's preferences in psychotherapy (Kealy et al., 2020), however, clear trends are apparent which highlight an inauspicious relationship between young men, help-seeking for mental health problems, and engagement with mental health services. Disconnection from healthcare and mental health services begins in adolescence (Rice, Purcell, et al., 2018), alongside divergent trajectories in suicidality, alcohol and substance use, academic and behavioural concerns between young men and women that continue into adulthood. As has been done in this section, breaking down help-seeking and the factors that influence men's engagement in psychotherapy into discrete "steps" can aid in adapting services to be more effective in meeting the needs of boys and men (Addis & Mahalik, 2003). Moreover, Addis and Mahalik's suggestion: "Change individual men to fit the services, or change the services to fit the "average" man." (p. 12) remains relevant 20-years on. Scholars are continuing to call for paradigm shifts in boys and men's mental health that applies a gendered-lens to the treatment of young men (Patton et al., 2018; Rice et al., 2021; Rice, Purcell, et al., 2018; Whitley, 2021). Thus, engaging young men through the development of male-friendly recommendations appears paramount. In the next section, we turn to the underlying theoretical paradigms and concepts that would underlie new frameworks of male-friendly counselling with adolescent males.

2.4. Theoretical Foundations in the Study of Male-Friendly Counselling

Masculinity as a psychological construct consistently remains a key determinant of the mental health and mental health related behaviours of boys and men (Addis & Mahalik, 2003; Affleck et al., 2018; Bilsker et al., 2018; Evans et al., 2011; Galdas et al., 2005; Rice et al., 2018; Seidler et al., 2016; Yousaf et al., 2015). Thus, in any attempt to develop a framework of male-friendly counselling recommendations with adolescent males, a brief review of dominant theoretical concepts relating to masculinity is necessary to contextualise this thesis program.

As with the study of many phenomena in psychology, masculinity is a construct—a theory that is multifaceted. As such, how it is understood is neither static nor unchangeable. The shape and form of how masculinity is constructed by researchers and practitioners inevitably guides their academic thought, reflects their underlying theoretical assumptions conveyed in their proposed theories, and influences the development of masculinity measures (Smiler, 2004). In researching the theories that shaped the *new psychology of men* (NPM)—the field of study examining the impact of masculinity on the lives of men (Levant, 1995)—an evolution of how masculinity was *framed* in relation to the male sex is evident. Such that before the 1970s, masculinity was framed as innate, and emergent from within the male, while after feminist critique and a shift towards social constructionism, masculinity was thereafter framed predominantly as applied to the male sex role via gender role socialisation. Moreover, how masculinity is framed by researchers appears to subsequently direct their academic enquiry and the measures they develop. For example, the flagship journal for studies in the psychology of men—*Psychology of Men and Masculinity*—proposes masculinities as:

> … the constellation of cultural and individual meanings attached to men and boys that are attributed to the self as well as to people, concepts, and objects, embedded in

> situational cues, performed as social practices, and distributed through ecological influences. (Wong & Wang, 2022, p. 2)

Far from being an innate characteristic of the male biological sex, Wong and Wang, (2022) instead emphasise the constructed sociocultural meanings of masculinity. They explicate these meanings of masculinity in five domains: (a) meanings men ascribed to themselves; (b) the meanings of masculinity ascribed to men by other people; (c) meanings men make of masculinity in different situational contexts; (d) meanings associated with masculinity in social actions; and (e) the meanings ascribed to boys and men at broader societal levels. This social constructionist frame of masculinity directly influences how psychotherapy may be applied to boys and men on many levels. Namely, this frame emphasises the bidirectional influence between the male client, the therapeutic environment, and their broader ecological context. The prescriptive and proscriptive beliefs about masculinity held by boys and men influence their attitudes towards mental health issues, help-seeking, and engagement with therapy (Hoffmann & Addis, 2023; Krumm et al., 2017; Piatkowski et al., 2024). As such, knowledge of boys, men, and masculinity may be used as an aid to engage men in formal service use, upskill clinicians on how masculinity intersects with physical and mental health, and afford male clients the opportunity to evaluate the beliefs they hold regarding their masculinity.

This social constructionist frame also aligns with contemporary literature about gender identity and diversity, and sexualities (Hammack & Manago, 2024). Whilst the dominant cultural narratives in Western societies framed gender as a heterosexual binary linked to biological sex in the 20th century and prior, conceptualisations of gender and sexuality as constructed and distinct from sex in the 21st century has proliferated suspicion and resistance of categorical classifications of gender identity and sexuality (Hammack & Manago, 2024; Hyde et al., 2019). In contemporary Western societies, visibility and

identification with diverse gender and sexual identities—such as transgender, gender fluid, and queer identities—has increased rapidly (Hammack & Manago, 2024), destabilising previous thought that categorised boys and men as a homogenous group that can be engaged in mental health care by a unitary approach (Seidler, Rice, River, et al., 2018). This shift has highlighted the need to extend beyond sex differences in clinical practice, to within-group patterns and diversity amongst boys and men (Seidler, Rice, River, et al., 2018). However, to date, little research has been afforded to engaging men in healthcare from diverse, intersectional identities (Seidler, Benakovic, Wilson, Mcgee, et al., 2024). Gender-sensitive therapy undergirded by social constructionist research highlights the need to identify both the patterns shared across the male gender identity and the diversity expressed across their intersectional identities (APA, 2018a; Seidler, Rice, River, et al., 2018).

Gender-sensitive counselling is closely tied to the NPM and broader field of men and masculinities. This is because the dominant scholars in the field are also practicing clinicians who have iteratively applied their research to their clinical work, and conversely applied their clinical experience with male clients to their theoretical positions. For example, the main contributors to the Gender Role Strain Paradigm (GRSP)—Joseph Pleck and Ronald Levant—are both practicing psychologists; the former integrating observations of his clinical experience into the development of this paradigm (Pleck, 1976), while the latter, who previously was both editor of the journal *Psychology of Men and Masculinity* and president of Division 51 of the APA—Society for the Psychological Study of Men and Masculinities (SPSMM)—has applied GRSP in his clinical practice with adolescent males (Richmond & Levant, 2003). As will be seen, by detaching masculinity from biological sex in their scholarship, these scholars extended the scope of masculinity in research and clinical practice such that it is now a focal point of mental health prevention, promotion, and intervention with men.

This brief review of the field of men and masculinities will specifically focus upon the theoretical movements of the NPM that continue to influence approaches to male-friendly counselling, with a particular focus on traditional masculine ideologies in the Western cultural context. The former specification relates to the intentional focus the NPM place upon understanding masculinity through the lens of social constructionism, in contrast to the lens of essentialism or biological influences of sex. This is not to imply either ignorance or indifference to biological influences upon men, but rather to focus upon how masculinity has been constructed, and how the meanings men and society make about masculinity interacts with their engagement in formal mental health service use. The second specification relates to the NPM being tied to scholarly literature derived from predominantly White, Americo- and Eurocentric Western ideologies of gender and masculinity (Brooks & Elder, 2016). Recent research on intersectional and multicultural masculinities has extended the scope of diversity in scholarship and will be discussed, yet the main thrust of NPM relates to how traditionally Western masculinities interact with and influence men, communities, and societies.

2.4.1. Feminist-Informed Examination of Sex and Gender

The contemporary field of men and masculinities as a dedicated avenue of psychological inquiry was established in earnest in response to, and alignment with second-wave feminism and the re-examination of the psychology of women during the 1960s and 1970s in the United States (Brooks & Elder, 2016). Feminist scholarship during this period interrogated and redefined the notions of sex and gender, and proposed a gendered-approach to the study of women, such that the behaviour and experiences of women should be understood through the context of gendered role expectations and restrictions (Englar-Carlson et al., 2010), that are rooted in socially constructed, patriarchal gender ideologies which reinforce and undergird systemic and oppressive power differences between men and women (Levant & Powell, 2017). In the context of healthcare, critical feminist scholarship

during this period questioned the essentialist conflation of sex and gender, and interrogated how biological approaches failed to consider the complex interplay of sociocultural and political factors that shape health outcomes; both between the sexes and within, such as ethnicity, sexuality, and other aspects of identity (Quaglia, 2023). The resultant influence of second wave feminism provided impetus for researchers to understand the psychology of women through an analysis of their gendered experiences. In turn, as the APA gradually recognised the salience of gender and social construction of *femininity* in mental health care (Englar-Carlson et al., 2010), it was clear a robust analysis of gender needed to be extended to masculinity (Brooks & Elder, 2016).

As a consequence of the feminist movement, the dominant focus of men's studies has been (a) distinguishing the central aspects of masculinity, (b) quantifying the extent to which individual men align with these aspects, (c) and understanding their costs and benefits (Smiler, 2004). One early attempt of a gender analysis to define central aspects of masculinity by David and Brannon (1976) proffered that there was not a singular ideal of "a real man" in contemporary American culture but several, yet each permutation of acceptable masculinity was undergirded by four central dimensions that are culturally encouraged. These dimensions were proposed to describe how men are socially expected and encouraged to act in particular settings and contexts. Termed the "blueprint for manhood", men were expected to avoid femininity at all costs ("no sissy stuff"), obtain status, success, and respect from others ("the big wheel"), display toughness, confidence, and self-reliance ("the sturdy oak"), and be violent, aggressive, and daring ("give em' hell"). A strength of this classification was that it consolidated conceptualisations of masculinity into a single ideology to which masculine prescriptions and proscriptions could be understood (Smiler, 2004), yet also signalled the potential costs men may experience via behavioural adherence to this ideology. David and Brannon (1976) themselves summarised that this quadripartite set of demands

expected to be upheld by boys and men are both unrealistic and unattainable, begging the question of what may be the consequences for men who cannot fulfil this cultural prescription. As will be discussed in the following sections, proceeding authors have built upon David and Brannon's (1976) blueprint and sought to quantify boys and men's adherence to these standards and understand the costs in doing so.

Feminist literature directly underpins much of the available male-friendly counselling research. Central scholars in the NPM and recent APA guidelines for psychological practice with boys and men explicitly adopt and align with feminist principles (Addis et al., 2010; APA, 2018a; Brooks & Elder, 2016). Moreover, alongside social constructionism and social learning paradigms, the majority of research in the psychology of men and masculinities field is pro-feminist (Gerdes et al., 2018) and has predominantly published papers utilising theories that support feminist principles in recent history (Wong et al., 2010). In turn, male-friendly counselling literature largely aligns with the feminist analysis of gender (Liu, 2005; Stevens & Englar-Carlson, 2010). As will be discussed below, how scholars align with feminist principles appears to influence how they frame masculinity in relation to men's mental health.

2.4.2. Gender Role Strain Paradigm

The Gender Role Strain Paradigm (GRSP) (Pleck, 1981, 1995) is considered the major influential theory in the study of men and masculinities (Cochran, 2010; Levant, 2011). Findings from a content analysis of the journal *Psychology of Men and Masculinity* identified that the GRSP or its ancillary theoretical concepts were applied in over half of the articles (53%) coded between 2000–2008 (Wong et al., 2010). Originally termed *sex role strain* (Pleck, 1981) and later updated to *gender role strain* (Pleck, 1995), the GRSP posits that gender roles are not biologically inherent nor determined, and considers gender roles as the product of social construction through social learning that have been developed to protect the patriarchal and economical order (Levant & Richmond, 2016; Pleck, 1981, 1995).

Pleck (1981) presented the GRSP as an alternative to *sex role theory,* which he termed the *Gender Role Identity Paradigm* (GRIP), that had been the dominant guiding theory in the study of masculinities for the prior 50 years (1930s–1980s). Although appearing to lack a systematic formulation (Pleck, 1981), the fundamental hypothesis of GRIP was that humans have an innate, psychological need to develop a gender role identity that aligns with their biological sex (Levant, 2011). This psychological need was met by how fully the individual adopted a traditional masculine gender role, and that the extent to which this inherent need was met subsequently determined the health of their personality development (Levant & Richmond, 2016). It was posited that there is an inner need in people to validate their biological sex by developing a gender role identity through their behaviour and as a result, "…become psychologically mature as members of their sex" (Pleck, 1981, p. 80). Deviations or unsatisfactory adoption of the masculine gender role was seen to result in disturbances in gender role identity, leading to homosexuality, insecurity in an individual's sense of maleness, exaggerated hypermasculinity, or negative attitudes towards women (Pleck, 1981).

In contrast to this perspective, Pleck (1981) argued that gender roles are rather socially constructed, and that although there is no singular, universal standard of masculinity, "…there is a particular constellation of standards and expectations" (Pleck, 1995, p. 20)—which he termed *traditional masculinity ideologies* (TMI)—in Western societies that negatively impact men. Pleck contended that gender roles are dynamic and rooted in contemporary norms and stereotypes, are contradictory and inconsistent, often violated by many people, and can lead to psychological consequences as a result of actual or imagined violations (Pleck, 1981).

Pleck (1995) proposed that rigid adherence to these traditional masculine ideologies can psychologically strain men in three ways: discrepancy strain, dysfunction strain, and trauma strain. *Discrepancy strain* refers to the psychological stress that is experienced when a

man perceives that he does not meet the standards of the traditional masculinity that have been defined and stereotyped in his culture. The gap between the actual man and what he defines as the "ideal" man consequently leading to strain. Utilising the dimension of "no sissy stuff" in David and Brannon's (1976) conceptualisation of traditional masculinity, an example would be the distress that arises from his crying, or when expressing emotions in therapy. *Dysfunction strain* refers to the negative consequences that occur when men rigidly adhere to traditional masculine norms which may impact himself or others. Using the dimension of "give em' hell", this may include acting aggressively or resorting to violence. This form of strain is most associated with the consequences examined in the gender role conflict paradigm, which will be addressed in the next section. Finally, *trauma strain* relates to the harm and resultant distress that arises as a consequence of the normative emotional gender socialisation process of traditional masculinity on boys. This strain is proposed to be causative in the development of mild to moderate alexithymia in many men as a consequence of being discouraged or reprimanded for expressing and articulating emotions in childhood and adolescence (Levant, 1992).

In an attempt to quantify endorsement of TMI and correlates of strain, Levant et al. (1992, 2007, 2010) developed the Male Role Norms Inventory (MRNI). The MRNI attempts to measure the extent to which men accept, enact, and conform to TMI via seven discrete domains: Avoidance of Femininity, Negativity Towards Sexual Minorities, Self-Reliance Through Mechanical Skills, Toughness, Dominance, Importance of Sex, and Restrictive Emotionality. A review of 15 years of research utilising the MRNI identified that greater endorsement of TMI as measured through the MRNI correlated with a range of problematic individual and interpersonal variables, such as reluctance in seeking psychological support, higher alexithymia, lower relationship satisfaction, fear of relational intimacy, and more negative attitudes towards female equality and racial diversity (Levant & Richmond, 2007).

The review by Levant and Richmond also identified diversity in how TMI was endorsed across different demographic variables. Being younger, single, and of male sex were all associated with greater endorsement of TMI. Moreover, racial and ethnic diversity within nations (e.g., African American men endorsing TMI to a greater extent than European Americans) and between nations (e.g., Russian and Chinese men endorsing TMI to a greater extent than Americans) was also found (Levant & Richmond, 2007). Thus, supporting the GRSP, masculinity was found to be socially and culturally defined, and enacted by boys and men in varying situations in particular regions (Gilmore, 1991).

As can be seen, the GRSP reframed how masculinity was conceptualised in relation to the male sex. The GRSP laid the foundations for the NPM and propelled a social constructionist framework of masculinity onto the broader, yet incipient, field of men and masculinities. Notably, it raised two significant questions: what is the cost of masculinity for men? And what is the utility of masculinity in the lives of men? As recognised by Smiler, (2004), as enacting masculinity was now thought to directly produce psychological strain, foci for research and treatment has thus shifted from problems of hyper- or hypomasculinity to masculinity itself. This shift consequently provided impetus for clinicians to promote reflection and examination of adherence to traditional masculine norms in the therapeutic space with male clients. Clinicians could now view the problems faced by men in relation to their conformity and adherence to traditionally masculine norms and facilitate a process of *detachment* between the man and his learned meanings and expectations of manhood.

As the predominant paradigm in the NPM, the GRSP and its associated literature have been criticised for its inclination to operationalise masculine ideologies as fixed and unchanging traits not easily influenced by contextual factors (Addis et al., 2010). This is despite the GRSP proposing that masculine ideologies are developed through social learning via reinforcement or punishment, and observational learning of sex role stereotypes and

norms (Levant, 2011). As argued by Addis et al. (2010), typifying masculinity as a static trait may inevitably "…work against efforts to identify contexts in which men who adhere to traditional gender norms might transgress these norms in adaptive ways" (p. 80). This trait-based typification is related to the preponderant use of self-report measures of masculinity (i.e., MRNI) that are correlated with a range of outcomes variables irrespective of contextual and environmental factors. Thus, if respondents are requested to measure themselves in general terms and are provided a single score of adherence to TMI, despite the influence of social, cultural, or environmental variations, an implicit trait-based conceptualisation of masculinity is rendered (Addis et al., 2010).

A connected criticism relates to the GRSP's invariable focus upon problematising all aspects of masculinity ideology, rather than delineating between the adaptive and maladaptive in the lives of men (Kiselica, 2010). Indeed, it is argued that the GRSP and NPM has overemphasised what is problematic and wrong about boys and men (Kiselica, 2010), and in part, this appears to be related to what has been measured in contemporary measures of masculinity (i.e., MRNI). As alluded to in the introduction of this section, what has been measured is seemingly and inextricably linked to how researchers who have developed the GRSP have framed masculinity.

For example, a recent meta-analysis review of 58 studies evaluating associations between gender role dimensions and depression identified masculinity as a robust protective factor for depression (Lin et al., 2023), suggesting adaptive benefits of higher adherence and conformity. For this review, included studies predominantly used older measures of masculinity that were commonly utilised in the GRIP, such as the Bem Sex-Role Inventory (Bem, 1974), that included questions of socially desirable masculine traits (e.g., "independent"; "self-reliant"; "assertive"). This contrasts to questions included in the MRNI, which are underpinned by the postulation that gender roles are constructed to protect the

patriarchal social order (Levant & Richmond, 2016), such as "*a man should always be the boss",* and "*men should make the final decision involving money"* (Levant et al., 2007). As such, measuring masculinity in isolation from situational and cultural context may impinge the narrative of masculinity in scholarly literature and public perception. Authors argue that further research should consider context-driven accounts of masculinities in the lives of men that include their varied social roles and interactions with their broader social environment (Addis et al., 2010; Wetherell & Edley, 2014; Wong & Wang, 2022).

Overall, the GRSP coincided with the NPM—a movement occasioned by the feminist critique of gender—which elevated social constructionist frameworks in the broader field of men and masculinities. Pleck (1981, 1995) proposed that gender roles can cause psychological strain on the lives of men and invited scrutiny of men's adherence to TMI. As a result of this paradigm, a male client's masculinity became a focal point of intervention and evaluation in contemporary male-friendly counselling approaches.

2.4.3. Gender Role Conflict

As highlighted in the previous section, the NPM movement considers masculine gender roles in Western societies to be socially constructed, with particular emphasis on how characteristics common of TMI—such as dominance, avoidance of femininity, self-reliance, and emotional restriction—cause strain on men's lives (Gerdes et al., 2018). These masculine norms are prescribed and reinforced by culture and internalised by individual men as roles to enact. In turn, conformity to these internalised roles has been found to lead to a range of consequences that impact men. The Gender Role Conflict paradigm (GRC) is an influential theory in the field of men and masculinities that details the harmful consequences restrictive gender roles can have on men. Developed over the last four decades (O'Neil, 1981a, 1981b, 2008, 2013, 2015; O'Neil et al., 1986; O'Neil & Denke, 2016), GRC is defined as a psychological state in which socialised gender roles negatively impact an individual and

others around them. Specifically, GRC occurs when restrictive, sexist, or rigid socialised gender roles result in the restriction, devaluation, or violation in others or the self (O'Neil, 2015).

Whereas the GRSP and TMI relate to individual's beliefs about rigid, stereotypical traits and behaviours that define 'manhood', GRC represents the subsequent consequences of rigid conformity to these beliefs. Specifically, GRC was developed to understand and explain the psychological *costs* of rigid conformity to restrictive gender roles that dehumanise men and limits their human potential (O'Neil, 2015).

Through a synthesis of the scholarly literature, O'Neil (1981a, 1981b) derived themes of conflict and strain for men that occur as a consequence of their gender socialisation. Six patterns of GRC originally identified by O'Neil (1981a) were reduced to four patterns that have since been empirically derived and validated via the accompanying Gender Role Conflict Scale (GRCS) (O'Neil, 2008; O'Neil et al., 1986): success, power, and competition (SPC); restrictive emotionality (RE); restrictive affectionate behaviour between men (RABBM); and conflict between work and family relations (CBWFR). Each pattern corresponds to various situations where GRC most commonly occurs. SPC describes the beliefs and attitudes about success men hold that are pursued through competition and power; RE relates to the fears men may hold about expression of emotions and difficulties they may experience in expressing and articulating emotions; RABBM reflects the restriction in men of expressing their thoughts and feelings with other men and aversion to physical touch with other men; and CBWFR reflects the conflict in balancing the responsibilities of work, education, and familial relations that negatively impacts the physical and mental health of men through overwork, stress, and limited leisure and relaxation (O'Neil, 2013).

The GRC paradigm is then further defined by four psychological domains, four situational contexts, and three personal experiences (O'Neil, 2008, 2013). The four

psychological domains address problems that occur over four levels—the cognitive, emotional, behavioural, and unconscious level—which are the result of restrictive, socialised gender roles (O'Neil & Denke, 2016). As may be assumed, the cognitive domain relates to men's thoughts and beliefs about their gender roles, the emotional relates to the degree of comfort individuals have towards living out their gender role identity, the behavioural relates to how GRC influences men's negative interpersonal responses and interactions with others, and the unconscious relates to thoughts, feelings, and behaviours related to GRC that are beyond an individual's awareness (O'Neil & Denke, 2016).

O'Neil (2008) proposed that GRC occurs across these domains in four general contexts: intrapersonally; interpersonally expressed towards others; interpersonally experienced from others; and when transitioning roles as a man. In these contexts, three personal experiences—gender role devaluations, gender role restrictions, and gender role violations—can occur when GRC is expressed towards others, or when directed towards the self. Intrapersonal GRC occurs when a man experiences negative emotions about his own masculinity that causes personal devaluation, restriction, or violations (O'Neil & Denke, 2016). These may include negative critiques about one's own masculinity, restriction to stereotypical masculine norms, or harm to self. Moreover, interpersonal GRC may occur when men's internal problems with their gender role cause them to devalue, restrict, or violate another person (O'Neil & Denke, 2016). This can occur through disrespecting men and women, telling sexist jokes, or being physically violent towards women.

Gender role devaluations, restrictions, and violations have been found to have a direct impact on the well-being, health, and education of men and their families (O'Neil, 2008). Through the use of the GRCS, over 400 studies have been completed examining the relationship between GRC patterns (i.e., SPC, RE, RABBM, & CBWFR) with a host of psychological, emotional, behavioural, interpersonal, and vocational consequences (for

review, see O'Neil & Denke, 2016). High and very high scores on the GRCS, which indicate higher conflict in a particular pattern, have been repeatedly associated with depression, anxiety, stress, low self-esteem, alexithymia, internalised shame, alcohol and substance misuse and abuse, marital satisfaction, reduced intimacy with other men and women, homophobia, and interpersonal and sexual violence towards women (O'Neil, 2008). Notably, RE was found to be the most consistent predictor of depression amongst the four patterns in this research synthesis, suggesting that men who restrict their emotionality to conform to rigid gender roles report greater symptoms of depression.

A strength of GRC and its associated GRCS lies in the identification and classification of dysfunction strain in the lives of men as a consequence of rigid adherence to TMI through extensive quantitative findings. Moreover, GRC provides a social constructionist frame to understand men's psychological distress as a result of socialisation to restrictive gender norms, rather than innate characteristics of the male sex. The implication of this framework extends to psychotherapy. Whereas GRSP has been implicitly addressed in psychotherapy with men (Richmond & Levant, 2003), O'Neil argued that clinicians must address GRC directly to effectively facilitate psychotherapy with many male clients. Notably, O'Neil (2015) argues that the very nature of attending therapy is in itself a GRC, as presenting to therapy for men who rigidly adhere to TMI is tantamount to an admission of vulnerability. As such, O'Neil proposed that clinicians can facilitate male clients through a GRC *journey* (O'Neil & Carroll, 1988), such that male clients are invited to undertake a retrospective analysis of their gender socialisation, and how their current attitudes, emotions, and behaviours towards masculinity and femininity relate to their current physical and psychological well-being (O'Neil et al., 1993). This framework allows clinicians to review the cost of restrictive gender roles with their male clients and partake in a consciousness

raising process that encourages commitment to less restrictive attitudes and beliefs about masculinity and femininity.

Collectively, the GRSP and GRC charted a new course for male-friendly counselling research that was framed through a feminist-informed, social constructionist vantage and which led to extensive research on the negative aspects of masculinity in the lives of men. Alongside this, scholars offered new perspectives on gender-sensitive approaches to psychotherapy with boys and men, highlighting the incongruence between the requirements of enacting TMI and attending conventional therapy (Brooks, 2017). Masculinity has been consequently viewed as a focal point of intervention for clinicians to address. However, recent scholars have criticised the NPM movement that has dominated the field for the last 30 years for neglecting "…half of men's lived experiences" (Cole et al., 2021, p.44), arguing that a near singular focus on the negative aspects of masculinity has resulted in a limited understanding of what a healthy and prosocial experience of masculinity may entail. If not counterbalanced, this singular focus will afford only deficit-based conceptualisations of masculinity and male-friendly counselling (Cole et al., 2021; Kiselica & Englar-Carlson, 2010). These authors proposed a new model that aims to both counterbalance and complement the GRPS and GRC and will be discussed below.

2.4.4. Positive Psychology Positive Masculinity Paradigm

As can be gathered from the review thus far of influential masculinity theory that has emerged from the NPM, the preponderance of scholarly literature in the field of men and masculinities has focused upon the negative impact of gender role socialisation on boys and men in Western societies. Framed through the theories of GRSP and GRC, various quantitative measures have associated traditional masculine ideology to a host of restrictive and negative consequences for men. In contrast to these theoretical frames, potentially positive aspects of masculinity have received much less attention. For example, a recent

content analysis examining the inclusion of positive psychology constructs relating to men published in the journal *Psychology of Men and Masculinities* between 2000 and 2018 identified only 15% of articles included a positive focus (Cole et al., 2021). Thus, due to the availability and magnitude of research highlighting the restrictive and harmful aspects of masculinity, it could be easy to view traditional forms of masculinity as inherently negative (Isacco et al., 2013).

This limited representation of positive masculine traits appears pervasive across the broader field of men and masculinities, both in research and clinical practice. In reading the APA guidelines for psychological practice with boys and men (APA, 2018a), emphasis on positive masculine strengths is recognisably scarce and appears to be a mere footnote in a larger discourse of harmful masculine traits. This is acknowledged by contributors to the guidelines, who suggest that the absence of the term "positive masculinity" and predominantly deficit-perspective of boys and men may inadvertently "…paint *all* men in a negative light" (Mcdermott et al., 2023, p. 3). Further to this, these inceptive guidelines received criticism after an affiliated APA Monitor article explicating the guidelines stated that "They draw on more than 40 years of research showing that traditional masculinity is psychologically harmful", and later proffer that "…traditional masculinity–marked by stoicism, competitiveness, dominance, and aggression—is, on the whole, harmful" (Pappas, 2019). Critics have subsequently argued that the practice guidelines overstate the harmful aspects of traditional masculinity, pathologise masculinity, and encourage practitioners to locate deconstructing masculinity at the centre of psychotherapy with men (Ferguson, 2023; Liddon et al., 2019; Whitley, 2021). This predominance of pathologising aspects of men and masculinity has afforded limited scholarly attention to researching and utilising the various strengths of boys and men (Kiselica, 2010), and has prompted calls for more research

examining the positive aspects of masculinity (Cole et al., 2021; Hammer & Good, 2010; Isacco, 2015).

In response, the *positive psychology positive masculinity* (PPPM) paradigm is a recently developed perspective in the field of men and masculinities that aims to provide a complementary account to the GRSP and focus upon promoting a positive vision of masculinity in research and clinical practice (Englar-Carlson & Kiselica, 2013; Kiselica, Englar-Carlson, Horne, et al., 2008; Kiselica et al., 2016; Kiselica & Englar-Carlson, 2010). This paradigm is closely aligned with the principles of *positive psychology* (Seligman & Csikszentmihalyi, 2000), which seeks to study and develop the inner strengths of individuals rather than focus exclusively on assuaging mental illness. In clinical practice, this perspective orients practitioners to not view individual mental health only as the absence of mental illness, but also the presence of meaning, engagement, and satisfaction in life (Magyar-Moe et al., 2015). In turn, bolstering personal strengths appears to inoculate individuals to future mental illness (Hammer & Good, 2010).

This paradigm seeks to understand and emphasise the positive characteristics of men's identity development and masculinity, and explain how the application of PPPM in clinical practice can assist male clients in distinguishing prosocial and adaptive forms of masculinity from the restrictive (Kiselica, Englar-Carlson, Horne, et al., 2008; Kiselica et al., 2016). In this paradigm, positive masculinity is defined as "…prosocial attitudes, beliefs, and behaviors of boys and men that produce positive consequences for self and others" (Kiselica et al., 2016, p. 126). Kiselica and colleagues have subsequently proposed 11 adaptive characteristics of masculinity that are considered strengths that can be utilised as focal points for both further research and clinical practice with boys and men:

> (1) male relational styles; (2) male ways of caring; (3) generative fatherhood; (4) male self-reliance; (5) worker-provider traditions of men; (6) men's respect for women; (7)

male courage, daring, and risk taking; (8) group orientation of boys and men; (9) male forms of service use; (10) men's use of humour; and (11) male heroism (Kiselica, Englar-Carlson, Horne, et al., 2008; Kiselica, 2010; Kiselica et al., 2016).

From this list, it could be easy to assume that these characteristics presented are inherent within the male sex, thus implying an essentialist view. This criticism has been chiefly raised by Addis and colleagues, who asserts that accentuating positive characteristics of masculinity may reinforce essentialist views of masculine and feminine traits, and questions whether these positive traits enacted by men are instead inherent *human* traits rather than exclusive to a particular gender (Addis, 2006, as cited by Levant, 2008; Addis et al., 2010). However, Kiselica et al. (2008) clarifies that these relative characteristics remain socially constructed dimensions of masculinity that are not specific to men nor are biologically determined attributes of the male sex. Rather, these positive characteristics have emerged through intergenerational socialisation in which prosocial behaviours have been demonstrated and modelled by men for other men to learn and perform in male-specific ways (Kiselica & Englar-Carlson, 2010). Moreover, Kiselica et al. (2016) explain that in alignment with a multiple masculinities framework, specific cultural and contextual factors inevitably shape the definition and expression of masculine strengths within a given context and expectations. As such, any discourse pertaining to positive masculinity and male strengths would be framed within a context of an individual's identity.

Debate remains however regarding what exactly are attributes of positive masculinity. In part, this appears to be due to the fact that there is no standardised definition of positive masculinity embedded in an overarching framework available to guide research (McDermott et al., 2019). This contrasts to the GRSP and GRC paradigms that were researched and developed and validated through quantitative methodology (Wong & Wester, 2016). Conversely, the 11 male strengths previously outlined by Kiselica et al. (2016) were

predominantly developed through qualitative research with specific populations and their observations of the qualities of admirable men. What is socially accepted as a positive masculine trait rather than a positive *human* trait is also unclear. A recent review of the PPPM paradigm conducted a quantitative study where male and female participants (N = 1,077) were asked to rate whether a series of masculine attributes (e.g., "*providing safety*") were both positive and statistically expected more of men than of women (McDermott et al., 2019). Of 79 masculine attributes collated from the extant literature, 32 were more expected of men than women, and only three were very strongly expected of men: being strong physically, being physically tough, and being assertive (McDermott et al., 2019).

A notable finding of Mcdermott et al. (2019) was that many of the most strongly rated positive masculine attributes by the sample were comparable to those that have been previously framed as negative attributes linked to traditional masculine ideology in research. This is consistent with previous findings where conformity to, and enactment of certain traditional masculine norms was related to higher positive constructs, such as courage and resilience (Hammer & Good, 2010), and facilitated adaptive coping strategies for psychological distress (Krumm et al., 2017), yet bucks the trend of typical associations to a host of negative intrapersonal and interpersonal variables (Herreen et al., 2021; Wong et al., 2017). The authors proposed that certain positive masculine attributes may be considered moderate and prosocial expressions of masculine norms that are traditionally emphasised as rigid, restrictive, or extreme. More specifically, the authors proposed that instead of considering traditional masculine norms as inherently harmful and problematic, focus should rather be afforded to identifying and addressing the restrictive and extreme aspects of these norms, while acknowledging more moderate, contextually relative expressions of masculinity as positive (McDermott et al., 2019).

To fill this lacunae of a standardised definition and framework for positive masculinity, Wilson et al. (2022) developed a positive masculinity framework for interventions with boys and young men founded upon a theoretical synthesis of PPPM literature. This framework contextualises positive masculinity within the broader influence of intersectional masculinities, which is acknowledged to directly influence an individual's sense of masculinity and provide two domains of the enactment of positive masculinity. The first domain is *knowing*, which serves multiple purposes. This domain represents the process of learning of positive masculinity while also learning of the restrictive norms of traditional masculinity. In turn, it is thought that through this learning and knowledge of masculine development, boys and young men will be free to appraise personal and societal expectations of masculinity and consequently create their own meanings of manhood. These personal meanings of manhood are then considered in the second domain, *being,* which seeks to guide boys and young men in embodying positive masculinity by developing three broad human strengths of interpersonal connectedness, authenticity, and motivation to contribute to society and a sense of purpose (Wilson et al., 2022). Although a nascent framework, this definition provides direction for scholarship on positive masculinity interventions for boys and young men that can be contextualised in their broader intersectional masculinities.

As a field of enquiry, men's studies has predominantly focused upon the negative impact of traditional masculine roles on boys and men. The PPPM paradigm has provided an alternative and complementary narrative of positive male attributes that may be utilised in clinical practice with boys and men in various ways. It initially allows therapists to align with male clients by emphasising their individual strengths rather than their current psychopathology, and subsequently affords male clients the opportunity to review their conformity to traditionally restrictive norms of masculinity and develop more prosocial, adaptable codes of manhood. Although further research is needed in developing quantitative

measures of positive masculinity to ascertain male normative positive strengths and to validate current conceptualisations of male strengths, the recent positive psychology framework presented by Wilson et al. (2022) provides direction for further enquiry into how positive psychology may inform clinical practice with young men.

2.4.5. Multiple and Intersectional Masculinities

As highlighted in the preceding sections, critics of GRSP and GRC note that these paradigms neglect contextual and sociocultural factors that influence the development and enactment of masculinity. As argued by Silverstein (2016), much scholarship in the NPM has been written with exclusive focus upon a unitary conceptualisation of TMI, "…as if there were only one kind of man expressing an essential kind of masculinity" (p. 147). Silverstein's thesis emphasising that without a lens that highlights the diversity of men both within and across cultures, the conceptualisation of TMI within itself, becomes an essentialist facet of being male.

Scholarship from the fields of sociology and social psychology have advanced the understanding of how diversity exists within masculinity. Sociological research has proposed the concept of *hegemonic* masculinity, a gender-relations theory which posits that plurality and hierarchy exist within masculinities both between men and women and among men; and exists as a set of practices to maintain men's dominance over women (Connell & Messerschmidt, 2005). Developed by Connell and colleagues (Carrigan et al., 1985; Connell, 1987, 2005b; Connell & Messerschmidt, 2005), hegemonic masculinity symbolises the dominant and idealised forms of masculinity that are present in a given society. In Western societies, these dominant forms of masculinity are similar to the NPM's construct of TMI and David and Brannon's (1976) culturally idealised notions of masculinity, and prioritise white, heterosexual, middle-class European and American men who portray dominance, deny weakness, and exert physical control over others.

Connell (2005b) contended that there are multiple forms of masculinity, and that hegemonic masculinity exists in relation to, and competition with other culturally subordinated forms of masculinity, such that may be experienced by those who cannot meet the hegemonic ideals (e.g., such as a gay man, or Aboriginal man). Moreover, Connell emphasised that masculinities are dynamic and fluid, and vary across age, race, geographic locations, and historical contexts. This assertion aligns with the social constructionist framework applied by the NPM in describing the dynamic meanings men associate with masculinity (Wong & Wang, 2022). Notably, male-friendly counselling and psychotherapy research emphasises the plurality of *masculinities* that influence how men can enact or express a diversity of representations of manhood in relation to his social milieu (Seidler, Rice, Ogrodniczuk, et al., 2019). This idea has been expanded by concepts such as *caring masculinities* (Elliott, 2016), and *inclusive masculinities* (Anderson & McCormack, 2018), which both represent a shift away from traditional, restrictive norms of masculinity towards expanded expressions of being a man that may include qualities traditionally seen as feminine, such as emotional expression, active caregiving, and vulnerability. Authors argue that reflexive and attentive practitioners may embrace the diversity of men and masculinities to provide gender-sensitive interventions for men (APA, 2018a; Gough, 2022; Seidler et al., 2018; Seidler, Rice, Dhillon, et al., 2019).

More recently, scholars have focused upon how gender intersects with other determinants of health (Wong & Wang, 2022). *Intersectionality* represents a conceptual framework in examining how various social identities (e.g., age, race, gender, socioeconomic status, disability, and sexuality), intersect at the individual level of experience and reflect structures of privilege and oppression at broader societal levels (Bowleg, 2012; Liu & Wong, 2018). Overall, the concepts of multiple masculinities and intersectionality contribute to how men's health can be viably deconstructed through the lens of gender and examined in relation

to other social determinants of health and wellbeing (Evans et al., 2011). Male-friendly research and scholarly texts have of incorporated these concepts into implications for practice by recognising the diversity that exists in boys and men and considering the impact and influence of intersecting identities may have on men's engagement psychological treatment (APA, 2018a; Englar-carlson et al., 2010; Evans et al., 2011; Seidler et al., 2018; Seidler, Rice, Dhillon, et al., 2019). Undergirded by knowledge derived from many of the preceding theories, the final section to be examined highlights how gender and masculinity should be considered salient domains of competence in effective counselling and psychotherapy practice with men.

2.4.6. Multicultural Counselling Competencies

The last five decades of research in men's studies has highlighted the diversity and complexity of masculinities in the lives of boys and men. Recognition of this diversity has provided impetus for a multicultural counselling competencies approach to be considered when working with men in counselling and psychotherapy (Liu, 2005). Multicultural counselling is a framework of counselling competencies that acknowledges the impact and influence that various aspects of an individual's identity may have on their mental health and the impact of assumptions and biases therapists may hold.

Sue and colleague's (Sue et al., 1982, 1992, 2022) tripartite model of multicultural counselling competencies (MCC) is the most widely accepted model and has recently been applied to men in psychotherapy (Liu, 2005; Stevens & Englar-Carlson, 2010). This model emphasises the ethical responsibilities practitioners hold in understanding and appreciating the worldviews and systems of beliefs of different cultural groups in counselling and psychotherapy and cautions therapists to not impose their own values and beliefs onto their clients. Moreover, this model allows practitioners to gain competence in working with clients of different racial, ethnic, or cultural backgrounds.

Three domains of competence are proposed by Sue et al. (1992): (a) the counsellors awareness of their own cultural values, worldview, and biases; (b) counsellors awareness of the worldview and values held by their clients; and (c) interventions and strategies that are culturally appropriate to be implemented for their clients. Moreover, each of these domains is divided into sub-categories of competence: *attitudes and beliefs*—the counsellors awareness of their own attitudes and stereotypes they may hold towards individuals from other groups, and the development of a positive orientation towards the other; *knowledge*—the possession of factual knowledge and understanding of the cultural group and worldview of their clients; and *skills*—interventions that integrate their awareness of their own worldview and their knowledge of the worldview of their client (Sue et al., 1992).

In recent years, new models of multicultural counselling that extend beyond Sue's (Sue et al., 2022) framework have been developed and incorporate principles from both intersectionality and therapeutic alliance literature. This was a consequence of limitations raised about existing competency-based models of cultural therapy. Notably, in the psychotherapy literature, the association between therapy outcomes and therapists' competencies is small, accounting for less than 1 percent of variance explained in therapeutic outcomes (Webb et al., 2010). In part, this is attributed to the fact that while the MCC approach focuses upon one cultural identity at a time, yet in reality, no identity or experience related to identity exists in isolation from other identities, privileges, and oppressions, but instead are interweaved and coexist (Davis et al., 2018). As such, the feasibility of measuring MCC's for the sum of a client's identities is unviable (Davis et al., 2018). Thus, in alignment with psychotherapy relationships and alliance research, and how psychotherapy is actually taught, authors proposed that multicultural approaches to counselling should be process-oriented rather than manualised competencies in isolation (Davis et al., 2018; Owen et al., 2011). In sum, these authors suggested the inclusion of process-oriented "way(s) of being"

(p. 274) that respond to the ever-evolving and contextual processes of therapy, rather than depending upon "ways of doing" (p. 274) approaches inherent in a competencies-based approach (Owen et al., 2011).

To this end, Owen and colleagues proposed the Multicultural Orientation Framework (MCO) that emphasises how therapists develop their own cultural orientation in therapy, and how the cultural values, worldviews, and attitudes of both the client and therapist reciprocally interact and affect the other and result in the cocreation of a therapeutic, relational experience (Davis et al., 2018; Owen, 2013; Owen et al., 2011). This model is comprised of three interrelated components: cultural humility, cultural opportunities, and cultural comfort (Owen, 2013). Considered the "…organizing virtue of MCO" (p. 91), *cultural humility* reflects therapists' attempts to remain other-orientated both inter- and intrapersonally (Davis et al., 2018). Intrapersonally, this requires therapists to reflect upon their own cultural biases and assumptions, while interpersonally, it requires therapists to approach their clients with respect, attunement, and a lack of superiority to facilitate cultural validation and sense of authenticity towards their client (Hook et al., 2013). Therapists are encouraged to view cultural humility as a process of continual learning through experience and self-reflection rather than a means to an end goal of competency (Davis et al., 2018). The second component, c*ultural opportunities and missed opportunities,* refers to the salient moments throughout therapy where a client's cultural identity, beliefs, and values could be explored with greater depth whilst remaining clinically sensitive (Owen, 2013). These opportunities are ever-present in therapeutic interactions, and therapists are encouraged to initially develop the ability to identify these opportunities and subsequently initiate culturally and clinically relevant discussions with clients (Davis et al., 2018). Finally, *cultural comfort* refers to a therapist's capacity to regulate their own internal experience and observable behaviours when engaging with the cultural identities of clients to ensure cultural safety for the client is

maintained (Davis et al., 2018). Overall, this approach provides therapists with a process-based framework to complement counselling competencies and engage with the cultural dynamics inherent within any therapeutic interaction. Cultural humility services as the guiding virtue for therapists, behooving them to recognise and connect with cultural opportunities in therapy whilst maintaining cultural safety for clients through an ongoing process of cultural comfort.

Whilst acknowledging certain privileges men may possess, Liu (2005) proposed that a focus upon gender in contemporary multicultural counselling models had not previously extended to men and masculinity in multicultural counselling literature. Liu postulated that as men are socialised to adhere to and uphold constructed values, norms, and behavioural expectations of being a man, a cultural context exists that consequently allows a multicultural lens to be applied (Liu, 2005). The multicultural competencies in Sue et al.'s (1992) framework did not exclusively focus upon marginalised and underrepresented populations, but equally focused upon individual therapists' understanding of themselves as a cultural being competent to effectively engage with culturally diverse individuals. Accordingly, engaging young men effectively in counselling therefore necessitates therapists to have an awareness of the sociocultural values of men and masculinity and understanding of their own assumptions in relation to men as a cultural group. Liu challenges the notion that *cultural congruency*—improved outcomes are achieved due to therapists understanding the client's values and worldview—can only be achieved when client and therapist are gender matched in therapy (i.e., male client; male therapist). Rather, a multicultural competencies framework suggests that a female or gender-diverse clinician may be equally effective in working with men if they have developed an understanding and convey a sensitivity towards the needs and expectations of men in therapy (Liu, 2005). Overall, Liu's seminal paper incorporated the

male gender into a competency-based framework of counselling and emphasised the development of skills and understanding for clinicians.

Following Liu's paper, Stevens and Englar-Carlson (2010) provided an early attempt at developing specific competencies in counselling male clients. Knowledge about men and masculinity and intentional reflexivity on the part of the clinician are emphasised in Stevens and Englar-Carlson's approach as core competencies in counselling men effectively. They rejected the convention that male clients need to adapt to the demands of psychotherapy and behove clinicians to match the relational styles and behaviours of their clients. For example, utilising Sue et al.'s, (1992) domains of knowledge, skills, and values, Stevens and Englar-Carlson (2010) propose therapists possess "A basic understanding of how men may "do" therapy differently than women", convey "…the capacity to develop intervention skills that address the resistance of male clients to therapy", and remain committed to "…examine and challenge one's own beliefs about patriarchy, sexism, and negative stereotyping of men" (p. 221). Despite these early attempts to develop clinical competencies, focus and curriculum on men and men's mental health studies remains limited in medical and mental health training (Mellinger & Liu, 2006; O'Neil & Renzulli, 2013b; Seidler, Rice, Dhillon, et al., 2019), and only recently been revisited (Seidler, Benakovic, et al., 2023).

In summary, the concept of masculinity has shifted over the last 50 years largely as a result of the feminist movement beginning in the 1970s and research detailing an analysis of gender through the lens of social constructionism. The NPM sought to understand the cost of rigid adherence to traditional masculine ideology in the lives of boys and men and now considers male gender a salient consideration in their psychological treatment (Englar-Carlson et al., 2010). Positive psychology scholars have highlighted the potential limitations of a deficit-perspective of masculinity in clinical work with men and suggest an alternative, strengths-based approach to intervention, whilst intersectional and multicultural theorists

recognise how men comprise a diverse, yet unique, cultural group that practitioners can meaningful understand and engage (Silver et al., 2018). The theoretical perspectives presented above have significantly influenced male-friendly counselling literature and presently provide a framework to understand the needs of adolescent males in counselling contexts. The final section of this literature review presents a rationale for the development of a framework of recommendations for engaging adolescent males in counselling.

2.5. The Need for Developmentally Informed Male-Friendly Counselling Recommendations for Adolescent Males

In tandem with the development of masculinity theory and research published by the NPM, recommendations for male-friendly counselling have been interspersed broadly into mental health research with men. Yet, despite the wealth of research literature examining adult men, little focus has been afforded specifically to adolescent males in healthcare policy, guidance, and research (Rice, Purcell, et al., 2018; Rogers et al., 2021; Sheikh et al., 2024), with even less that details recommendations for engaging young men in psychotherapy through male-friendly practices. A content analysis by Wong et al. (2010) of the journal *Psychology of Men and Masculinity* identified only 9 out of 137 (7%) articles published between 2000–2008 focused upon boys aged less than 18 years. Similarly, although Brooks (2017) highlights the significance of a growing body of literature of men's mental health provided by the SPSMM (see https://www.division51.net/), little focus is afforded specifically to psychotherapy with adolescent males, with publications often relating to experiences occurring through adolescence, such as the commencement of relationships and sexual activity (Smiler, 2016), or self-help resources to resist restrictive masculine ideologies and their resultant consequences, such as the "Casanova complex" of hyper-sexuality and promiscuity (Smiler, 2013), or resisting the "guy code" of stoicism, toughness, dominance (Reigeluth, 2022). Regarding published research, two systematic reviews of

recommendations for counselling with men have been published (Beel et al., 2018; Seidler, Rice, Ogrodniczuk, et al., 2018), yet only reviewed literature for adult men 18-years or older. Acknowledging this, Beel et al. (2018) suggested that a similar review is needed to consolidate the available recommendations for counselling young men as adolescence is a formative developmental period in shaping men's perceptions and adherence towards masculine behaviours that subsequently crystalise in adulthood. To date, no systematic review has been completed, highlighting the absence of a consolidated research account of male-friendly counselling literature for adolescent males.

Similarly, models and frameworks for engaging adult men in counselling have also been proposed and often propose recommendations that are aggregated to the "average man", such that they would appeal to the preferences of an adult men that identifies with at least some characteristics of TMI and who faces familial, vocational, forensic, or mental health challenges. Some models highlight *transtheoretical* male-friendly practices that are broader frameworks beyond specific therapeutic modalities applicable to all men, for any issue (Beel, 2019; Brooks, 2010; Englar-Carlson, 2006; Englar-Carlson et al., 2010; Seidler, Benakovic, et al., 2023; Stevens & Englar-Carlson, 2010), while others have presented recommendations specifically for established therapeutic modalities, such as positive psychology (Cotter et al., 2023; Isacco et al., 2013; Kiselica & Englar-Carlson, 2010), existential therapy (Lander & Nahon, 2017), or cognitive behaviour therapy (Mahalik, 2005). Yet, no frameworks have been developed specifically for engaging adolescent males in psychotherapy.

Promisingly, despite most counselling research dedicated to adult men, some research and recommendations are available for working with young men. Many of these publications are included in a limited number of edited books that discuss a variety of issues (Degges-White & Colon, 2012; Haen, 2011; Kiselica, Englar-Carlson, & Horne, 2008). Notably, the focus of recommendations is typically interspersed throughout different domains of content.

For example, male-friendly practices have been applied to specific *issues,* such as depression (Caldwell, 1999), anxiety (Keat, 1999), and anger (Currie, 2011); *subgroups,* such as African American males (Kocet, 2014); *therapeutic modalities,* such as psychoanalytic therapy (Marotti et al., 2020), existential therapy (Groth, 2019), youth work (Walsh & Harland, 2021) and positive psychology (Kiselica, Englar-Carlson, Horne, et al., 2008); and *contexts,* such as teenage father programs (Kiselica et al., 1994), campus men's centres (Davies et al., 2010), and school based mental health workshops (Lisk et al., 2023).

In sum, these publications should be viewed as an encouraging step towards a greater understanding of how young men interact with mental health services. However, the diversity of specific ways in which clinicians can work with young men begets a limited generalisability to each approach. As aptly argued by Kassan and Sinacore (2016), the current literature about adolescent psychotherapy appears split between broad, gender-neutral recommendations that do not take into account gendered health-related perceptions and behaviours, and specific treatment protocols for defined subgroups. Consequently, the former may inadvertently diminish the salience of gender, masculinity, and diversity in counselling, while the latter restricts any form of generalisability. Moreover, Seidler, Rice, Ogrodniczuk, et al. (2018) similarly contend that although there are benefits to specificity in clinical practice, it does not necessarily provide therapists with a broader knowledge of how to interact with and treat men. A knowledge base appears necessary to guide clinical and academic thought which may also be used as a launch pad for more targeted interventions for specific issues, subgroups, therapeutic modalities, and contexts. As urged by Liddon and Barry (2021), male-friendly therapy should not be considered a specific type of intervention, but rather a transtheoretical approach intentionally employed by the therapist to make any therapy "male-friendly". These authors underscore the growing discourse of literature calling for broader, gender-sensitive frameworks for engaging adolescent males in healthcare (Patton

et al., 2018; Rice et al., 2021; Rice, Purcell, et al., 2018). To date, no framework or review of male-friendly counselling practices for adolescent males has been published that may give clinicians and researchers guidance for this population.

The absence of this framework stands in stark contrast not only to the specific mental health vulnerabilities of young men previously detailed in this literature review, but also to compelling reasons why developmental-contextual informed interventions would be apt for this life stage. Young men traverse through a unique masculine socialisation process during adolescence. Research has consistently indicated that boy's endorsement and adherence to masculine norms intensifies during early adolescence and continues to change across the lifespan. Notably, higher conformity to TMI norms, acceptance of stereotypical attitudes of gender norms, and peer-to-peer policing of these norms is strongest during adolescence (Herreen et al., 2021; Kågesten et al., 2016; Reigeluth & Addis, 2016; Rice et al., 2011) and decreases across the lifespan. Longitudinal analysis from various nations highlights that traditionally masculine behaviours and acceptance of TMI notions appear to increase during early adolescence between 11–14 years (Gupta et al., 2013), but then decrease during middle and later adolescence between 14–17 years (Harland & Mccready, 2012; Shawcroft et al., 2024). In their review, Kågesten et al. (2016) identified that key masculinity norms endorsed by younger adolescents were: physical toughness; heterosexual prowess; emotional stoicism; and autonomy. The authors of this study later conclude that their findings align with a broader literature proposing that the development and perpetuation of rigid masculine norms during early adolescence is in part due to increasing autonomy and the influence of peer relationships (Amin et al., 2023).

Whilst parents, teachers, and coaches may introduce and reinforce masculine cultural norms in childhood, research consistently highlights that adolescent males' acceptance and status in peer groups is explicitly tied to their gender-conforming masculine behaviours

(Rogers et al., 2021). Distinct effects occur as a result of pressure to uphold masculine status in the peer group. Research has highlighted that in order to maintain status in the peer group, many young men actively monitor and regulate—considered *policing*—others and their own adherence to masculine gender roles (Reigeluth & Addis, 2016, 2021). For example, in Australia, teasing is routinely used to regulate transgressions of masculine cultural norms, such as ridiculing a friend for displaying emotion ("no sissy stuffy") or jeering at insufficient aggression ("give em' hell"; Sharp et al., 2023). A perception of threatened masculinity can be experienced when young men perceive that they have not upheld masculine norms, leading to reactance behaviour to mend transgressions (Vandello & Bosson, 2013). These include social displays of toughness and bravado enacted in aggressive and risk-taking behaviour, decreased academic engagement, lower self-esteem and higher anxiety, inequitable gender attitudes, and poorer same-sexed friendships (Kågesten et al., 2016; Rogers et al., 2021; Shawcroft et al., 2024; Vandello & Bosson, 2013). A framework of knowledge for understanding young men's unique developmental-contextual alignment with masculinity would benefit clinicians attempting to engage young men around psychosocial issues affecting them.

Another salient phenomenon auspicious to male-friendly intervention during adolescence is young men's own attempts at resistance to restrictive masculine norms. Qualitative research has found that resistance to masculine norms is present for many young men by middle adolescence (Way et al., 2014). Cognitive advances in flexibility of thinking allows young men to be active participants in their masculine socialisation and question masculine norms that they may have readily accepted previously. Way et al.'s (2014) longitudinal qualitative study with 55 racially diverse adolescent males, found 78% of participants demonstrated a moderate to high level of resistance to at least some masculine norms, such as suppression of emotions. Participants either implicitly or explicitly

demonstrated resistance in their interviews via critiquing overt norms, or by communicating a desire for more intimate friendships with peers through the expression of vulnerability. Way et al. (2014) concluded that a key motivator of resistance was the benefit of wellbeing garnered through the potential of close friendships. Actual opportunities for deeper friendship and safety in emotional expression appeared to determine the value of resistance. Broadly, psychotherapy research holds that the expression of emotion and social supports are fundamental qualities of good mental health. As such, supporting exploration, interrogation, and resistance of restrictive masculine norms during adolescence may be an apt focal point of intervention for clinicians working with young men and encourage connection to their whole emotional selves and to others. Adolescence remains the peak onset of mental disorders across the lifespan. As such, adolescence may also present an opportune period for therapists to support young men in resisting restrictive masculine norms, clarifying their own values, and fostering their sense of developing autonomy whilst addressing contemporaneous mental health issues. Further research and frameworks for understanding male-friendly counselling with this population is necessary.

2.6. Summary and Thesis Research Questions

The aim of this literature review is to underscore the need to develop gender-sensitive counselling and psychotherapy practices specifically for adolescent males. This review identified that adolescent males experience mental health disparities, compared to female peers, characterised by higher rates of suicide, drug use, and behavioural disorders, yet many do not seek out professional support or delay doing so until they are in crisis. Adherence to traditional masculine norms, limited mental health literacy, and disconnection from available services are recognised as barriers to help-seeking. When young men do engage with mental health services, they disengage sooner and more often than adolescent females. To date, little is known about how Australian clinicians adapt their services to the needs of young men, nor

how young men experience services that are gender-sensitive. Strengths-based, positive psychology, and multicultural counselling recommendations have been offered to improve male-friendly counselling practices further to appeal and engage men from a diversity of backgrounds. Various models have been proposed to engage adult males in counselling, yet an epistemic lacuna of male-friendly counselling practices that are contextualised to the adolescent developmental period remains apparent. Scholars have called for a gendered-lens to healthcare for adolescent males and the design of services that meaningfully engage young men in mental health services (Patton et al., 2018; Rice et al., 2021; Rice, Purcell, et al., 2018; Seidler, Rice, Dhillon, et al., 2019).

2.6.1. Research Questions

To address the current gaps in knowledge, the aim of this thesis is to develop a novel framework of knowledge and recommendations of transtheoretical male-friendly counselling for adolescent males informed by the scholarly, practitioner, and consumer perspectives. To achieve this, the thesis will incorporate three studies to achieve the three objectives of: (a) undertaking the first QSLR synthesising the available literature on individual, male-friendly counselling practices with adolescent males; (b) completing the first qualitative account of a diversity of Australian practitioner's experiences and recommendations for providing psychological therapy to young men; and (c) provide a qualitative study exploring the experiences of adolescent males and their caregivers who have received male-friendly psychological therapy services. Three research questions guide this thesis project:

RQ1. What are the thematic recommendations in the existing scholarly literature for adapting counselling and psychotherapy to the needs of adolescent males?

RQ2. What are the thematic recommendations provided by Australian therapists to engage adolescent males in counselling?

RQ3. What are the experiences of adolescent males and their caregivers who have accessed a male-friendly counselling service?

The next chapter will turn attention to the first research objective of this thesis program, which is consolidating and synthesising male-friendly counselling literature for adolescent males published between 1995–2021 into themes of recommendations. Chapter 4 will then provide a qualitative analysis of the experiences and recommendations of 67 Australian therapists who provide psychotherapy to adolescent males. Chapter 5 will consist of a qualitative analysis of 41 (14 past young male clients; 27 carers) participants of the Menslink counselling service based in Holder, Australian Capital Territory, Australia. Finally, chapter 6 will include a newly developed transtheoretical framework for male-friendly counselling with adolescent males, overall discussion of the thesis program, and implications for practitioners and future directions of research.

CHAPTER 3: PAPER 1: RECOMMENDATIONS FOR MALE-FRIENDLY COUNSELLING WITH ADOLESCENT MALES: A QUALITATIVE SYSTEMATIC LITERATURE REVIEW

3.1. Introduction

As highlighted in the literature review, the field of men's mental health is diverse and includes publications from a variety of disciplines, such as psychology and counselling (Addis & Mahalik, 2003; Beel et al., 2018; Seidler et al., 2016; Seidler, Rice, Ogrodniczuk, et al., 2018), nursing and allied health (Galdas et al., 2005), social and youth work (Walsh & Harland, 2021), and sociology (Connell & Messerschmidt, 2005). Moreover, focus on men's mental health is further stratified into research relating to specific issues, subgroups, contexts, and therapeutic modalities. For a conceptual framework of transtheoretical male-friendly counselling for adolescent males to be developed, a synthesis of current scholarly literature was needed (Jabareen, 2009). As such, the aim of this paper was primarily to identify, compile, and synthesise the present scholarly literature that provides transtheoretical recommendations for psychological treatment with adolescent males to provide researchers and practitioners a knowledge base and starting point for understanding psychotherapy with young men. A secondary aim was to provide practicable guidance from the synthesis to practitioners about gender-sensitive practices for counselling adolescent males, regardless of the context or therapeutic modality utilised, to work more effectively with young men. In line with the remit proposed by Liddon and Barry (2021), the review focused upon transtheoretical practices that can make any therapeutic modality "male-friendly".

The content of this chapter is the final published version of a manuscript published in the journal *Child and Adolescent Mental Health* distributed by Wiley-Blackwell on behalf of the Association for Child and Adolescent Mental Health (Q1 Journal; Impact Factor: 6.1).

This international journal was chosen as it aims to disseminate clinically relevant research for practitioners, health services, and policy makers. The journal's interest in qualitative reviews that are practicable to practitioners was reflected in its previous publications and through the process of peer review the paper received after submission. Through association with the United Kingdom based Association of Child and Adolescent Mental Health, publishing with this journal additionally led to an invitation to be interviewed on a podcast episode with the association (Carlowe, 2023). This paper was also highlighted as one of the top ten downloaded journal articles for Child and Adolescent Mental Health in 2023 (Bailey, 2023).

3.2. Published Paper

Child and Adolescent Mental Health

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Review: Recommendations for male-friendly counselling with adolescent males: A qualitative systematic literature review

Micah Boerma[1], Nathan Beel[1,2], Carla Jeffries[1] & Jesse Ruse[3]

[1]*School of Psychology & Wellbeing, University of Southern Queensland, Ipswich, QLD, Australia*
[2]*Applied Psychology, Counselling, Australian College of Applied Professions, Brisbane, Australia*
[3]*School of Psychology, The University of Sydney, Sydney, NSW, Australia*

Background: There are growing calls to tailor counselling practices for adolescent males, a population reluctant to engage in psychological treatment despite concerning rates of mental illness. The objective of this systematic review (PROSPERO: CRD4202125547) was to collate and synthesise recommendations for individual counselling with adolescent males (12–18 years). **Method:** The databases Psychology and Behavioural Science Collection, PsycArticles, PsycINFO, Academic Search Complete, EBSCO eBook Collection, Wiley Science Collection, Taylor and Francis Collection and ProQuest One Academic were searched for articles published between 1995 and November 2021. The quality of evidence was assessed using the JBI critical appraisal checklists, and thematic analysis was employed to synthesise findings across the literature. **Results:** A total of 1625 texts were identified, of which 16 met the inclusion criteria. Generated themes included (a) therapist knowledge of masculinity, gender socialisation, and male-relational styles; (b) necessity of therapists to address masculinity in the therapeutic space; and (c) customising engagement and treatment practices to appeal to adolescent males. **Conclusions:** The themes highlighted the unique developmental, and sociocultural considerations practitioners should be aware of when working with young men. Through a multicultural counselling competency framework, masculinity and adolescent male identity are expressions of diverse sociocultural identities that psychological assessment and intervention should ideally be tailored to suit. The findings of the review suggest that empirical research focusing on the experiences of adolescent males receiving psychological treatment is sparse. Further research is needed to inform the development of practicable, gender-sensitive adaptions to counselling practice for young men.

Key Practitioner Message

- Adolescent males remain a challenging population to engage and retain in individual counselling, who seek mental health services the least, and prematurely disconnect from psychological treatment the most. To date, limited scholarship has focused on this population.
- Unique considerations for working with adolescent males were identified in the review, including practitioner knowledge, awareness, and responsibility of addressing masculinity in therapy, and adaptions to practice that can be utilised to engage and retain young males in therapy.
- Findings demonstrate a lack of scholarship devoted to advancing gender-sensitive, male-friendly interventions for adolescent males. Directions for future development of male-friendly counselling practices are discussed.

Keywords: Adolescent male; adolescence; masculinity; counselling; gender; psychotherapy

Introduction

Adolescence is recognised as the peak onset period for mental illness across the lifespan (Kessler et al., 2007; Solmi et al., 2022), with one-half of all adult psychiatric disorders emergent by age 14 (Kessler et al., 2005). Mental disorders are the leading contributor to years lost due to disability in people aged 10–24 (Gore et al., 2011), with estimates approximating 13–25% of young people up to age 18 experience a mental disorder during a given year (Merikangas, Nakamura, & Kessler, 2009; Polanczyk et al., 2015). Moreover, recent findings suggest anxiety and depressive symptoms in adolescents near doubled during the recent COVID-19 pandemic (Racine et al., 2021), suggesting a high prevalence of reduced mental well-being. While the impact and burden of mental illness is significant for all young people, adolescent males bear disproportionate representation on varied psychosocial indices of poor mental health (Rice, Purcell, & McGorry, 2018). Relative to their female peers, adolescent males are markedly more likely to die by suicide globally (Glenn et al., 2020; Kõlves & De Leo, 2016), misuse substances and alcohol (AIHW, 2020; Swendsen et al., 2012), receive disciplinary action and drop out of secondary school (AIHW, 2019a; Lawrence et al., 2015),

display physical aggression (Nivette et al., 2019) and be incarcerated ([>90%], AIHW, 2019b).

The discrete risk profile of adolescent males' mental health is exacerbated by trends of service use inauspicious to effective intervention. Research highlights that although service use for males is increasing (Johnson et al., 2016), young males experiencing mental illness report the lowest rates of professional help-seeking and mental health service engagement of any demographic group across the lifespan (Burgess et al., 2009; Rickwood, 2012; Slade et al., 2009). Moreover, research highlights that young males start disconnecting from healthcare services during adolescence, despite acknowledging mental health and substance misuse issues, limiting the opportunity for primary physicians to address their needs or refer to mental health services (Booth et al., 2004; Marcell et al., 2002). When young men engage with mental health services, national community mental health data indicates they discontinue psychological treatment earlier than females (Seidler et al., 2020). This pattern of disconnection can stymie effective early intervention for mental illness, which may continue into early adulthood and later life if left untreated (Colizzi, Lasalvia, & Ruggeri, 2020; Patton et al., 2014).

Varied barriers are posited to contribute to young men's reluctance to engage with psychological treatment. Masculinity is postulated in the men's health literature as a key determinant of boys' and men's hesitancy to seek psychological treatment (Mahalik, Good, & Englar-Carlson, 2003). Masculinity is defined as the prescriptive social expectations internalised by individuals of what it means to be a 'man' in society (Levant & Richmond, 2007). Conceptualisations of *traditional masculinity*, inclusive of many dominant ideals of manhood, such as stoicism, dominance, and antipathy towards displaying vulnerability, are suggested to largely contribute to decreased help-seeking behaviour (Addis & Mahalik, 2003). Low mental health literacy and knowledge of existing services, negative attitudes towards counselling, perceived societal and self-stigma towards mental illness, and inadequate initial contact with services are further factors proposed to contribute to young men's reduced help-seeking (Burke, Kerr, & McKeon, 2008; Haavik et al., 2019; Rice, Telford et al., 2018; Seidler et al., 2016). These barriers may consequently impede access and meaningful engagement in mental health care.

The deleterious consequences of young men's disconnection from psychological treatment have prompted increasing calls to adapt counselling practices to be *gender-sensitive* to engage this population more meaningfully (Kieling et al., 2011; Rice, Purcell, & McGorry, 2018; Seidler, Rice, River, Oliffe, & Dhillon, 2018). Recent guidelines for psychological practice with boys and men urge psychologists to strive to promote gender-sensitive practices when working with males (American Psychiatric Association [APA], 2018). This recommendation is testament to a burgeoning body of literature that has recognised the significance of adopting a gendered perspective in the counselling of men as a core competency of a multicultural counselling framework (Liu, 2005). Multicultural counselling behoves therapists to develop an understanding of the manifold aspects of the cultural identity of clients that may influence their mental health, including gender and masculinity (Englar-Carlson, 2006). Moreover, this shift in perspective coincides with recent research highlighting the need to adopt a multiple masculinities framework of psychological treatment with men (Seidler, Rice, River, et al., 2018). This model emphasises practitioners attend to promoting the expansive and dynamic nature of masculinities, such that males can flexibly enact varying representations of manhood relative to their current individual-social contexts (Seidler et al., 2019).

Informed by these contemporary perspectives, *male-friendly* counselling has been proposed as an integrative, gender-informed approach to counselling males that employs interventions that appeal to men and accommodate their gendered norms and relational styles (Kiselica, 2005). This approach is considered *transtheoretical* as male-friendly counselling seeks to address men's reluctance to psychological treatment as a consequence of their traditional gender socialisation and enacted gender roles, rather than maintaining fidelity in adhering to discrete therapeutic modalities (Beel et al., 2018; Brooks, 2010). Considering the importance of accommodating client preferences to reduce premature treatment dropout (Swift et al., 2018), male-friendly counselling is offered as a practicable solution to engaging men in therapy across treatment orientations.

Male-friendly counselling research to date has largely focused on adapting counselling practices for adult males. A scoping review by Seidler, Rice, Ogrodniczuk, Oliffe, and Dhillon (2018) and qualitative systematic review by Beel et al. (2018) have previously attempted to distil the existent male-friendly counselling literature into a collection of unified recommendations for therapists working with adult males. Key findings from these reviews include the recommendations that therapists should have an awareness of masculinity, critically reflect upon the influence of male socialisation and tailor their communication and therapy goals to be masculine-informed (Beel et al., 2018; Seidler, Rice, Ogrodniczuk, et al., 2018). These findings contribute to men's health literature on adult male-friendly counselling practices yet may not equivalently fit with adolescent males (Beel et al., 2018). Adolescence is demarcated as a period of rapid physical and cognitive development, accompanied by the construction of self-identity in the context of societal expectations. Considering past models of mental health care predominantly focus on adult psychological treatment, a clear need for youth-specific mental health services, that account for developmental considerations of adolescence, is apparent (McGorry & Mei, 2018).

To date, a limited number of book chapters (Kiselica, 2005) and edited books (Degges-White & Colon, 2012; Haen, 2011b; Horne & Kiselica, 1999; Kiselica, Englar-Carlson, & Horne, 2008) have been published with a focus on improving counselling practices specifically with boys and adolescent males. Yet, the recommendations are diverse in specificity and limited in their generalisability. For example, male-friendly counselling practices have been applied to specific adolescent *subgroups*, such as gay males (Kocet, 2014) and African American adolescents (Leonard, Courtland, & Kiselica, 1999); *issues*, such as males with attention-deficit/hyperactivity disorder (Kapalka, 2010) or depression (Caldwell, 1999); *contexts*, such as adolescent father programmes (Kiselica, Rotzlen, & Doms, 1994); and *therapeutic modalities*, such as existential therapy

(Groth, 2019) and psychoanalytic therapy (Marotti, Thackeray, & Midgley, 2020). While specificity in clinical practice holds merit, it does not afford therapists an understanding of how to relate to males and engage them in therapy (Seidler, Rice, Ogrodniczuk, et al., 2018).

Although male-friendly practices have been applied to a diversity of specific psychological phenomena and populations, a unified offering of best practices and recommendations for working with adolescent males is absent from the literature (Beel et al., 2018). Systematic reviews are crucial to generating empirically derived answers to predetermined research questions via identifying, appraising, and synthesising available literature in a systematic way (Patole, 2021). Thus, the current review is the first to systematically identify and synthesise transtheoretical male-friendly counselling recommendations for working with adolescent males in the scholarly literature.

Method

Design and registration

A research question was developed to guide the review and resultant thematic analysis: *What are the thematic recommendations in the existing literature for adapting counselling to the needs of adolescent males?* To answer this research question, a qualitative systematic literature review was employed. Qualitative systematic review approaches synthesise data and emphasise knowledge development of specific phenomena and the meaning of their relationships, in contrast to quantitative data sets evaluating statistical effect (Sandelowski & Leeman, 2012). Knowledge derived from qualitative analysis may be inferred to answer research questions posed and provide implications for evidenced-based practice (Sandelowski & Leeman, 2012). To enhance transparency and quality of reporting, the protocol for this review was constructed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols checklist (PRISMA; Page et al., 2021). The protocol for this review was prospectively registered on PROSPERO (CRD42021255477).

Inclusion and exclusion criteria

The inclusion and exclusion criteria were designed to identify texts suitable for data synthesis and thematic analysis. Adolescent males have been frequently subsumed as a subgroup in previous counselling literature (e.g. males of all ages, or 'adolescents' as a collective), or male-friendly concepts incorporated into specialist areas of research, such as specific mental disorders or treatment orientations. To improve objectivity and reduce the risk of selection bias and inaccuracy in attempting to distinguish data relevance, the inclusion criteria were developed to select texts predominantly focused upon transtheoretical male-friendly practices for counselling adolescent males broadly as a population.

Studies eligible for inclusion in the review were empirical articles, books, edited books, or scholarly commentary that contained focused discussion of findings and recommendations for male-friendly practices beneficial to working with adolescent males (12–18 years) in individual, face-to-face counselling. Finally, studies were eligible if they were published between 1 January 1995 and 18 November 2021. The starting year for this review reflects the outflow of research on the psychology of men contemporaneous to the inaugural year of the Division 51 of the American Psychological Association: The Society for the Psychological Study of Men and Masculinities (Beel et al., 2018). For the full list of inclusion and exclusion criteria, see Table 1.

Search of the literature and screening

The databases selected for the search were Psychology and Behavioural Sciences Collection, PsycARTICLES, PsycINFO, Academic Search Complete and, eBook Collection, all of which are associated with the database provider EBSCO. WileyScience Online Library and Taylor and Francis Online were also searched. The grey literature, including dissertations and theses, was searched on the ProQuest One Academic database. The WorldCat eBook database was also consulted. A search strategy was developed for the EBSCO database and adapted for other databases (see Table S1).

Total, double-independent screening was completed by two researchers (MB, JR) to ascertain texts eligible for inclusion. The researchers independently completed a series of searches of the identified databases and exported initial results to Microsoft Excel. After removing duplicate records, MB and JR screened the source titles against the inclusion and exclusion criteria. Next, the remaining texts eligible for abstract screening were imported into the Johanna Briggs Institute (JBI) systematic review software tool JBI SUMARI (Munn et al., 2019). Next, MB and JR independently screened abstracts of remaining texts for eligibility. Finally, MB and JR independently screened full-text articles for inclusion in the final data set. When disagreement occurred, decision on which texts to screen at the abstract and

Table 1. Inclusion and exclusion criteria

Criteria	Included data	Excluded data
Population of interest	Adolescent males	Females, trainees, student cohorts, children, supervisors, institutions and societies, transgender, gender-dysphoric youth
Age	Adolescence: 12–18 years	Children under 12 years and males over 18 years
Age of scholarly data	Between 1 January, 1995 and November 18, 2021	
Type of scholarly data	English language: academic articles, theses, dissertations, commentaries, books, edited book chapters	Repeat articles, book reviews, sources with evidence of an explicit religious or ideological worldview (exception masculinity/gender-informed worldview), non-English data
Focus of data	Transtheoretical counselling practices or recommendations that are gender-sensitive for adolescent males	Predominant specialised counselling or psychotherapy focus: race, religion, or region focus/emphasis, sexuality, psychiatric condition (i.e. phobia, addiction), context (i.e. sports coaching), therapeutic approach (i.e. CBT, psychodynamic)
Interventions	Therapeutic counselling and psychotherapy	Assessment and diagnosis, psychometric assessment, career counselling
Mode of intervention	Face-to-face, individual counselling or psychotherapy	Group, couple, family, or community programme, telehealth, health counselling

full-text phases were resolved by discussion, and where necessary, moderated by a third researcher (NB). The process of screening and source selection is represented in Figure 1.

To assess the quality of evidence, two JBI quality appraisal checklists were utilised. Critical appraisal checklists provide a structured approach to better understand the strengths and weaknesses of a study, and ascertain the extent to which texts addressed the risk of bias in analysis or design (Lockwood, Munn, & Porritt, 2015). The JBI critical appraisal checklist for text and opinion studies (McArthur et al., 2015) was used to appraise descriptive articles. This tool includes six criteria that evaluate the expertise of the author, logic of discourse presented, and reference to extant literature, with each item graded on a four-point scale: 'yes', 'no', 'unclear' or 'N/A'. For empirical texts, the JBI critical appraisal checklist for qualitative research (Lockwood et al., 2015) was utilised. This tool comprises of 10 criteria that evaluate the congruity of the research aims with methodology, appropriate representation of participants, and the ethical nature of the study in its undertaking and reporting, utilising the same four-point scale. As it was assumed the number of texts would be limited, it was decided that all texts would be included in the final analysis to assist in developing a greater understanding of the phenomenon of interest.

Data synthesis

The qualitative review software NVivo V12 was used to code and classify data and generate prospective themes across the data set. Thematic analysis, utilising Braun and Clarke's (2006) six-phase protocol, was adopted to analyse and synthesise the data set. Thematic analysis is an established method used to identify, analyse and synthesise shared patterns of meaning across data sets (Braun & Clarke, 2021). This type of analysis permits the interpreted and theoretically explained themes to have actionable implications for interventions (Sandelowski & Leeman, 2012). Employing the six phases, each article was read and reread with initial impressions recorded by the primary researcher (MB) to become familiar with the data set (1). Next, open coding was used to identify and record salient text into codes of data from the literature pertinent to the research question (2). Patterns of codes observed in the data set were then iteratively sorted to generate prospective themes (3). The original data set was frequently reviewed as the themes were developed and refined (4). Final themes were then named and defined (5) and written in the final report (6). To reduce the risk of bias via single-author interpretation of generated themes, prospective and final themes were discussed and agreed upon by two researchers (MB and NB) to enable the developed themes to be both theoretically and clinically meaningful.

Results

Description of studies and critical appraisal

From the 1625 texts identified, 16 were included in the final synthesis. Of these texts, six were expert commentaries without novel data, seven were edited book chapters, while the remaining three were empirical articles that employed qualitative or mixed methods. No grey literature met the inclusion criteria. All non-edited and edited book chapter authors were identified as both therapists and experts in the field. Notably, 13 (81%) were commentaries or reviews. The empirical studies employed a range of methods in obtaining participant responses, including semi-structured interviews (Johansson & Olsson, 2013), free/word association in

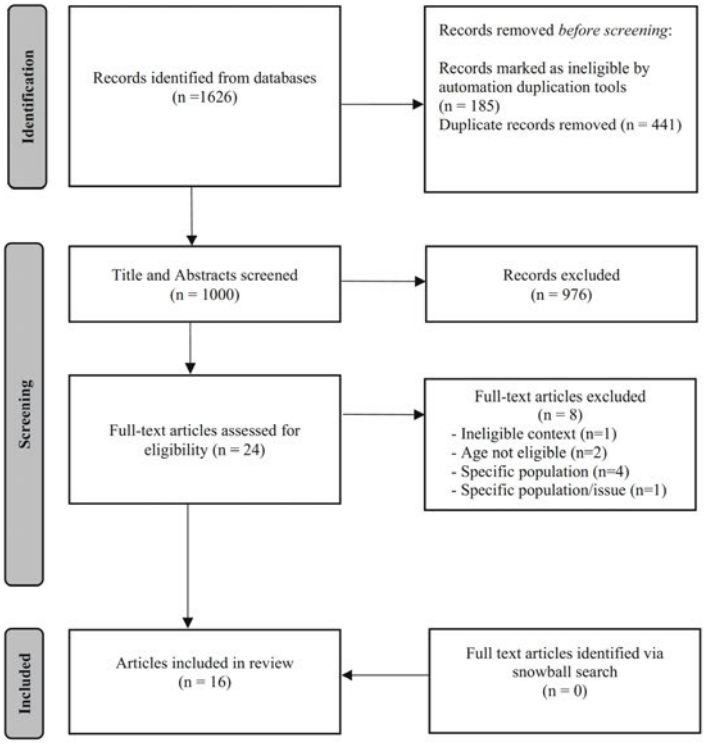

Figure 1. PRISMA flow diagram of search results screening

response to open-ended interview questions (Smith, 2004) and open-ended survey questions (Dunne, Thompson, & Leitch, 2000).

Table 2 provides scores for the JBI quality appraisal checklists for each text. High scores were obtained for the 13 commentaries reflecting a low risk of bias (McArthur et al., 2015). Variability of scores was identified in the empirical studies, with scores ranging from 6 to 8/10. Common causes that reduced the critical appraisal score were a lack of indication of ethical approval in the three studies, and limited explanation of how researcher influence with the qualitative data was addressed (Lockwood et al., 2015).

Three discrete, yet interconnected, themes were generated from the data set: knowledge of masculinity, gender socialisation, and male-relational styles; addressing masculinity in the therapeutic space; and male-friendly treatment adaptions. Table 2 summarises text characteristics, categorises the themes, and identifies the sources in which they were captured.

Theme 1: Therapist knowledge of masculinity, gender socialisation, and adolescent male-relational styles

Fifteen sources emphasised the importance of therapists being aware of the constructs of masculinity and gender socialisation, and to appreciate the unique relational styles of adolescent males. The literature portrayed adolescence as a crucial developmental period for the coalescence of male identity formation and adoption of traditional gender norms, and behoved therapists to gain knowledge about masculinity and gender socialisation proceeding assessment, treatment planning, and intervention (Brooks, 2010; Kiselica & Englar-Carlson, 2008; Marasco, 2018).

Masculinity appeared a central concept throughout the literature, organising scholarly thought on adolescent males' engagement and constancy in counselling. Although diversity in the expression of masculinities was considered (Barker & Crenshaw, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008), the literature predominantly portrayed traditional conceptualisations of Western hegemonic masculinity (Marasco, 2018). Inclusive in these conceptualisations were detrimental aspects of traditional masculine ideals on adolescent male's mental health, such concealment of vulnerability, contradictory societal messages of what is required of them to be 'a man', and rejection of intimacy and connection within interpersonal relationships (Haen, 2011; Johansson & Olsson, 2013; Levant, 2005; Pollack, 2006). In contrast to more critical discourses of masculinity that position males as a primarily privileged group, sympathetic perspectives were also offered to therapists to consider the relative vulnerabilities of adolescent male's resultant of rigid adherence to traditional masculine norms (Pollack, 2006).

Therapists were also encouraged to be aware of the continuing effect of gender socialisation of males during the adolescent developmental period. Through aligning their behaviour to traditional masculine ideals as a consequence of gender socialisation, the pressure placed upon adolescent males to restrict emotion, conceal vulnerability and appear 'strong' was highlighted in the literature and considered a key determinant on adolescent males' reticence to engage in counselling (Greene Burton, 2012; Johansson & Olsson, 2013; Pollack, 2006). As a result of these barriers, therapists were urged to recognise that adolescent males may present to therapy and actively conceal their emotions or displays of vulnerability. As depicted by Pollack (2006):

> Because of the way boys harden themselves and cover up feelings of pain and susceptibility and because they may actually lie about how they are feeling and how they perceive themselves, many clinicians may fail to hear these boys' genuine voices and ascertain the full scope of their true feelings and thoughts (p. 193).

To address this, therapists were urged to consider how socialisation to traditional masculinity may manifest in the therapeutic space when working with adolescent males (Kiselica & Englar-Carlson, 2008; Marasco, 2018), namely the restriction of emotion and surveillance of perceived weakness (Johansson & Olsson, 2013). Therapists were encouraged to consider their perceptions of adolescent males' reluctance towards therapy, and consequently adapt their approach to assessment and intervention (Barker & Crenshaw, 2011; Kiselica, 2003), such that "What previously may have been seen as narcissism or resistance can now be recognized as an understandable fear of vulnerability, a sense of shame, or a manifestation of defensive autonomy" (Brooks, 2010, p. 90).

Therapists were also encouraged to be cognisant of the unique relational styles of adolescent males and to be mindful that conventional counselling practices and environments may be incompatible with this population (Brooks, 2010; Greene Burton, 2012; Kiselica, 2003, 2005). Authors posited that adolescent males generally build connection and intimacy through instrumental activity, competitiveness, and cooperation (Kiselica, 2003). This contrasts to more traditional requirements of counselling, such as introspection, self-disclosure, and dyadic discussion (Brooks, 2010; Verhaagen, 2010). Consequently, adolescent males may feel uncomfortable and out of place in traditional counselling environments. Therapists were cautioned to be aware of this incompatibility and to adapt practices to engage their adolescent male clients more meaningfully.

Theme 2: Addressing masculinity and gender socialisation in the therapeutic space

Fifteen sources highlighted the necessity for therapists to take responsibility for addressing the influence of masculinity in the therapeutic space. They described how adolescent males are socialised to suppress and conceal emotions; and that rigid adherence to masculine norms may induce a sense of shame in therapy if emotions are experienced or vulnerability publicly displayed (Dunne et al., 2000; Johansson & Olsson, 2013). Thus, a predominant task of counselling is to develop the young male's capacity to identify and articulate emotions (Kiselica, 2005; Verhaagen, 2010) and subsequently expand the range of emotional expression deemed acceptable (Barker & Crenshaw, 2011). Authors noted this process involves therapists first considering how their own assumptions of masculinities influence their stance towards their clients before assisting adolescent males in appraising their own experience of masculinity (Brooks, 2010; Marasco, 2018) and urged therapists to not be reticent in addressing this

Table 2. Source characteristics, representation of themes, and quality appraisal scores

Source (year); location	Source type	Design	Participant characteristics	Content discussed	Theme 1: Masculinity knowledge	Theme 2: Addressing masculinity	Theme 3: Counselling adaptions	Source quality
Brooks (2010); US	B	Commentary	NS	Masculinity; transtheoretical approaches; male-friendly psychotherapy	Y	Y	Y	6/6
Verhaagen (2010); US	B	Commentary	NS	Young male culture; identify formation; improving emotional intelligence; engaging young men	Y	Y	Y	6/6
Barker and Crenshaw (2011); US	EBC	Commentary	NS	Adapting masculine strivings, restrictive masculinity, masculinity in counselling practice	Y	Y	Y	6/6
Haen (2011b); US	EBC	Commentary	NS	Gender differences; stoicism; identity development; creative therapeutic approaches	Y	Y	Y	6/6
Kiselica (2005); US	EBC	Commentary	NS	Adolescent male-relational styles; conventional counselling; professional restraints	Y	Y	Y	6/6
Kiselica & Englar-Carlson (2008); US	EBC	Commentary	NS	Positive masculinity; adolescent male-relational styles; humour; self-reliance	Y	Y	Y	6/6
Kiselica, Englar-Carlson, Horne, and Fisher (2008); US	EBC	Commentary	NS	Conventional counselling with adolescent males; engagement strategies	Y	Y	Y	6/6
Levant (2005); US	EBC	Commentary	NS	Adolescent development; gender socialisation; risk-taking	Y	Y	Y	6/6
Verhaagen (2013); US	EBC	Commentary	NS	Therapeutic relationship; humour in therapy	Y	Y	Y	6/6
Dunne et al. (2000); Ireland	J	Empirical; Mixed-Method	$n = 11$ age: 14–18 ($M = 16.0$)	Helpful/unhelpful counselling experiences reported by adolescent male participants		Y	Y	6/10
Greene Burton (2012); US	J	Commentary	NS	Engaging boys and gifted boys in counselling; male-friendly adaptions	Y	Y	Y	5/6

(continued)

Table 2. (continued)

Source (year); location	Source type	Design	Participant characteristics	Content discussed	Theme 1: Masculinity knowledge	Theme 2: Addressing masculinity	Theme 3: Counselling adaptions	Source quality
Johansson and Olsson (2013); Sweden	J	Empirical; Qualitative	$n = 10$ child & adolescent therapists	Therapist perspectives of adolescent male clients; unique difficulties of young males; traditional masculinity	Y	Y	Y	8/10
Kiselica (2003); US	J	Commentary (inc. Case study)	NS	Expectations of male-friendly processes with adolescent males	Y	Y	Y	6/6
Marasco (2018); US	J	Commentary (inc. Case study)	NS	Hegemonic masculinity; gender role socialisation; adaptions to practice	Y	Y	Y	6/6
Pollack (2006); US	J	Commentary	NS	Findings from the Listening to Boys' Voices project contextualised into implications for practitioners	Y	Y	Y	6/6
Smith (2004); US	J	Empirical; Qualitative	$n = 100$ age: 12–18 ($M = 15.4$)	Adolescent males' views of receiving counselling	Y		Y	6/10
Total					15	15	16	

B: Book; EBC: edited book chapter; J: journal article; US: United States; Y: yes, theme captured in resource.

throughout counselling (Haen, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008).

Therapist self-awareness and therapeutic stance. Therapists were encouraged to critically reflect upon their own assumptions of masculinity and how adolescent males ought to 'act' (Haen, 2011; Johansson & Olsson, 2013). As highlighted by Johansson and Olsson (2013) "not only the boys struggle with the male norm: therapists also carry the image of masculinity, about boys being reluctant to express feelings of sadness and weakness" (p. 537). Therapists were urged to consider the personal impact of traditional masculinity and gender socialisation in their own lives and to explore in supervision how their assumptions and biases of gender and masculinity influence their case conceptualisation of the common issues of young men (Marasco, 2018). Cultivating a therapeutic stance that incorporates the Rogerian principles of accurate empathy, genuineness, and unconditional positive regard was emphasised to develop therapists' sense of regard and commitment to their clients. Authors conveyed to therapists the importance of developing accurate empathy and genuineness towards their male clients, allowing them to be fully seen and understood by the therapist without the need to feel shame (Kiselica, 2003; Levant, 2005; Pollack, 2006; Verhaagen, 2010, 2013). Moreover, a therapeutic stance of unconditional positive regard enables therapists to reflect upon the struggles and experiences of adolescent males and connect in the therapy space with respect and full acceptance of who they are (Greene Burton, 2012; Haen, 2011; Pollack, 2006; Verhaagen, 2010).

Client exploration of emotions and masculinities in the therapeutic space. When addressing emotional expression in the initial stages of counselling, therapists were cautioned to proceed incrementally, such that they honour the defences employed by adolescent males to appear unemotional, lest they induce a sense of vulnerability prematurely (Barker & Crenshaw, 2011; Kiselica, 2003; Verhaagen, 2010). Cognitive interventions were suggested as an inlet to further discussion of clients' emotional experience (Greene Burton, 2012; Haen, 2011). Discussing emotion was likened to a balancing act for therapists, distancing and approaching intimacy in the therapy space frequently and shifting from discourse of affect to cognition when therapeutic intimacy appears intolerable (Haen, 2011).

When addressing the influence of masculinity, the literature offered a dialectical view towards masculinity and therapy (Pollack, 2006), such that "adolescent males need to be taught explicitly that one can be strong and courageous, yet still express tender emotions when the situation calls for such feelings" (Barker & Crenshaw, 2011, p. 45). Therapists were urged to offer a space for adolescent males to construct a new, adaptable code of manhood (Pollack, 2006). One that demarcates healthy forms of masculinity from the harmful (Kiselica, Englar-Carlson, Horne, & Fisher, 2008), via challenging self-stigma (Verhaagen, 2010), facilitating client

appraisal of the utility of traditional proponents masculinity such as 'real men are tough' (Brooks, 2010), assessing how clients feel that live up to their masculine ideals (Haen, 2011), and educating males on power and status as they relate to gender (Marasco, 2018).

Therapists may also utilise themselves as agents of change in addressing masculinity. Male therapists can model healthy aspects of masculinity for young men and may assume a role of mentor, coach, or father figure (Haen, 2011). Conversely, female therapists can challenge problematic beliefs embedded in hegemonic masculinity through deconstructing the influence of hegemonic masculinity on females, challenge misogynistic language articulated in therapy by the client, and model pro-social interactions with females (Marasco, 2018).

Theme 3: Male-friendly treatment adaptions founded upon knowledge of male-relational styles

A theme recurrent across all the literature was the necessity for therapists to adapt their counselling practices to accommodate the relational styles of adolescent males. Justifications for adaption to therapy focused on the incompatibility of traditional therapy and adolescent males' relational styles (Haen, 2011; Kiselica, 2003; Kiselica & Englar-Carlson, 2008). Young males often develop friendship and rapport through instrumental and action-oriented activities, such as sport and collaborative projects, and may have been socialised to distance themselves from their emotions (Kiselica, 2003, 2005). This contrasts with the conventional 50-min, behind closed doors, introspective counselling session considered customary in traditional therapy. Because of this mismatch, therapists may interpret the adolescent males' discomfort as indicative of therapy resistance or alexithymia (Barker & Crenshaw, 2011; Kiselica & Englar-Carlson, 2008). This could result in the therapeutic rapport not being established, nor allow the therapist to recognise the emotional distress the adolescent male may be experiencing (Pollack, 2006). To resolve this mismatch, male-friendly practices take advantage of the relational styles of adolescent males.

At the commencement of counselling, therapists were urged to tap into their client's action-oriented, relational styles to create welcoming therapy environments and be creative in their approach to the process of counselling. The therapy environment could cater to the interests of adolescent males via adapting the décor of office spaces to include posters of sporting heroes or movies, videogame figurines in counselling offices, and male-friendly magazines in waiting areas (Barker & Crenshaw, 2011; Brooks, 2010; Kiselica, 2003; Verhaagen, 2010). Utilising objects in the therapy room was also emphasised, such as fidget toys, two-player games or puzzles, to foster dialogue while allowing adolescent males to ease into the tasks of counselling (Greene Burton, 2012; Johansson & Olsson, 2013). If feasible, therapists were encouraged to extend counselling to informal settings, such as a basketball court, park or walking the block (Haen, 2011; Kiselica, 2005; Smith, 2004), and incorporate physical activity such as walking or shooting baskets (Brooks, 2010; Haen, 2011a). In contrast to the traditional 50-minute 'therapy hour', authors recommended flexible time schedules and provide the option for brief drop-in sessions to suit young males (Greene Burton, 2012; Kiselica, 2003). School therapists could briefly meet multiple times per week to support therapy goals while therapists in private practice could shift allocated time to text and email correspondence between sessions (Haen, 2011). Ultimately, sources emphasised the need for adolescent males to perceive their therapists as adaptable and committed to making them feel at ease in the therapy space.

Effective communication congruent with adolescent male-relational styles was emphasised as a key determinant of therapists being perceived as safe and relatable. Authors recommended therapists engage with adolescent males with less formality, avoid diagnostic labels, and be prepared to discuss topics of interest to the young male at length, such as sports, video games, or friendships (Kiselica, 2005; Verhaagen, 2010), and equally be open to interest areas less normative amongst adolescent males. Rather than inefficient time spent, authors emphasised the opportunity for rapport building and therapeutic work to be incorporated into informal discussion of interests. Ten sources noted the importance of humour to adolescent males as a conduit for defusing discomfort and attaining intimacy in relationships (Haen, 2011; Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Therapists were encouraged to recognise when young males use humour as a port of entry to more serious discussion and be willing to engage in, and offer humour in return (Kiselica & Englar-Carlson, 2008). Utilising client interests, therapists may also employ metaphors to convey psychological concepts to adolescent males in a way that is understandable and relatable to their current problems (Barker & Crenshaw, 2011; Verhaagen, 2010). Finally, eight sources recommended the use of appropriate self-disclosure of similar struggles as a means of therapeutic progress with adolescent males who may find it difficult to disclose personal issues (Kiselica, 2003; Marasco, 2018).

Authors recommended a collaborative and transparent approach to setting goals and identifying topics of focus in therapy. Therapists were encouraged to be directive at the commencement of therapy yet remain collaborative in the counselling relationship. Authors posited adolescent males are routinely referred to counsellors as a result of the concerns of others and can be pressured to attend by caregivers (Verhaagen, 2010). Thus, establishing a therapeutic relationship of collaboration communicates to the client that they are respected and are the agent of change. Therapists are also encouraged to be transparent about the counselling process and to explore the young males' expectations of counselling and resolve any misconceptions from the start (Greene Burton, 2012; Kiselica, 2003; Verhaagen, 2010). Moreover, declaration that the young male is the primary client, rather than referring caregivers or institutions, allows the therapist to align with the clients' objectives of counselling (Verhaagen, 2010). Authors recommended therapists adopt a problem-focused perspective that is undergirded by the adolescent males' strengths, such that adolescent males perceive that action will occur in counselling and that they have the internal resources to necessary to overcome problems (Greene Burton, 2012; Haen, 2011; Johansson & Olsson, 2013).

Overall, the themes generated from the literature highlight the need for therapists to employ a gendered

approach to counselling with adolescent males, inclusive of knowledge of the unique patterns of presentation of adolescent males and their challenges in counselling. This knowledge may consequently motivate therapists to critically reflect upon their attitudes towards adolescent males and inform their clinical practice.

Discussion

There remains growing interest and calls for gender-sensitive adaptions to counselling for adolescent males (Rice, Purcell, & McGorry, 2018; Seidler, Rice, River, et al., 2018). This qualitative systematic review was the first to synthesise the scholarly literature on transtheoretical recommendations that aim to engage and retain adolescent males in counselling, a population that seeks help the least (Rickwood, 2012), and prematurely disengages from psychological treatment the most (Seidler et al., 2020). The research question and resultant synthesis is proffered as a reference point for practitioners and researchers to understand the scholarly literature on male-friendly counselling for adolescent males. The recommendations throughout the literature for adapting counselling for adolescent males included are as follows: knowledge of masculinity, gender socialisation, and relational styles of adolescent males; the need to address masculinity in the therapeutic space; and adapt counselling to suit the relational styles of adolescent males.

The first theme highlighted the necessity for therapists to develop their knowledge of adolescent males, their masculinities, and relational styles. Consistent with the broader literature (Beel et al., 2018; Seidler, Rice, River, et al., 2018), the construct of masculinity was a principal theme in the current review and was contextualised as a key determinant in adolescent males contact with counselling and mental health services. Research highlights that inflexible conformity to restrictive masculine norms and the policing of masculinity amongst peers is strongest during adolescence (Herreen et al., 2021; Reigeluth & Addis, 2016; Rice, Fallon, & Bambling, 2011), as young males explore and commit to differing gender identities (Steensma et al., 2013). Rigid adherence to restrictive masculine norms is related to lower help-seeking behaviour, higher reliance on maladaptive coping strategies, and higher perceived self-stigma (Seidler et al., 2016). Consequently, young males may feel shame and helplessness for initially violating traditional masculine norms when seeking help (Johansson & Olsson, 2013), and then subsequently feel unease and disconnection in conventional therapy (Seidler et al., 2021). Thus, by gaining knowledge of gender role socialisation, therapists can improve their acuity in assessment by considering the impact of masculinity on adolescent male development and how it may affect the therapeutic relationship (Mahalik, Good, Tager, Levant, & Mackowiak, 2012), and adapt interventions to suit the relational styles of adolescent males.

The second theme extended this knowledge and highlighted the need for therapists to take responsibility for addressing the influence of masculinity in the therapeutic space. Masculinity research highlights that therapists are gendered participants in the counselling relationship that possess their own biases and assumptions that impact the experience of psychological treatment for male clients (Mahalik et al., 2012). Thus, recent guidelines for psychological practice with boys and men highlight the importance for therapists to reflect upon their own assumptions, stereotypes and countertransference reactions towards men and masculinities when assisting their male clients navigate rigid definitions of what it means to be a man (APA, 2018). Notably, conventional frameworks for multicultural counselling encourage therapists to remain critically self-aware of their beliefs and attitudes towards their clients to forestall any negative impact on psychological treatment (Sue, Arredondo, & McDavis, 1992). Findings from the current study extend the therapists responsibility to raise their client's awareness of the impact of restrictive masculine norms on their lives. Akin to guidelines for working with boys and men (APA, 2018), this counsel warrants therapists to take an active role in addressing the gender socialisation of and with their clients.

Recent literature has highlighted the value in utilising the positive psychology-positive masculinity paradigm in clinical practice with men (Kiselica et al., 2016). This model highlights the adaptive aspects of masculinity and assumes a strength-focused approach to therapy with males, such that the existing resources and strengths are prioritised over diagnostic epithets (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). Moreover, the recent positive masculinity framework for boys and young men posited by Wilson et al. (2022) may provide an outline for therapists to utilise when exploring healthy expressions of masculinities with young males. This framework contextualises the dimensions of *knowing*: young men free to evaluate societal and personal expectations of masculinity and create their own meaning; and *being*: young men embodying healthy masculinity by being values congruent, motivated to contribute to society, and remain interpersonally connected, in the intersectionality of masculinities that exist (Wilson et al., 2022). Although a nascent framework, this approach appears congruent with findings from the current study and broader literature that highlights the therapist's responsibility in addressing masculinity in therapy with their clients. Moreover, this framework provides a lens to which the dyad can curiously and respectfully deconstruct gender socialisation and create new, adaptable meanings of manhood.

The final theme captured across all the literature was the need for therapists to adapt counselling practices to engage adolescent males. Considering that many young people do not initiate counselling on their own accord (de Haan et al., 2013), previous research has highlighted the importance of positive initial contact with psychological services as a key facilitator to improved engagement amongst adolescent males (Rice, Telford, et al., 2018). Moreover, perceived lack of connection with the therapist and perceived incompatibility with talk therapy are key reasons implicated for therapy dropout in male populations (Seidler et al., 2021). The current review proffers that aligning therapy practices with adolescent male-relational styles is an inlet to improved and meaningful engagement in counselling. This theme is consistent with masculinity-informed recommendations for adapting treatment for adult males (Beel et al., 2018; Mahalik et al., 2012), but contextualises male-friendly adaptions to the adolescent developmental period. In contrast to men, the developing adolescent male's cultural identity possesses a relative powerlessness. Adolescent males

typically have limited financial and social independence, and spend a majority of their days in rigid hierarchical institutions, yet are socialised to contradictory dominant gender messages that domination and control of others begets *real* manhood (Denborough, 2018). Thus, to align well upon commencement, male-friendly therapy adaptions to collaborative therapy require the therapists to acknowledge the dynamics of power throughout all aspects of the therapy process. Findings from the current review suggest that therapists are tasked to respect the young men they counsel by adapting the therapy environment, therapy time, therapeutic language, and therapeutic tasks and goals to suit their needs.

Implications and limitations

The themes drawn from this review offer a nuanced approach to counselling with adolescent males that contextualises their gendered experience and developmental period as focal points for tailored intervention. This approach contrasts to previous scholarship subsuming the counselling needs of adolescent males to those of all adolescents or adult males. As highlighted by Kassan and Sinacore (2016), adolescent counselling literature appears polarised between expansive, gender-blind recommendations and treatment-specific protocols for identified subgroups. The former attenuating the significance of diversity in experience and the latter restricting generalisability. Moreover, presuming adult approaches of engagement and intervention are wholly applicable to counselling with adolescent males may fail to adequately suit their preferential and developmental needs (Kassan & Sinacore, 2016; McGorry & Mei, 2018). Thus, the findings from this review highlight for practitioners the need for both gender-informed and developmental considerations to be accounted for when working with adolescent males. The focal points of intervention for this approach can be categorised as masculinity *aligning* practices and masculinity *extending* practices.

The third theme broadly captures masculinity *aligning* practices, which are tailored interventions founded upon an understanding of the young man's masculinities and youth culture. The primary objective of these practices is to engage young men meaningfully through therapy conditions and activities that appeal to them and promptly establish therapeutic rapport. Previous meta-analytic research has identified that therapist accommodation of client preferences was related to fewer therapy dropouts (Swift et al., 2018). This is notable as some research highlights that near half (48%) of all adolescents aged 12–17 years discontinue psychological treatment within 1–3 sessions (Seidler et al., 2020). Moreover, client engagement is inextricably connected to therapeutic rapport (Thompson et al., 2007), itself a key determinant of psychological treatment outcomes (Horvath et al., 2011). Thus, meaningful client engagement in therapy appears crucial from the onset to deter premature dropout. The findings of this review predominantly highlight normative activities and topics of interest that appeal to male youth that practitioners may utilise in therapy. Yet, practitioners are also behoved to be prepared for discussion of non-normative interests as well, to ensure young males who may not conform to traditional male interests do not feel othered in counselling. Overall, aligning the conditions and activity in therapy appears crucial to retaining adolescent males in therapy and towards creating a path to deeper psychological exploration.

Theme two captures masculinity *extending* practices. These practices prioritise the masculinities of the adolescent male as a focal point in therapy rather than a consideration. This shift in priority arises from the need to address deleterious aspects of traditional masculinity that may impinge the effectiveness of therapy with young males by extending their awareness and perspective of their own masculinity beliefs and attitudes. Research highlights that internalised beliefs about the importance of adhering to traditional masculine norms appear to intensify during adolescence but gradually become less inflexible as adolescent males get older and cognitively develop (Marcell et al., 2011; Rice et al., 2011). In part, this decline in rigid adherence to traditional masculine norms may be associated with cognitive development during adolescence, increasing adolescent males' capacity to be self-aware, think abstractly, and take multiple perspectives (Blakemore & Choudhury, 2006). Thus, therapists are afforded an unique opportunity during this developmental period to assist young males in extending their awareness of how restrictive beliefs of masculinity may impact them and invite them to explore and demarcate what healthy masculinities signifies to them (Kiselica, Englar-Carlson, Horne, & Fisher, 2008). As males tend to increasingly disconnect from health services during adolescence (Marcell et al., 2002), this life stage appears apt to differentiate adaptive forms of masculinity from the maladaptive and avert damaging trajectories of health care disengagement in adulthood.

The themes of the current review are also consistent with the established competencies of multicultural counselling offered in the literature (Sue et al., 1992, 1998). Sue et al. proposed that multicultural counselling is broadly expressed via three domains of therapist competencies: (a) therapist awareness of their own assumptions, values and biases; (b) therapist understanding of the worldview of their clients; and (c) therapist development and implementation of culturally appropriate interventions and strategies. These competencies extend to all forms of culture and their intersectionality, including race, gender and sexual orientation, to coalesce into a personal cultural identity (Collins & Arthur, 2010).

It should be noted that the recommendations offered in the current review will not be equally generalisable to each adolescent male due to their idiosyncratic personal identities (Collins & Arthur, 2010). Yet, when viewed as an expression of a multicultural counselling framework, these recommendations equip therapists in developing an understanding and awareness of adolescent males and their identities that is applicable within various theoretical therapy orientations, client populations, and therapy conditions. This framework is consistent with broader literature on practitioner training for working with males in therapy. For example, Men in Mind (Seidler et al., 2022), the recently published training programme for practitioners working with men focuses upon increasing mental health professionals *gender competence*. Gender competence is considered a subtype of the multicultural counselling competencies (Sue et al., 1992). It is defined as the practitioner's capacity to demonstrate awareness of how men's masculinity interacts with their mental health via adaptions to treatment corresponding to their individual experience (Seidler,

Wilson, Owen, et al., 2022). Congruent with the findings of the current review, the Men in Mind programme includes modules focused on increasing practitioner knowledge of gender socialisation and awareness of their own assumptions of masculinity, masculinity-informed adaptions to treatment to improve engagement, and strategies to increase willingness to discuss emotions (Seidler, Wilson, Owen, et al., 2022). In sum, the recommendations of the current review and broader literature emphasise adapting practice to work with men's unique expressions of their masculinities rather than despite them (Seidler et al., 2022).

There are several limitations of the current review that must be noted. Firstly, a major constraint of the generalisability of this review's findings is that most of the texts included were scholarly commentaries (81%). Scholarly commentaries include descriptive articles from practitioners that express opinion based upon clinical experience or comment of existing research and are considered the lowest level of evidence in traditional research frameworks of evidence-based practice (Geddes & Harrison, 1997). This predominance of scholarly commentaries in the literature for adolescent males is comparable to that examining gender-sensitive adaptions for adult males (88%, Beel et al., 2018; 65%, Seidler, Rice, Ogrodniczuk, et al., 2018) and highlights the scarcity of primary research available in this area. However, this knowledge gap reaffirms the need of this review and further primary research that evaluates the effectiveness of gender-sensitive adaptions to therapy with young men. In the absence of primary research, systematic review of scholarly commentary can be considered the most appropriate evidence available (McArthur et al., 2015), yet necessitates practitioners to interpret the limited quality of evidence accordingly. Notably, however, common elements of male-friendly adaptions were pervasive across the review's data set (see Table 2), suggesting relative consensus of core practices that practitioners may employ to better suit adolescent males, regardless of treatment orientation. Moreover, the findings of this review support the appeal for men and masculinity to be considered a salient multicultural counselling competency (Liu, 2005), that practitioners may develop their knowledge of (Seidler, Wilson, Owen, et al., 2022), and employ in a diversity of theoretical and treatment orientations (Mahalik et al., 2012). Thus, practitioners and researchers are encouraged to interpret the findings of this review as a starting point to inform both clinical practice and further academic enquiry.

A further limitation was the dearth of primary research on the processes within therapy conducive to increased engagement and retention as reported by adolescent males themselves. For example, Dunne et al. (2000) examined the self-report of 11 adolescent males experiences of helpful and unhelpful events during counselling. Dunne et al. found that young males placed high importance on the act of talking and exploration of emotions in therapy, in contrast to studies in which adult males placed high importance on action-oriented, problem-solving therapy (Johnson et al., 2012; Seidler et al., 2016). To be clear, it is apparent that future empirical research examining the efficacy of male-friendly practices for adolescent males is needed to complement the current scholarly opinion on 'what works' for engaging this population. Yet in addition, future qualitative research could also explore the experiences of adolescent males who have received counselling to determine what they consider to be meaningful to their engagement in counselling.

A final limitation that constrains the generalisability of this review is the exclusive focus on male-friendly practices in individual, face-to-face counselling with adolescent males. The review was designed to solidify the knowledge base for engaging young men in this therapy format, but comment should be made to the emerging alternative formats for psychological treatment. Online counselling, via real-time chat or video conferencing and digital interventions, appears promising alternate forms of intervention for young men that can be a less intrusive introduction to mental health services (Rickwood, 2012). Recent qualitative research with Australian adolescents identified that although unique barriers were highlighted with online computerised help-seeking, such as effort and unfamiliarity, participants reported online formats a more preferable, and 'safer' initial step towards further mental health services (Clark et al., 2018). However, a systematic review of online adolescent mental health intervention programmes identified that premature discontinuation of the online programmes was moderate to high (Clarke, Kuosmanen, & Barry, 2015). Although it is proffered that many recommendations from the current review may be translated to online interventions with young men, further research is needed on how these alternative formats of therapy appeal to and engage this population.

Conclusions

Adolescent males remain a challenging population to engage and retain in psychological treatment. This review has systematically collated and synthesised recommendations across the scholarly literature that appeal to young men and may be considered male-friendly. These recommendations are consistent with research exploring gender-sensitive approaches to therapy with adult males and contextualise masculinity as a salient factor in the initial engagement of young males in therapy, and as a focus of their subsequent treatment. Moreover, the themes generated in the current study can be readily incorporated into clinical practice by practitioners through a multicultural counselling framework.

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No ethics approval was required for this systematic review.

Correspondence

Micah Boerma, School of Psychology and Wellbeing, University of Southern Queensland, Ipswich campus, 11 Salisbury Road, Ipswich, Queensland 4305, Australia; Email: micah.boerma@usq.edu.au

Supporting information

Additional Supporting Information may be found in the online version of this article:

Table S1. Data base search terms.

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3.3. Implications and Link to Next Chapter

While the previous chapter provided a narrative literature review to justify the aims and research questions of this thesis program, the objective of this first paper was to systematically consolidate the available scholarly literature that specifically focuses upon counselling adolescent males and develop thematic recommendations. In developing a transtheoretical framework, an extensive review of texts is first necessary to ascertain the scope and depth of the literature (Jabareen, 2009). This systematic review identified a small amount of scholarship dedicated to young men's engagement in psychological treatment. Notwithstanding, the significance of this paper is that it was the first QSLR of counselling recommendations specifically for adolescent males. Through thematic analysis, it clarified key recommendations and themes present in the available literature that may serve as a foundation and starting point for future primary research. The paper confirmed that masculinities remains a central concept in young men's mental health literature yet needs to be contextualised by practitioners for the adolescent developmental period. The predominant focus of recommendations in the literature were to address traditional conceptualisations of Western hegemonic masculinity. Notably, a theme in the review highlights the necessity for therapists in taking an active role in addressing masculinities within the therapeutic context and in therapeutic encounters with young men. Two focal points of intervention were derived from the review for therapists to engage young men through addressing masculinities: masculinities-*aligning* practices and masculinities-*extending* practices. As noted in the QSLR, scarce primary research has been previously published about how therapists providing psychological treatment to adolescent males adapt their practice, nor how young men experience male-friendly counselling adaptations. Accordingly, the focus will now shift to addressing the remaining research questions and explore the experiences of therapists and young male clients.

CHAPTER 4: PAPER 2: "IT'S ALL ABOUT RAPPORT": AUSTRALIAN THERAPISTS' RECOMMENDATIONS FOR ENGAGING ADOLESCENT MALES IN COUNSELLING AND PSYCHOTHERAPY

4.1. Introduction

A key finding of the QSLR presented in the previous chapter highlighted the sparsity of primary research examining therapist's and young men's experiences of psychological treatment. Most of the included articles were commentaries (81%), largely provided by expert practitioner-researchers in the field. In the absence of primary research, the synthesis of scholarly commentary is considered an appropriate foundation of available evidence, yet should also stimulate both further academic discourse and future empirical research to improve available evidence (McArthur et al., 2015). Another finding was that most of the included articles came from the field of psychology, yet in clinical practice, it is undeniable that a diversity of allied health professionals engage adolescent males in counselling. Thus, it is unclear whether practitioners from associated fields, such as psychiatry, counselling, or social work—each undergirded by discipline-specific ideologies—may share common recommendations for engaging young men in psychological treatment. While the disciplines of psychology and counselling are largely involved in both research and clinical contact with adolescent males, undertaking interviews with practitioners from a variety of disciplines that provide counselling to adolescent males is necessary to ascertain how male-friendly counselling is enacted (Jabareen, 2009). Additionally, as highlighted in the literature review presented in chapter 2, some practitioner-researchers have been sceptical of the recommendations provided by the APA practice guidelines for working with men and boys (APA, 2018), particularly in relation to the deficit-based view of masculinity (Ferguson,

2023; Liddon & Barry, 2021). Moreover, survey data with therapists has highlighted that how they perceive and adopt constructs espoused in the APA guidelines (e.g., social constructionism, masculinity as harmful) can influence how they provide therapy to male clients (Barry et al., 2021). Thus, it is unclear if therapists from a diversity of professional disciplines share common, transtheoretical recommendations for counselling young men and whether therapists' diverge or align with the current scholarly discourse (Boerma et al., 2023) and available guidelines (APA, 2018a; APS, 2017; BPS, 2022). The aim of the following paper was to provide a qualitative account of experiences and recommendations from a diversity of practitioners who provide psychological treatment to young men. It is expected that an account of the experiences of Australian therapists will assist in developing region-specific knowledge of male-friendly practices whilst contributing to the broader Western literature on male-friendly counselling practices.

The content of chapter 4 is the final published version of a manuscript published in the journal *Counselling and Psychotherapy Research,* distributed by Wiley-Blackwell on behalf of the British Association of Counsellors and Psychotherapists (Q1 Journal; Impact Factor: 2.4). This journal was chosen for its focus on communicating qualitative research about clinical practice to practitioner and academic readers. Moreover, the articles of the journal frequently emphasise the dyadic interactions and therapeutic rapport between practitioners and clients rather than discussions of adherence to specific therapeutic modalities.

4.2. Published Paper

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ORIGINAL ARTICLE

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'It's all about rapport': Australian therapists' recommendations for engaging adolescent males in counselling and psychotherapy

Micah Boerma[1] | Nathan Beel[1] | Carla Jeffries[1] | Govind Krishnamoorthy[1,2]

[1]School of Psychology and Wellbeing, University of Southern Queensland, Ipswich, Queensland, Australia

[2]Center for Health Research, Manna Institute, University of Southern Queensland, Ipswich, Queensland, Australia

Correspondence
Micah Boerma, School of Psychology and Counselling, University of Southern Queensland, 11 Salisbury Road, Ipswich, QLD, 4305, Australia.
Email: micah.boerma@usq.edu.au

Abstract

Objective: What are the recommendations provided by Australian therapists to engage and retain adolescent males in psychotherapy? This question is considered in response to research highlighting low engagement and high premature dropout in psychological treatment among adolescent males in both Australia and other Western nations.

Method: Participants were 67 Australian mental health practitioners (35 psychologists, 20 social workers, eight counsellors, three psychiatrists and one occupational therapist) recruited through purposive sampling via professional association websites, publications and social media. Participants completed an open-question, web-based qualitative survey. Responses were analysed using inductive reflexive thematic analysis.

Results: Three themes and 10 subthemes were developed, including the following: (1) creating a context of safety; (2) undertaking practices that develop rapport and engagement; and (3) undertaking masculinity-aware adaptions to the therapy process.

Conclusion: The recommendations provided by Australian therapists align with the broader literature tasked with developing male-friendly interventions applicable and appealing to young men. Therapeutic relationships underpinned by masculinity-informed trust, commitment and collaboration may be a part of the remedy to young men's limited engagement and retention in therapy.

KEYWORDS
adolescent males, counselling, gender, masculinity, psychotherapy, thematic analysis

1 | INTRODUCTION

Australia aligns with global trends that show young males are reluctant to seek out, engage and remain in psychological treatment (Burke et al., 2022; de Haan et al., 2013). However, this developmental period appears critical for the trajectory of young men's mental well-being (Rice, Purcell, & McGorry, 2018), with approximately half of all mental health disorders developed by the age of 18 years and the peak age of onset being 14.5 years (Solmi et al., 2022). Despite this, young Australian males are a group at high risk of experiencing psychological distress yet are the least likely of any demographic group to seek out and engage with professional mental health

services (Islam et al., 2020; Slade et al., 2009). When young males do seek help, they attend fewer sessions than females (Seidler et al., 2020) and are more likely to discontinue therapy prematurely (de Haan et al., 2013).

The construct of masculinities remains a key determinant of young men's limited uptake of and engagement with mental health services (Rice, Purcell, & McGorry, 2018). In Western societies, socialisation to traditional masculine ideals of self-reliance, dominance and stoicism remains socially esteemed and internalised by young men (Evans et al., 2011; Kågesten et al., 2016). Qualitative studies have described how Australian young men view contact with mental health practitioners as akin to weakness, preferring to remain self-reliant and avoid feelings of shame that may accompany seeking help (Clark et al., 2018). When they do engage, young men have reported unfamiliarity with the process and tasks of therapy, and unease discussing emotions (Rice, Telford, et al., 2018), highlighting an apparent mismatch between psychotherapy and young men's preferences and relational styles (Kiselica, 2003). This mismatch has prompted calls for gender-sensitive adaptions to psychotherapy with young men to address the relative disparities in young men's uptake of and retention in psychological services (Rice, Purcell, & McGorry, 2018; Robertson et al., 2015).

In response to these calls, recent guidelines for psychological practice with boys and men have been produced espousing male-friendly adaptations (American Psychological Association [APA], 2018). *Male-friendly counselling* is considered a therapeutic approach that acknowledges the impact of masculinities and addresses men's reluctance to engage in psychotherapy by utilising interventions that appeal to them and their relational styles (Brooks, 2010; Kiselica, 2005). Scholarly reviews of male-friendly counselling with adult males have highlighted how adaptions to practice focus on appealing to men's preferences, such as utilising an action-oriented, problem-focussed approach, strength-based assessment and tailoring language to incorporate humour and self-disclosure to build connection (Beel et al., 2018; Seidler et al., 2018). However, primary data in these reviews were scarce, with the bulk of included texts being commentaries emanating from the United States. This is consistent with a review of male-friendly counselling with adolescent males, which highlighted a gap in both primary qualitative research and research outside the United States for this population (Boerma et al., 2023). As such, region-specific primary research from other Western nations is presently lacking.

Investigating therapist perspectives from other countries, such as Australia, is one avenue of research that may contribute to both knowledge of region-specific male-friendly practices and broader scholarly recommendations for counselling adolescent males from various cultural perspectives. Therapists' perspectives in qualitative research aid in identifying therapist factors and therapeutic approaches that facilitate or impede psychological treatment (Campbell & Simmonds, 2011; Ryan et al., 2021). Although a multicultural nation comparative to other Western nations, Australia maintains unique idealised hegemonic masculinities characterised by self-reliance, durability and nonchalant attitudes that are expected of males, both individually and as a group (Sharp et al., 2023). In part, adherence to these idealised Australian masculinities may both contribute to the reticence of some young men to engage in psychotherapy and influence how Australian therapists relate to and approach counselling with this population. Although two previous studies were identified that explored Australian therapists' perspectives on counselling adult men (Beel et al., 2020; Seidler et al., 2021), to our knowledge, no previous research has examined the experiences of Australian-based practitioners who provide psychotherapy to adolescent males. This aligns with broader research, indicating a gap in the literature of practitioners' perspectives of adapting counselling to the needs of young men (Grace et al., 2018; Johansson & Olsson, 2013).

Implications for Practice

- Male-friendly counselling practices can be incorporated into any counselling or psychotherapeutic encounter with adolescent males, regardless of the therapeutic modality used or the specific training of the mental health practitioner.
- Placing particular emphasis on rapport building and gaining commitment from adolescent males may benefit the engagement of young men in therapy.
- Interpersonal adjustments and deliberate interpersonal interactions by therapists framed through the knowledge of masculinity and gender socialisation may assist therapists in facilitating psychological safety for young male clients.

Implications for Policy

- This qualitative study is the first to explore recommendations from a diversity of Australian mental health practitioners who work with adolescent males. As such, the results both inform Australian perspectives and permit comparison with broader global research on male-friendly counselling.
- Therapists' current practice with adolescent males was largely informed by their previous clinical experience rather than from current practice guidelines or gender-sensitive training. Further research is needed to develop gender-sensitive guidelines that are informed by the experiences and perspectives of mental health practitioners who work with adolescent males.

1.1 | Aims

Despite the availability of mental health services, adolescent males underutilise and prematurely drop out of psychological treatment.

Therefore, exploring the experiences of Australian therapists may elucidate salient recommendations for male-friendly psychotherapy with adolescent males. The aim of this study was to complete an initial exploration of male-friendly practices derived from the experiences of a diversity of Australian therapists who provide psychotherapy to young men. The guiding research question was as follows: *What are the thematic recommendations provided by Australian therapists to engage adolescent males in counselling?*

2 | METHOD

2.1 | Design

This research collected a diverse range of data from mental health practitioners providing counselling to adolescent males in Australia. To achieve this, a cross-sectional, qualitative online survey was conducted. This method allows shared patterns of meaning to be generated across a diversity of therapists' experiences, perspectives and geographical locations (Braun & Clarke, 2021; McEvoy et al., 2021). The survey was first piloted with mental health practitioners (four psychologists, two counsellors and one social worker) to confirm that the survey questions were understandable and relevant to their practice (Braun et al., 2021). The study also adhered to the Consolidated Criteria for Reporting Qualitative Research (CORE-Q) checklist (Tong et al., 2007).

Participants first answered questions relating to demographic information, professional practice and whether they had completed specific training for counselling adolescent males. Participants then responded to open-ended questions related to their experiences and recommendations for engaging adolescent males (Table 1). Notably, two questions included in the survey were as follows: 'In your opinion, what things do you think are likely to be unhelpful in therapy when counselling adolescent males?' and 'In your opinion, what things do you think are likely to be helpful in therapy when counselling adolescent males?', which were adapted from the seminal American practitioner survey on helpful practices for working with males (Mahalik et al., 2012). Participants were provided an indefinite word limit for qualitative responses to provide as much depth as they liked.

TABLE 1 Qualitative questions on the therapists' experiences of counselling adolescent males in Australia.

1. What are the challenges you see arise when working with adolescent males?
2. In your experience, what do you think is important for mental health professionals to know about adolescent males as a unique population?
3. In your experience, what would you say is important for mental health professionals trying to connect with adolescent males in their counselling work?
4. In your experience, what have you found to be unique in the counselling process with adolescent males compared with other client groups over the course of therapy?
5. In your opinion, what things do you think are likely to be unhelpful in therapy when counselling adolescent males? Please give reasons
6. In your opinion, what things do you think are likely to be helpful in therapy when counselling adolescent males? Please give reasons

2.2 | Participants

Purposive sampling was used to recruit practitioners through professional association publications and social media groups. The inclusion criteria for participation included the following: identifying as a mental health practitioner, working in Australia and regularly providing individual therapy services (incl. telehealth) to adolescent males aged 12–18 years. Of the 104 participants who started the survey, 67 completed the full questionnaire, with their responses included in the final analysis. The final sample size is considered *mid-range* for this study following Braun et al.'s (2021) suggested guidance for text-based, qualitative research data. Participants were aged between 25 and 68 years (M_{age} = 42.64, SD = 11.43) and predominantly women (n = 59). The majority were psychologists (n = 35, 52%). Most participants practised in metropolitan areas (68%), in education (39%) or in private practice (36%), and most worked with clients in individual therapy (95%), with only a few indicating a combination of individual therapy and other formats (e.g., groups and assessments). Notably, 23 therapists indicated that they had a special interest in working with adolescent males, while 36 indicated a neutral interest and eight indicated no specific interest. Clinical experience (73%), supervision (58%) and independent learning/professional development (59%) were cited as primary sources of learning for understanding and counselling adolescent males in therapy. Full participant characteristics are presented in Table 2.

2.3 | Data collection

Ethics approval was obtained by the University of Southern Queensland Human Research Ethics Committee (#H22REA100). Approval to promote the study was also obtained from the major associations representing mental health professionals in Australia. The study was subsequently promoted by the Australian Psychological Society (APS), Australian Association of Social Workers, Australian Counselling Association, Psychotherapy and Counselling Federation of Australia, and the Royal Australian and New Zealand College of Psychiatrists via newsletters, listserv emails, unpaid social media sites (e.g., Facebook and LinkedIn groups), or research webpages for a 3-month period (14 July 2022–21 October 2022).

2.4 | Data analysis

The qualitative analysis software NVivo (v12) was used to code and classify data and develop themes. Inductive reflexive thematic

TABLE 2 Summary of participants' characteristics ($N = 67$).

	n	Range	Mean	SD	%
Total sample	67				
Age		25–68	42.64	11.43	
Gender					
Female	59				88.1
Male	8				11.9
Profession					
Psychologist[a]	35				52.2
Counsellor	8				11.9
Social worker	20				29.9
Psychiatrist	3				4.5
Occupational therapist	1				1.5
Years of experience		1–35	11.09	4.49	
0–5	21				31.3
5–10	16				23.9
10–15	8				11.9
15+	22				32.8
Hours practised per week		3–40	20.12	8.76	
Target group % of caseload					
0–25	28				41.8
25–50	19				28.4
50–75	11				16.4
75–100	9				13.4
Location					
Metropolitan	46				68.7
Regional	14				20.9
Rural	6				9.0
Remote	1				1.5
Sector					
Private practice	24				35.8
Health sector	7				10.4
Education sector	26				38.8
Community services	9				13.4
Other	1				1.5

[a]Inclusive of one provisional psychologist, who is considered a psychologist in training in Australia.

analysis, following Braun and Clarke's (2006, 2021) suggested protocol, situated within a critical realist worldview, was used to analyse these data. This method was used to answer the research question primarily from an inductive orientation to give voice to the participants, both in the semantic meaning of recommendations provided and in the perceived latent themes shared by therapists across the data set. The primary researcher (M.B.) coded the data using open coding to record data relevant to the research question and then clustered the coded data that appeared to have shared patterns of meaning into candidate themes (Braun & Clarke, 2021). A second researcher (N.B.) then reviewed the codes and candidate themes across the entire data set. The themes were then refined, provided with definitions and subsequently reviewed by the research team (M.B., N.B. and C.J.) until consensus of the final themes was achieved. M.B. then developed the written report that contained illustrative excerpts from therapists, indicated by their participant number, gender and profession (e.g., P33-F-counsellor) to represent participants' voices in relation to the developed themes that were agreed upon by the research team (see Table S1 for analytic process).

3 | RESULTS

Three themes and 10 subthemes were developed from the data set and are depicted in Figure 1. The themes are presented in a linear yet expectedly iterative progression from the commencement of therapy to continued therapeutic interactions. The themes highlight the need for therapists to (1) create a context of safety within their therapeutic work with adolescent males; (2) undertake practices that develop rapport and engagement; and (3) enact masculinity-aware adaptions to tailor the process and tasks of therapy to the needs of young men.

3.1 | Theme 1: Create a context of safety

A core notion held by many participants was the necessity for therapists to create a therapeutic space in which adolescent males felt psychologically safe and accepted such that they may express openly without feeling judged. A salient aspect of participants' responses was that although many of the recommendations provided and detailed in the proceeding theme could be regarded as conventional aspects of good practice, an awareness of masculinity perceived as threatened and unsafe in the therapeutic space was a consideration that was interwoven throughout many responses. Respondents described how attending counselling may violate traditional norms of masculinity for young men, such as toughness, stoicism and control. Thus, establishing a safe space was considered a necessary precursor to further therapeutic work. Participants consequently highlighted the need to convey welcoming relational qualities towards young men through intrapersonal adjustments and deliberate interpersonal interactions. This was thought to foster the necessary conditions for the client and therapist to explore previously uncontacted emotionality and vulnerability without shame:

> I spend a lot of time…building a sense of safety/trust before[hand] to set the pre-conditions for change/healing before I start what we are more likely to call "counselling".
>
> (P14-F-psychologist)

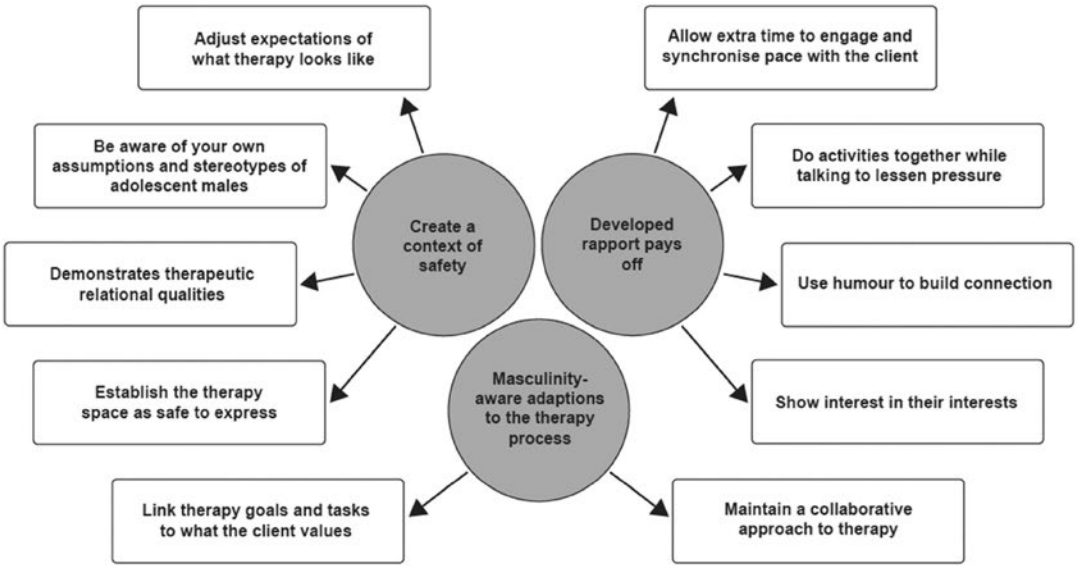

FIGURE 1 Thematic map.

3.1.1 | Adjust expectations of what therapy looks like

Participants emphasised the relative distinctiveness of what the process and progress of counselling may look like when working with adolescent males in contrast to other client populations, such as female or adult male clients, and urged therapists to adjust their expectations accordingly. The conventional requirements of counselling both expected and enacted by therapists, such as extended face-to-face contact, verbalisation of emotions and extensive questioning, were described as incompatible with how many young men build rapport and form relationships:

> ...this cohort is engageable, but expectations need to changed about what this looks like, that it may not look like the traditional model of treatment and engagement.
>
> (P37-F-social worker)

The notion of flexibility in therapists' perspectives and practice was emphasised by participants to accommodate the preferences of young men. Adaptability in response to each client's relative tolerance for assessment questions, emotive language and session duration was seen to increase the client's sense of comfortability in the therapy space:

> Being flexible to work together in a way that makes them feel most comfortable, which should be the starting point of building a trusting relationship.
>
> (P61-F-social worker)

3.1.2 | Be aware of your own assumptions and stereotypes of adolescent males

Participants advised that therapists should first reflect upon their own assumptions of adolescent males and the attitudes they hold towards masculinity. They described how therapists are not immune to holding critical assumptions and biases towards young men as a result of their own socialisation and suggested that unexamined and unfettered judgements impact the sense of safety and acceptance young men perceive in treatment:

> Leave your assumptions at the door. They deserve for us to take their unique identity and sense of masculinity with sincerity and respect, just like we would anyone else. The boys I have worked with have 'grown' the most when they are allowed to be themselves and the therapy room not being another arena of criticism and stereotypes.
>
> (P67-F-social worker)

Some negative stereotypes raised by participants included placing blame on young men for the challenges they are experiencing and their reluctance to receive support, the assumption that young males have deficits in their emotionality and that young men are often seen by therapists as '...future therapy failures' (P67). The implication of these descriptions is that if therapists do not consciously consider their implicit biases, they could inadvertently reproduce invalidating environments within the therapy space, thereby perpetuating gendered stereotypes and compromising the sense of safety for young men as clients. As such, participants

cautioned therapists to avoid holding negative attitudes towards adolescent males and relying on preconceived notions of young men in therapy and instead ground their interactions with a mindset of curiosity:

> Do not make assumptions or rely on stereotypes of what being 'male' is - be openminded to what the young person might be interested in, their values, and beliefs.
>
> (P46-F-psychologist)

3.1.3 | Demonstrate therapeutic relational qualities

As a response to acknowledging potential biases and stereotypes therapists may have towards young men, participants emphasised that interactions with male clients should be underpinned by an authentic, warm and non-judgemental approach. Many participants recognised the hazard in disconnecting from a therapeutic stance of empathy and unconditional positive regard and reverting to more judgemental interactions characterised by criticism and condescension:

> Judgment will not help. Accept them as they are (while seeing their potential and holding hope for a better future).
>
> (P50-F-psychologist)

One respondent spoke of the importance of explicitly communicating her stance towards issues and behaviours that may be sensitive for young men, such as substance use, which remains a concerning health challenge for this population (AIHW, 2021a):

> I also found it's very important to communicate I won't judge them about drug use, which is high, particularly in the Trades students.
>
> (P33-F-psychologist)

For this participant, the antidote to judgement is curiosity, allowing male clients to appraise their behaviours and their typical coping strategies in a safe and supportive environment:

> Being interested instead of judgemental, e.g., when told about drug use don't jump straight to 'you know it's dangerous to use drugs and operate the machines in the workshop - I'm going to have to talk to your teacher/employer'. Instead, 'do you think the drugs are helping? how? do you think they are affecting your work/study? how? do you think others have noticed?'
>
> (P33)

3.1.4 | Establish the therapy space as safe to express

Many participants resolved that connecting with and verbalising emotions remains a core aspect of effective therapy yet explained that many young men present as ill-equipped, aversive or resistant to engaging with their emotional selves. This was attributed to restrictive norms of masculine socialisation, reinforced by societal and peer expectations, that young men should conceal vulnerability and emotional expression to not appear weak. Hence, adolescent males may attend therapy ashamed and highly sensitive to the unspoken expectation to verbalise emotions and physically emote during therapy:

> They have been socialised to not share and their development emotionally may have been impacted by this, so they need to be taught what emotions are.
>
> (P39-F-psychologist)

Respondents took the position that the reason why many young men struggle with expressing their emotions is not due to a deficit in capacity, but rather a deficit in practice expressing a range of emotions. Thus, this premise inevitably implies that young men can expand their emotional literacy, yet participants cautioned that this would only succeed if young men perceived the therapist as safe to express with:

> They can and will talk, if you take the time to create the right conditions for them; you need to overcome their (often) lack of experience having conversations about emotional and social situations.
>
> (P47-M-psychologist)

Participants spoke of gradually incorporating emotional language into the discussion of events and consequences of significance to their clients. Participants highlighted the importance of therapists modelling appropriate emotional expressiveness and monitoring their own reactions to spontaneous displays of emotions in their clients to facilitate a sense of safety in vulnerability. Finally, participants described how therapy can be a unique opportunity for young men to safely reflect upon their idiosyncratic masculine identity and evaluate the assumptions they may hold that impede their willingness to express and seek out support:

> You have stacks of things to sift through - mostly peer, societal and family beliefs around "what a man is" and therefore adhering to unhelpful gendered stereotypes is still upmost important to adolescent males … which I see as a barrier to fully engaging properly in therapy and in being real about feelings and thoughts.
>
> (P2-F-counsellor)

Overall, the participants highlighted the importance of therapists creating a safe and accepting environment for adolescent males in

therapy. This includes avoiding critical assumptions and stereotypes and demonstrating authentic and non-judgemental interactions. Additionally, participants advised that therapists should make the therapy space a safe place for young men to express unfamiliar or uncomfortable emotions. This may involve teaching young men about emotions and helping them navigate societal expectations that may have impacted their emotional development.

3.2 | Theme 2: Developed rapport pays off

A key theme that was present across participants' responses was that therapeutic rapport is essential to engaging adolescent males meaningfully in psychological treatment. Considered more than an aspect of psychotherapy, participants denoted rapport as the cornerstone of psychological treatment with young men such that all other aspects of therapy are positioned in relation to the quality of the therapeutic relationship. Respondents described a general reluctance of adolescent males to engage in initial counselling sessions and emphasised how adapting to ways of relating that appeal to young men is crucial in building familiarity and trust. Rapport was portrayed as a hard-won task but invaluable once developed in facilitating young men in verbalising their inner experiences and committing to shared goals in therapy:

> It's all about rapport. If you can get their trust and for them to like you, they're more likely to share themselves and listen to what you have to say. Do whatever it takes to build rapport.
>
> (P8-F-psychologist)

3.2.1 | Allow extra time to engage and synchronise pace with the client

Respondents indicated that developing rapport with adolescent males was a much slower undertaking in contrast to adolescent females. Yet, once engaged, young men were viewed as being just as willing to participate in therapy. Thus, therapists should slow down the process of developing familiarity and synchronise with their client's pace:

> I have found that despite the counselling process being a slow start, once a strong trusting relationship is formed, young adolescent males are very willing to talk about how they are feeling and the challenges they face.
>
> (P41-F-social worker)

3.2.2 | Do activities together while talking to lessen pressure

It was emphasised that to build intimacy and trust in relationships, young men often engage with each other through shared activities, such as sports and video games, and that the dynamics of these interactions are typically less personalised. This contrasts with therapy conversations, in which many treatment modalities require the continual transaction of private, emotional exchanges. Respondents spoke of a figurative pressure that builds within some male clients as a response to extended periods of focus on their inner worlds. Thus, to mitigate potential unease that adolescent males may experience in dyadic discussion, therapists recommended strategies that appeal to their preferred relational styles:

> Sitting and sharing is not their natural go to, so like when working with kids, having an activity and talking while doing it reduces the anxiety and assists conversation to flow.
>
> (P7-F-counsellor)

Doing activities together was believed to lessen pressure on young men as the shared experience shifts the focus away from more emotionally intense personal relating. Nontypical therapy activities were encouraged by respondents in the effort to relieve potential pressure clients may experience when expected to talk at length about themselves:

> Sometimes having a task to do while talking, so like playing hackey sack, or a game, is often how adolescent males in my experience feel more open in the counselling process. It lessens the pressure off them to 'bare all.'
>
> (P2-F-counsellor)

3.2.3 | Use humour to build connection

Maintaining a warm, conversational style of communication that incorporates humour was often emphasised as an inlet to deeper intimacy with young men. Participants spoke of the need '… to bring appropriate humour and playfulness into the therapy context' (P47) as a means of diffusing tension and breaking down barriers between therapist and client:

> The judicious use of humour and plenty of warmth are really valid tools for engagement.
>
> (P52-F-social worker)

3.2.4 | Show interest in their interests

A recurring pattern across participants' responses was the need for therapists to present as genuinely engaged in the interests and pursuits of their young male clients. Rather than being perceived as waylaying therapy progress, these expansive discussions were seen by therapists to be important for both developing greater therapeutic rapport and understanding clients' motivations, passions, strengths and their broader social environment:

> It is truly amazing what can be gained from talking about their interests. Talking about sports will lead to discussion of friendships in the team, who takes them, who mentors them. Discussion about music will lead to what calms them down, what lyrics impact them. Talking about school will lead you to their sense of connectedness to it.
>
> (P60-F-psychiatrist)

Therapists explained that by allowing young men to share their interests at length, it provides opportunity for their strengths and personal qualities to be acknowledged, in contrast to a singular focus on their current symptomology and challenges:

> I've had students show me their favorite music, video games, books, hobbies, it gives them a chance to demonstrate knowledge, skill, expertise and have an adult just be interested in them.
>
> (P33-F-psychologist)

Recognising the significance of well-established rapport on any ensuing psychological treatment with adolescent males was underscored as a crucial therapeutic task. This process in therapy acts to reinforce the context of safety offered to young men in male-friendly therapy, develop familiarity and trust between the therapist and the client, and connect the dyad to future therapy tasks undergirded by the client's motivations and goals.

3.3 | Theme 3: Masculinity-aware adaptions to therapy process

Participants portrayed adolescence as a critical time for males in developing their autonomy and independence and emphasised how a sense of control in therapy appears significant for young men. Many young males attend therapy at the request or mandate of others, such as parents and schools (de Haan et al., 2013), and participants explained that the therapeutic relationship can be strained from the onset if therapists are perceived as aligning with caregivers. This pathway into treatment may adversely impact young men's attitude and motivation to engage. Moreover, participants spoke of how young men strive to present as self-reliant and independent, and suggested that these behaviours seek to uphold their image of manhood. Thus, the implication of this theme is that therapists may facilitate choice and decision-making in therapy where appropriate with young men to intentionally position the young male as the primary client, uphold their sense of choice and respect, and enhance their engagement by establishing a sense of possession of their goals:

> Specifically at this time they are seeking to develop independence and they benefit from a sense of agency and appropriate (respectful) control, you can provide this in a safe therapeutic space.
>
> (P14-F-psychologist)

3.3.1 | Maintain a collaborative approach to therapy

As noted, given the oft-mandated entry to therapy, developing a collaborative relationship with young men which imparts choice and responsibility to them was emphasised to reduce the distance between therapist and client and enhance their commitment to therapy:

> Genuinely being collaborative. Boys can feel that they are a problem for their parents and counsellors to fix. Being collaborative and giving them some autonomy allows for them build a sense of ownership and participation. This means counsellors cannot be experts, they cannot be authority figures.
>
> (P19-F-psychologist)

Participants explained that a central task in developing a collaborative relationship is to socialise clients to therapy. This includes providing transparency of the tasks and process of therapy, explaining reasons why a specific intervention is offered and positioning the young male as the primary client, rather than their parents. These approaches aim to ease adolescent males' apprehension of involuntary participation by providing education and choice of the psychological intervention they receive to increase their commitment to engaging in therapy:

> Check and collaborate about the focus of the counselling and therapy. Ensures (sic) the session and interventions are focused on what he wants and values.
>
> (P32-F-psychologist)

3.3.2 | Link therapy goals and tasks to what the client values

In Theme 2, the importance of therapists being attentive to the interests and perspectives of their male clients was highlighted, while the previous subtheme recommended therapists position the young men as the primary client. The current subtheme extends this guidance by emphasising the need to incorporate the concerns of young male clients into collaborative therapy goals that are meaningful and relevant to them. Yet, participants acknowledged the need to balance the needs of young men as their primary clients with the parallel concerns and perspectives of caregivers and other referrers. Participants cautioned that undertaking therapy with goals exclusively set by others risks disengagement or reactance by adolescent

clients yet maintained that effective therapy goals incorporated psychological and behavioural changes that benefit both the client and others. As such, respondents recommended that therapists explore therapy goals that are relevant to young males to gain commitment, but also positively influence their extended social context:

> Spending time getting buy in from the client: why is this important for them and what will they get from it? Even if that is mum off their back, less suspensions at school, better relationships with who they are dating. Buy in works.
>
> (P42-M-social worker)

Respondents recommended that a clear connection between the reason for referral and practicable outcomes relevant to their client be established early on in therapy to direct progress and between-session tasks. Although participants indicated that many young males prefer to be task-focussed and action-oriented in therapy, a connection between how their emotions influence their behaviour was underscored as an important aspect of goal setting and how underlying skill could be developed:

> Although they can be rational and like problem solving, it needs to be connected to how they feel and tangible outcomes that they care about for them to buy in.
>
> (P19-F-psychologist)

Many young men are referred at the concern of others and make initial contact with mental health services with less than favourable attitudes towards therapy. The recommendations provided by participants in the third theme aim to empower adolescent males to take control of their own experiences of therapy and collaborate on goals meaningful to them with their therapists.

4 | DISCUSSION

This study sought to collate recommendations for counselling adolescent males from a diverse sample of mental health practitioners in Australia. This is the first known qualitative study to explore how Australian therapists adapt their practice to engage and retain young men in counselling and psychotherapy and build upon the small body of research examining Australian therapists' perspectives of providing psychological treatment to men (Beel et al., 2020; Seidler et al., 2021). As discussed below, the recommendations provided by Australian therapists are in consensus with the experiences of both therapists and adolescent male clients from other Western nations. This implies that the principles of male-friendly counselling espoused by Australian therapists are applicable to the broader trends of gender-sensitive psychotherapy for young men.

As reflected in Theme 1, creating a safe and accepting environment for adolescent males was indicated as a precursor to deeper therapeutic interactions. Young men in previous qualitative research have described how engaging with mental health professionals can be intimidating and threaten their sense of masculinity (Sagar-Ouriaghli et al., 2020). Adolescent clients report initially feeling vulnerable in receiving help, and ambivalent or distrustful towards therapists due to limited choice in initiating therapy and parental involvement (Binder et al., 2011; Gibson et al., 2016). Moreover, some young men have indicated that discussing emotions with therapists is confronting and intrusive as it signifies to them that their problems are genuine, thus leading to greater self-stigmatisation (Clark et al., 2018). Thus, a sense of threatened masculinity and consequential self-stigma appear salient barriers to young men's perceptions of safety in therapy (Sagar-Ouriaghli et al., 2020). Therapists in the current study suggest that adaptions to intrapersonal attitudes and interpersonal exchanges may reduce initial reluctance and unease experienced by young men contacting mental health services. A key recommendation included offering non-judgemental spaces where therapists can employ curiosity to explore the influence of beliefs related to masculinity on young men's identity, current coping strategies and expression of emotions. Non-judgemental stances—unencumbered by therapist assumptions and biases of masculinity-related norms—were seen to uphold respect for client autonomy, which remains a current ethical guideline for many professions (APS, 2017), yet also allow therapists to support male clients in safely reflecting upon their masculinity without implicitly impinging their own judgement or values onto young men in the therapeutic space. Overall, it appears crucial to develop safety and trust quickly in the therapeutic relationship to reduce uncomfortableness and premature disengagement.

Theme 2 builds upon Theme 1 and highlighted the importance of building rapport with adolescent males to keep them engaged in therapy. Respondents encouraged therapists to adapt their therapeutic approach to align with the relational styles of young men. This is consistent with the existing Western literature and guidelines emphasising gender-sensitive adaptions that accommodate the preferences of adolescent males of diverse backgrounds to enhance engagement (APA, 2018; Kiselica, 2003). Participants emphasised engaging in activity together and extending the time discussing young men's unique interests as formative in building familiarity and rapport. Additionally, this extended focus on rapport-building tasks affords therapists the indirect opportunity to explore each young male's individual beliefs about mental health and masculinity when discussing his interests and worldview, which may progressively inform their approach to further rapport-building and latter therapy goals. As proposed by Sagar-Ouriaghli et al. (2020), initially shifting focus away from mental health with male clients may paradoxically promote connectedness and trust with the therapist. The findings from the current study support research recommending therapists incorporate humour and play into therapy (Kiselica, 2003), allow extra time for young men to develop trust (Binder et al., 2011; Stige et al., 2021) and prioritise the interests and concerns of young men (Robertson et al., 2015).

The final theme highlighted masculinity-informed adaptions that may be applied to enhance adolescent males' engagement in the tasks of therapy. Masculinity is a central component of young men's psychological treatment (Boerma et al., 2023), and previous qualitative research has highlighted the importance adolescent males place in maintaining a sense of control in therapy to uphold internalised masculine ideals, as well as the perceived vulnerability they may experience when relinquishing that control to health professionals (Gibson et al., 2016). Yet, young men are predominantly referred by and for the concerns of others (de Haan et al., 2013). This may result in less-than-optimal initial contact and stymie the development of perceived autonomy in therapy (Stige et al., 2021). Moreover, autonomy in therapy remains pivotal for men across the lifespan, with a lack of perceived autonomy contributing to therapy disengagement in adult males (Kwon et al., 2023). Thus, it appears crucial to be collaborative and offer autonomy and choice to young men, despite their initial pathway into counselling, and link therapeutic goals to their desired outcomes. Addressing issues of therapist authority, alignment with caregiver concerns and the focus of goals and content discussed in therapy appear to be important considerations for developing a collaborative therapeutic alliance for both therapists and adolescent clients (Binder et al., 2008; Gibson et al., 2016). Choice and autonomy are positioned by therapists in our study as key facilitators of retaining young men in counselling and align with previous guidance advocating egalitarian relationships and shared decision-making in therapy with males (Boerma et al., 2023; Seidler et al., 2018).

Overall, the findings from this study demonstrate how therapists are clearly tasked with approaching rapport-building differently with adolescent males. Respondents' recommendations of conveying acceptance, interest and respect towards young men denote an underlying commitment and therapeutic stance therapists must possess towards young men if they are to engage this population meaningfully. This aligns with previous qualitative research with young men and therapists who recognise the unique challenges of building rapport within the context of adolescent development and traditional masculine norms. Both seemingly suggest that for therapy to be effective, a different way of relating in the therapeutic space is necessary. For example, studies exploring adolescent males' perspectives indicate that they often prefer a therapeutic relationship characterised as a friendship with a competent adult, rather than a hierarchical relationship between practitioner and patient (Binder et al., 2011; Gibson et al., 2016). As independence from caregivers remains a central task of adolescence, it is suggested that adolescent clients may have a stronger commitment to supports that advocate their autonomy (Gibson et al., 2016). This may be a novel encounter for young men, who may benefit from a close relationship with an adult outside their familial and social milieu that permits both autonomy and choice, yet also deep connection (Binder et al., 2011).

Therapists too highlight the difficulties in developing a therapeutic relationship with young men who may be ambivalent, resistant or ashamed to be receiving psychotherapy. Derived from their own experiences counselling this population, therapists have indicated how they adapt their practice to propitiate young male clients in therapy. For some, enabling young men to determine the conditions of contact and therapy goals while being authentically interested in their concerns reduces potential reluctance to engage and conveys commitment and egalitarian respect (Binder et al., 2008; Johansson & Olsson, 2013). For others, normalising mental distress and psychotherapy for young men is primarily achieved through creating safe and meaningful relationships that validate the unique challenges they face. This is accomplished through a strength-based approach that emphasises positive aspects of young men's masculinity (Grace et al., 2018). Our findings support these views and suggest that therapists should prioritise relational adjustments in therapy with young men to facilitate an environment of safety, and esteem practices that support autonomy and choice for young men.

The aforementioned relational dimensions underpinning these therapists' recommendations appear to be largely absent in the discourse in practice guidelines for working with men and boys (APA, 2018; APS, 2017), showing a possible disconnect with practitioner-derived recommendations. We recommend authors of treatment guidelines ensure consideration of research, inclusive of the views and experiences of practitioners working with adolescent males, when formulating psychological practice guidelines. This is to help ensure the guidelines meaningfully connect to therapeutic contexts, given practitioners are primary target audiences for the guidelines, and also serve as the interface that connects clients and treatment provision. Respondents in this study largely drew upon their clinical experience and emphasised the importance of acceptance and relational qualities actively conveyed by therapists towards young men in order to keep them engaged. This research adds to practitioner-based findings that can inform scholarship and guidelines for working with young men.

The findings from this study offer an Australian perspective of gender-sensitive practices for psychotherapy with young men yet must be considered in the light of the study's constraints. The focus of the survey could have attracted practitioners with a specific interest in or ideological perspective of gender-sensitive therapy with young men. However, most participants (65%) indicated either neutral or no specific interest in working with young men and reported clinical experience (73%) as their primary source of learning, suggesting a more diversified sample of practitioners. Moreover, a majority of respondents were female (88%). This gender split is commensurate with current mental health workforces among Western nations (AIHW, 2021b; APA, 2015). In the current study, no differences were identified in the data set between the male and female respondents in how they related to adolescent male clients. Currently, the impact of therapist gender on therapeutic engagement and outcomes in adolescent counselling remains equivocal (Ryan et al., 2021); however, we speculate that the gender of therapists may offer some distinct influences on the therapeutic alliance. Young males may perceive a maternal quality in female therapists, which may influence their comfort in displaying emotions, while male therapists may model

flexible and expansive representations of masculinity. However, future research is needed to explore this avenue of inquiry.

The use of open-ended online survey questions permitted extensive responses from participants, yet it did not allow us to clarify the responses, particularly to determine whether some recommendations were inexplicitly directed towards working with particular subgroups of adolescent males of differing racial and cultural backgrounds. Although the previous literature has encouraged practitioner awareness to the diversity of how masculinity is expressed within and between cultures and has proposed specific considerations for different populations (e.g., Horne & Kiselica, 1999), the impact of intersectional social identities on men's lives remains a growing area of research that may offer an additional lens for therapists to possess in therapy with males (Wong et al., 2017). In contrast to Mahalik et al. (2012), where US therapists identified the importance addressing diverse sociocultural identities with men, the recommendations provided by respondents in the current study focus on an awareness of how the masculinity of their client may influence engagement in therapy, and, accordingly, how therapists can adapt their practice to be more male-friendly. As conformity to harmful stereotypical masculine gender norms, such as toughness, dominance and avoidance of emotions, appears strongest in adolescence for males (Kågesten et al., 2016), we contend that therapists in the current study view addressing masculine norms that may impede engagement in therapy an essential task to initially complete. Thus, although generalisability should not be claimed, we do claim broader relevance for the findings as they align with current guidelines for psychological practice with boys and men (APA, 2018), scholarly reviews (Boerma et al., 2023) and therapists' and clients' perspectives (Gibson et al., 2016; Johansson & Olsson, 2013). Future research may explore the themes of intersectionality and masculinity in greater depth and compare their relative importance to both practitioners and young men receiving psychotherapy, perhaps in paired-dyad studies. In addition, ascertaining whether young men find reviewing the concept of masculinities early in therapy may speak to their perspectives of its utility as a therapeutic task. Finally, exploring the experiences of caregivers and therapists who strive to provide autonomy to young men in therapy may inform areas of strength and weakness in this approach.

5 | CONCLUSION

Concern remains given that adolescent males tend to underutilise mental health services and maintain a high rate of therapy dropout. Several thematic recommendations have been developed from responses provided by Australian practitioners on how to engage and retain young men in psychotherapy. Despite diversity in mental health professions represented, there was broad agreement on therapeutic practices that are likely to appeal to and suit young men. These male-friendly practices not only extend past physical and interactional adaptions to therapy but also require therapists to assume a stance of acceptance and positive regard towards young men in therapy. The findings provided by Australian therapists align with previous research from Western nations and emphasise the importance of creating safe and accepting spaces for adolescent males, building rapport through activity and time together, and offering autonomy and control in therapy.

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CONFLICT OF INTEREST STATEMENT

No potential conflict of interest is known by the authors to disclose.

ORCID

Micah Boerma https://orcid.org/0000-0002-7053-5110
Nathan Beel https://orcid.org/0000-0002-1248-1417
Carla Jeffries https://orcid.org/0000-0001-6217-6739
Govind Krishnamoorthy https://orcid.org/0000-0003-1515-1103

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AUTHOR BIOGRAPHIES

Micah Boerma, MClinPsy, is a clinical psychologist and PhD candidate at the School of Psychology and Wellbeing at the University of Southern Queensland, Australia. His doctoral research explores examining scholarly, practitioner and client perspectives of transtheoretical male-friendly counselling practices for adolescent males.

Nathan Beel, PhD, is a counsellor in private practice and an adjunct senior lecturer with the University of Southern Queensland. He has published in male-friendly counselling and telehealth.

Carla Jeffries, PhD, is an academic at the University of Southern Queensland, Australia, teaching and researching in the psychology discipline. Her main areas of interest are intergroup relations and group processes and online behaviour.

Govind Krishnamoorthy, PhD, is a clinical psychologist and senior lecturer in the School of Psychology and Wellbeing at the University of Southern Queensland. His research and clinical practice focusses on improving the mental health and educational outcomes for children and adolescents from marginalised backgrounds.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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4.3. Implications and Link to Next Chapter

The significance this article was that it was the first qualitative study to explore the recommendations of Australian therapists on engaging young men in psychotherapy. In contrast to Mahalik et al. (2012), who surveyed a sample of 475 American psychologists who work with boys and men, this study surveyed therapists from various disciplines who provide counselling to young men to ascertain interdisciplinary recommendations. Analysing how practitioners from various disciplines adapt their practice when working with young men aids in developing transtheoretical themes for a conceptual framework (Jabareen, 2009). Therapists highlighted the need for deliberate interpersonal interactions and intrapersonal adjustments to quickly engage adolescent males in psychotherapy. It was clear across responses that the conventional requirements of therapy are incompatible with how many young men build rapport. Akin to the APA practice guidelines (APA, 2018a), addressing masculinities in the therapeutic space was a key consideration, yet therapists demonstrated an acute awareness of the need to adjust their practices to appeal to young men at the commencement of therapy to keep them engaged. Being collaborative and adaptable were central recommendations provided by therapists to build rapport with young men. Notably, therapists emphasised the need to develop goals that are intrinsic and meaningful to young male clients to increase their commitment to the proceeding tasks of therapy. As many young men are referred by others, solely focusing on referrer goals may risk both disengagement and reactance by the client. Autonomy in therapy emerged as a key concern for young men and became a focal point for further examination in paper 3. Moreover, it remained unclear whether the recommendations provided in both the scholarly literature, and by therapists from a range of disciplines, align with the actual experiences of young men who have received male-friendly counselling. As such, the bridge between therapists' recommendations and client and caregiver experiences will be explored in paper 3.

CHAPTER 5: PAPER 3: MALE-FRIENDLY COUNSELLING FOR YOUNG MEN: A THEMATIC ANALYSIS OF CLIENT AND CAREGIVER EXPERIENCES OF MENSLINK COUNSELLING

5.1. Introduction

Another important finding drawn from the QSLR was that little research has been published that specifically examines adolescent males' experiences of receiving counselling. Young men are not uncommon participants of qualitative counselling-based research yet are frequently underrepresented in counselling experiences research (Dimic et al., 2023). For example, the percentage of male participants in three previous, region-specific studies from Australasia that examined adolescents' experiences of counselling were 33% (Watsford & Rickwood, 2012), 27% (Gibson et al., 2016), and 19% (Stubbing & Gibson, 2022). In part, this may reflect young men's relative reluctance to engage in community mental health services in contrast to young women (Seidler, Rice, Dhillon, et al., 2020), which resultantly diminishes their availability to participate in research. Moreover, only two studies that included adolescent male participants were captured in the QSLR. The first included a mixed-method study that utilised a general session evaluation questionnaire and broad, open-ended questions about experiences (Dunne et al., 2000), while the second focused upon adolescent males' views and attitudes towards receiving counselling, with only 12% of the sample reporting they had actually used a service (Smith, 2004). Thus, to date limited region-specific research exists that explores young men's experiences of counselling, and none that explores their experiences of male-friendly counselling practices.

This is a notable gap in the current literature, as a range of recommendations have been propounded over the last decade to promote engagement in therapy amongst men

(APA, 2018a; APS, 2017). Yet, these guidelines highlight that the recommendations remain aspirational in intent (APA, 2018a), and have subsequently not been determined yet as more effective than gender-neutral practices. Largely, the proposition stands that many of these recommendations act as "best bets" (Rice, Telford, et al., 2018, p. 64), derived from consumer attitudes research and service provider experiences (Grace et al., 2018; Robertson et al., 2015). Both qualitative and quantitative attempts to examine men's experiences of gender-sensitive counselling in contrast to gender-neutral are absent in the literature. For example, Seidler and colleagues attempted to quantify the efficacy of gender-sensitive practices for male clients via practitioner' self-reported competency following their completion of a 6-week, self-directed, gender-sensitive training course for counselling men (Seidler, Wilson, et al., 2023; Seidler, Wilson, Toogood, et al., 2022). However, this only examined practitioner's experiences and self-reported efficacy to engage male clients, rather than explore male clients' actual experiences of receiving a gender-sensitive, mental health service. Importantly, acceptability of gender-sensitive adaptations by young men remains a key factor in their subsequent contact and engagement in services (Sagar-Ouriaghli, Godfrey, et al., 2020). In sum, understanding how adolescent males experience gender-sensitive counselling appears crucial to ascertaining salient adaptations that influence their engagement.

One finding from paper 2 presented in the previous chapter was that therapists emphasised the need to develop young men's agency and autonomy to gain their commitment to the process and tasks of therapy. This raised the question of how male-friendly therapists may effectively do so when young men's access to counselling services is predominantly facilitated by caregivers (Block & Greeno, 2011) who may hold their own goals and agendas for counselling. Thus far, paper 1 and 2 primarily focused upon "in the therapy room" adaptations that practitioners can make to engage young men more meaningfully, yet, in

attempting to answer the questions raised, it resultantly necessitated a shift in focus to the broader context of young men's access to psychological treatment. Adolescent male's access to counselling services is influenced—and predominantly contingent upon—caregivers' support. Expectedly, parental influence on their adolescents help-seeking for mental health problems wanes over the course of the adolescent developmental period as they develop greater independence (Rickwood et al., 2015). Yet, during this period, the goals and reasons for accessing mental health services may differ between young men and their caregivers. This tension is highlighted in the broader literature in adolescent psychotherapy, where young people often esteem therapy that respects their autonomy and control (Gibson et al., 2016; Stubbing & Gibson, 2022). This problem appears unique to boys and adolescent males, in contrast to adult men, who near always facilitate their own access—unless they have been court-mandated—via their own help-seeking, or via recommendation from their physician or family and friends (Seidler, Wilson, Walton, et al., 2022). As such, an additional focus of this paper was to understand what features of a gender-sensitive service are salient to both young men and their caregivers. Additionally, it aimed to further understand issues, such as choice and control, that arise between adolescent clients and their caregivers in therapy.

The content of chapter 5 is the final published version of a manuscript published in the journal *Australian Psychologist* distributed by Taylor and Francis on behalf of the Australian Psychological Society (Q1 Journal; Impact Factor: 2.0). This journal disseminates Australian-focused research to practicing mental health professionals and policymakers, with a focus on mental health and wellbeing. Readers may notice that, although the mean age of participants first contact with Menslink was 16.8 years, some participants included were over 18 years. This was due to the service accommodating for young men aged 12–25 years.

5.2. Published Paper

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ORIGINAL ARTICLE

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Male-friendly counselling for young men: a thematic analysis of client and caregiver experiences of Menslink counselling

Micah Boerma[a], Nathan Beel[a], James T. Neill[b], Carla Jeffries[a], Govind Krishnamoorthy[a] and Jonathan Guerri-Guttenberg[b]

[a]School of Psychology & Wellbeing, University of Southern Queensland, Ipswich, QLD, Australia; [b]Discipline of Psychology, University of Canberra, Canberra, ACT, Australia

ABSTRACT

Objective: Across the lifespan, young males in Australia who are experiencing mental health problems report the lowest rates of seeking professional care. The aim of this qualitative study was to explore the experiences of young men and caregivers who received male-friendly counselling from a male-specific service in Australia

Method: Semi-structured interviews were conducted with 14 young men who had received counselling, and 27 caregivers who facilitated access to Menslink counselling in Canberra, Australia. Inductive thematic analysis was completed to analyse the data

Results: Four themes were developed: (1) engaged out of desperation; (2) appeal of Menslink service; (3) counsellor more like a professional "friend"; and (4) counsellor prioritised my autonomy

Conclusion: The findings confirm the suitability of previously recommended adaptations to counselling to engage young men and emphasise the role of caregivers in facilitating access to support. The themes also provide direction for practical adjustments to service delivery that mental health services and clinicians can make to address personal and structural barriers impacting young men's service contact and engagement. This study contributes to the growing literature examining the benefits of male-friendly counselling practices in psychological treatment for young men.

KEY POINTS

What is already known about this topic:

(1) Adolescent and young men face personal and structural barriers to help-seeking despite experiencing significant rates of mental illness in Australia.
(2) In recent years, male-friendly adaptations to clinical practice have been proposed to engage young men in psychotherapy.
(3) Little is known about how both young men and caregivers who facilitate access experience male-friendly counselling.

What this topic adds:

(1) Male-friendly adaptations akin to those proposed in the literature enriched the counselling experience of young men and their caregivers.
(2) Young men valued a counselling service dedicated to them which consequently reduced the stigma associated with seeking support.
(3) Low-cost and timely services, the availability of male clinicians, and clinicians who supported the autonomy of young men were salient facilitators to their service engagement.

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International literature has shown that adolescent and young men (12–25 years) face discrete barriers to engaging in mental health services despite evident need (Patton et al., 2018; Rice, Purcell, et al., 2018). Suicide remains the leading cause of death among young Australians aged 15–24 years (Australian Institute of Health and Welfare [AIHW], 2023), with young men being 2–3 times more likely than female peers to die by suicide globally (Glenn et al., 2018). Moreover, young men are more likely than young females to misuse alcohol and other drugs, be diagnosed with conduct and behavioural disorders, and experience and perpetrate interpersonal violence (Bilsker et al., 2018; Rice, Purcell, et al., 2018). Despite these vulnerabilities, young men are the least likely of any demographic group across the lifespan to access

CONTACT Micah Boerma u1141035@umail.usq.edu.au
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mental health services for professional support (Slade et al., 2009), and have higher rates of premature drop-out from therapy than female peers in Australia (Seidler et al., 2020).

Both personal and structural barriers are implicated in young men's delayed help-seeking (Rice, Telford, et al., 2018; Shepherd et al., 2023). Rigid adherence to traditional masculine norms, such as stoicism and self-reliance, remains a key determinant of young men's willingness to seek support in the literature (Affleck et al., 2018; Seidler et al., 2016). In addition, lower mental health literacy, perceived social stigma, preference for informal supports, and incompatibility with available mental health services are further factors that intersect with male role expectations and influence the intent of young men to seek professional support (Clark et al., 2018; Gulliver et al., 2010; Radez et al., 2021; Rice, Telford, et al., 2018). These barriers can stymie or delay first contact with psychological treatment and negate the potential benefits of early intervention (Rice, Purcell, et al., 2018).

In recent years, the response to these barriers has been the development of gender-sensitive practice recommendations for boys and men by professional associations (American Psychological Association [APA], 2018; Australian Psychological Society, 2017). Founded on existing research and theory, these approaches emphasise the need to adjust conventional psychological interventions to engage boys and men more effectively (APA, 2018). Relatedly, the Australian National Men's Health Strategy for 2020–2030 includes principles about acknowledging gender as a determinant of boys and men's wellbeing and applying a gendered lens to the needs and preferences of males in service design, promotion, and delivery (Department of Health, 2020). This departure from gender-neutral approaches in mental health treatment reflects growing recognition of gender as a salient factor in young men's uptake in services (Patton et al., 2018; Robertson et al., 2015).

Male-friendly counselling refers to gender-sensitive practices for engaging males in psychological treatment encompassing a range of pre-contact and in-session adaptations to address personal and structural barriers. In-session adjustments include utilising solution-focused, action-oriented approaches in therapy, positively framing masculine strengths, adjusting language and clinical settings to align with male relational styles and preferences, demonstrating non-judgemental attitudes and empathy towards young men, incorporating humour and client-specific metaphors, and providing choice and autonomy in therapeutic interactions (Baker & Rice, 2017; Liddon et al., 2019; Robertson et al., 2015). To address structural barriers, feedback from focus groups with Australian service providers and young men includes targeted messaging from male role models advocating the benefits of help-seeking, availability of male clinicians, providing mental health education in school and community environments where young men congregate, and inter-agency partnership to enable positive initial contact after referral (Rice, Telford, et al., 2018).

Caregivers may impede or facilitate young men's access to professional support and play pivotal roles in their continued engagement (Block & Greeno, 2011). While parental influence on young people's access to treatment diminishes as adolescents grow older (Rickwood et al., 2015), their perspectives and priorities can impact access to treatment. Caregiver concerns regarding service cost and affordability, perceptions of counsellors' competency and authenticity, and their view of whether acute problems have been resolved influence adolescent treatment discontinuation (Block & Greeno, 2011). Moreover, research highlights that young people value control, confidentiality, and autonomy in therapy (Gibson et al., 2016; Stubbing & Gibson, 2022), which can often clash with their caregiver's goals for counselling (Block & Greeno, 2011). As caregivers largely facilitate access to care, they must also be engaged with a service for young men's continued engagement. Thus, male-friendly services should also consider caregiver perspectives, whilst balancing young men's autonomy.

To date, many of the best practice recommendations in the literature about male-friendly adaptations are derived from theory (Addis & Mahalik, 2003; Boerma et al., 2023), practitioner perspectives (Kiselica et al., 2008), and focus groups canvassing young men about their preferences for mental health support (Lisk et al., 2023; Rice, Telford, et al., 2018; Robertson et al., 2015), yet it is unclear whether these recommendations translate into improved therapeutic experiences for young men as they have not been subject to formal evaluation (Bilsker et al., 2018). As explained by the APA practice guidelines for working with boys and men, the included recommendations are aspirational in intent, and aim to improve clinician and service provider's delivery of gender-sensitive adaptations to treatment for boys and men founded upon the extant literature (APA, 2018). A crucial step forward in developing effective male-friendly interventions for young men involves gaining client feedback on male-friendly services (Rice, Telford, et al., 2018). This would iteratively enhance co-designed services based upon consumer feedback (Baker & Rice, 2017).

Despite these recent publications of guidelines for psychological practice with boys and men, no research in Australia has examined the experiences of young men who have received male-friendly counselling. Moreover, little is known about how caregivers – who generally facilitate access to professional support for adolescent males – experience services dedicated for young men. Clients who receive therapy that matches their preferences are less likely to discontinue treatment prematurely (Swift et al., 2018). Accordingly, gaining feedback from young men who have received tailored counselling appears crucial to refining male-friendly practices and service delivery (Rice, Telford, et al., 2018). The aim of this study was to explore the experiences of young men and their caregivers who have received counselling from a male-friendly service provider (Menslink) to better understand the practices that enhanced the quality of their experience. The guiding research question was: *what are the experiences of adolescent males and their caregivers who have accessed a gender-sensitive counselling service?*

Method

Menslink

Menslink is a not-for-profit organisation funded by the Australian Capital Territory (ACT) government, sponsorship, and fundraising located in Canberra, ACT, that offers tailored support services to young men and their families through various programs. These services include individual counselling, youth mentoring, and masculinity-informed presentations in schools and organisations (e.g., Calear et al., 2021). The Menslink counselling service provides no-cost, confidential support for young males aged between 10 and 25 years who are referred for a range of psychosocial issues, such as anger, depression, substance use, relationship issues, and behavioural misconduct. This service has been specifically developed to meet the preferences of young men, including relaxed, male-friendly counselling offices, nonclinical conversational styles, and approaches that emphasise young men's positive masculine strengths. All counsellors employed by Menslink are male and possess post-graduate qualifications in counselling. Hence, Menslink counsellors act as both adult male role models and clinicians who can support young men with practical support and advice. Menslink works alongside other mental health service providers, school wellbeing staff, and community and tertiary mental health services to support young men's mental health needs. Although young male clients attend an average of four sessions with Menslink, some attend once or twice and are referred to more specialist services, while others remain engaged with Menslink counselling for several years.

Participants

Out of a sample of 41 participants, 27 (66%) were caregivers (5 males, 22 females), while 14 were past clients of Menslink counselling. The higher percentage of caregivers reflected that they were often the primary contact for young men who engaged with the service, whilst the higher proportion of female caregivers reflected that whilst Menslink was occasionally contacted by fathers and guardians, they were predominantly contacted by single mothers trying to support their sons. Notably, caregivers either referred or facilitated access after a referral from a third party (e.g., school) for most young men ($n = 34$; 83%). The average age of initial contact with Menslink was 16.8 years ($SD = 3.58$; range 11–25), and the mode year of first engagement with Menslink counselling was 2017. The earliest initial engagement was in 2006, and at the time of interviews, three participants were current clients.

Materials

A semi-structured interview was co-developed with Menslink to ascertain client experiences in three areas: initial engagement, experience, and impact (Guerri-Guttenberg, 2022; Neill, 2018). Regular meetings between Menslink and the research team ensured that the questions developed would effectively capture meaningful aspects of the counselling experience. These questions included focus on the client's initial reasons for contact with Menslink (e.g., "What issues or support were you seeking help with when you came to Menslink for counselling?"), their experiences of the counselling process and service ("What do you think were the most helpful or best aspects of the counselling program?"), and their perspectives regarding the impact that counselling had on their lives at the time and to the current day.

Procedure

Before commencement, ethical approval was obtained from the University of Canberra (11672 & 13466) Human Research Ethics Committee and subsequently from University of Southern Queensland (ETH2023-0318). Under the supervision of JN, a team of four female undergraduate students, and a male honours student (JGG) conducted and transcribed the interviews as part of a work-integrated learning internship and honours

research program respectively. This team received interviewer training as outlined by Goodell et al. (2016) before conducting interviews that included ethics training, and mock interviews.

To understand the experiences of those who have accessed Menslink counselling, attempt was made to contact all past clients and carers who had used the service within the previous five years up until mid-2022 ($n = 439$). To maintain confidentiality, potential participants were initially contacted by Menslink via SMS or email to gauge interest for an online interview and for permission for their contact details to be communicated to the research team. Current or past clients were contacted if 18 years or over, while carers were contacted if the client was still under 18 years. Potential participants were advised their relationship with Menslink would not be impacted by non-participation. From those contacted by Menslink, 58 initially indicated interest in completing the interviews. The research team then contacted participants via SMS to schedule a Google Meet/Microsoft Teams video call or phone interview and to provide a link to a participant information and consent form. Upon contact, 43 went on to complete individual interviews, while the remaining 15 who were initially interested subsequently declined or did not reply. Further to written consent, participants provided verbal consent at the commencement of interviews, and again at the end for their data to be included in the study. On average, interviews lasted between 10–30 minutes ($M = 13$ min, 40 sec). Interviews were electronically recorded and then auto-transcribed by speech-to-text technology, de-identified, and finally proof-checked manually and corrected, where necessary, by the interview team. Repeat interviews and member checking was not undertaken due to researcher time and resource constraints, minimising participant burden, and trust in the initial data. Two interviews failed to record, leading to a final sample of 41 participants.

Data analysis

Reflexive thematic analysis was used following Braun and Clarke's (2006, 2021b) general guidelines. The data were analysed within a critical realist worldview, such that an investigation of what participants believed to be truth for them afforded rich insight into their perspectives, yet positioned their meanings as socially situated and constructed, rather than a representation of a directly comprehendible, physical reality (Wiltshire & Ronkainen, 2021). A primarily inductive approach was used to "stay close" to the data and emphasise the meaning communicated in participants' responses (Braun & Clarke, 2021a).

The data analysis was undertaken by the first author (MB) and supported by the second (NB). Both MB and NB are male Australian researchers in men's mental health and male-friendly counselling. Further to this, both are mental health practitioners who routinely work with male clients in clinical practice and provide male-friendly therapy. Neither have worked for, or are affiliated with, Menslink, yet align with their ethos to assist young Australian men to receive therapeutic support that is compatible with their preferences and relational styles. MB has an interest in utilising functional-contextualist approaches to therapeutic engagement with young men (Hoffmann & Addis, 2023) that are values-led and aim to support prosocial outcomes for young men who hold idiosyncratic masculinities. Throughout the analysis, MB iteratively reflected upon the influence of these assumptions towards the data set and his own perspectives of adolescent male development and mental health through the use of a reflexive research journal which recorded analytic decisions (Braun & Clarke, 2021b). MB was supported during the analytic process by the wider authorship team. The remaining authors (one female; three male) are researchers with scholarly experience in adolescent mental health and qualitative research methods. These authors align with the intentions of MB and NB in ascertaining counselling practices that are effective in meaningfully engaging young men in counselling. Utilising their expertise through regular and iterative discussions, MB developed the final analytic themes to address the posed research question.

First, MB reviewed the audio recordings and transcripts to become familiar with the data and note initial impressions in a research journal. The transcripts were then analysed using the NVivo (v14) software. Initial codes were recorded using open coding, followed by the development of initial themes. NB reviewed the coded data set to sense-check ideas and discuss multiple interpretations present (Byrne, 2022). Themes were then named, refined, and defined. Finally, the themes were iteratively reviewed by the authorship team until agreement was reached for the presentation of themes that appeared to best answer the proposed research question. An audit trail was maintained to document the data collection process, coding, and analysis, and reporting of the study complied with the Consolidated Criteria for Reporting Qualitative Research (CORE-Q; Tong et al., 2007) as summarised in Supplemental Table S1.

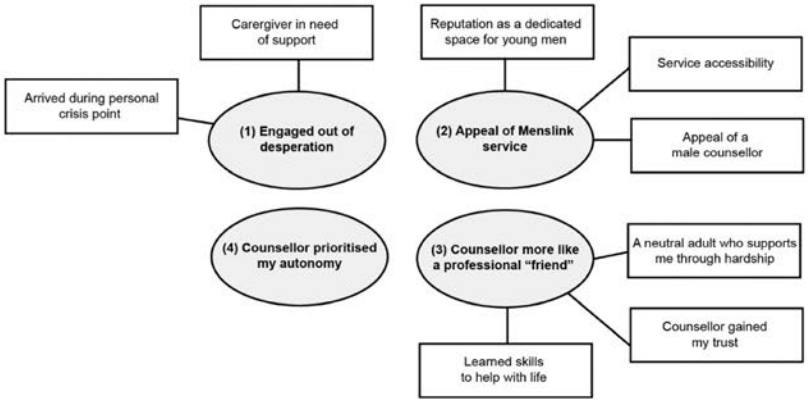

Figure 1. Thematic map of young men's experiences of Menslink counselling.

Results

Four themes and eight subthemes were developed as depicted in Figure 1. In alignment with the interview structure, respondents shared salient experiences they had throughout the course of contact with Menslink counselling, starting from first contact to the conclusion of their sessions. The themes demonstrate how young men (a) enter Menslink during a period of personal crisis; (b) perceive Menslink to align with their preferences for a dedicated service for young men; (c) perceive engagement with their counsellor in a unique way; and (d) receive counselling that supports their autonomy.

Theme 1: engaged out of desperation

Most young men engaged with Menslink counselling because they were facing a current mental health crisis or specific stressors that had accumulated to a breaking point. They frequently entered the service reporting low relationship and life satisfaction that had progressively deteriorated in tandem with decreasing positive contact with their broader social milieu.

Arrived during personal crisis point

Most young men entered Menslink counselling due to a mental health crisis or at the behest of caregivers or government services. Although significant life events, such as death of a family member or being charged for assault, instigated contact, respondents more frequently spoke about how smaller stressors in the social, familial, and educational spheres of young men's lives had impacted their wellbeing. Anger, aggression, suicidality, depression, challenges with peers and family, low self-esteem, bullying, and drug use were key issues reported. Some respondents spoke of how a figurative "breaking point" instigated a sharp decline in their mental health that necessitated contact with mental health services, such as being dropped from a sporting team due to aggressive behaviour, which one young male explained was his only source of achievement at the time. Some self-referred to Menslink due to concern for their own wellbeing, but were predominantly referred through contact with police, community services, school pastoral teams, domestic violence services, or primarily due to their caregivers' concerns:

> … he ended up in hospital after the police found him because they didn't know what to do with him. He agreed to counselling if the hospital let him out that same night. (Caregiver 7)

Caregiver in need of support

Caregivers' concern for their sons' emotional wellbeing and behaviour often prompted contact with Menslink, whether for advice or counselling support. Some described feeling helpless and frustrated as they could not help their sons and described being desperate about how to overcome the situation on their own:

> I sought the help externally because I … didn't know where else to go … bashing my head against a brick wall and not getting anywhere, so I sought the outside help. (Caregiver 27)

A common pattern observed across responses was that of deep concern among caregivers for their son's mental health, yet there was diversity in the reasons why caregivers sought external advice and support. Some single mothers spoke of how they could not get their

sons to share what was going on, and sought another voice in their son's life, while others felt helplessness about how to support their sons through issues they faced and sought services that specifically catered for young men:

> I was having quite serious issues with my son, and I was pretty desperate to get him some help … I had seen the Menslink building in Manuka and … was hoping they might be able to help my son. (Caregiver 2)

Theme 2: appeal of Menslink service

When deciding what service to engage with, most respondents spoke of the appeal of Menslink being a counselling service specifically designed for young men in contrast to other services. For many, this afforded a sense of affiliation and belonging, as what distinguished the service was its reputation for being a dedicated space for young men:

> I just think it's a great service particularly because a lot of males feel they can't reach out as such or it's not okay to reach out, but Menslink provides that environment to reach out. (Young male 9)

Reputation as a dedicated space for young men

Respondents perceived Menslink as a visible and trusted organisation in the Canberra region that was dedicated to supporting young men. Menslink's presence at schools allowed potential clients to hear about the benefits of counselling for challenges they may be facing in a familiar environment. This permitted young men to improve their mental health literacy through the counselling process being demystified, and easy access to Menslink staff if they were interested in engaging:

> Menslink came in and did the talk at our school, and [counsellor name] pulled me aside and we had a quick chat. (Young male 4)

Additionally, promotion on television with local sporting teams reduced help-seeking stigma for many young men and reassured caregivers that there was a service designed to support their sons:

> I've seen some of the work that they've done and … the adverts on the telly [television] and they just seemed like a genuine organisation that could help … They could just make you feel at ease. (Caregiver 26)

Service accessibility

Young men highlighted Menslink's short waitlist times and no-cost service were conducive to them acting upon their concerns and engaging with the service. The flexibility in communication including texting about appointments, phone and Zoom sessions during COVID lockdowns, and promptness in booking initial sessions provided a level of flexibility that suited the preferences of young men:

> I think that it … was quite readily available, which I had called Headspace and other places … and they had quite a long waiting time, or it was quite a costly procedure … I reached out to Menslink and they … replied instantly and were like engaged with me. (Young male 12)

Caregivers spoke of the value of a no-cost counselling service in their region that was specifically designed for young men and responsive to their needs. Menslink's integration with mental health and other government services, such as the police and youth justice officers, provided timely direction to address acute challenges. This reassured caregivers that their sons would receive adequate mental health care.

Appeal of a male counsellor

Most respondents indicated that the availability of male counsellors played an influential role in their decision to engage with Menslink. However, the value of working with a male counsellor differed between young men and caregivers. For young men, some explained they felt like they were just talking to another male rather than a mental health professional. Speaking to another male appeared to reduce the stigma associated with seeking help and allowed them to speak more freely about their struggles without pressure to remain stoic. For others, working with a counsellor who they perceived had previously traversed similar male-specific challenges in their own lives fostered a sense of validation and understanding that they were not alone with these struggles. Reassurance that others had faced similar challenges allowed for an impression of affiliation and comradery for the client with their counsellor, and shifted their position from that of authority figure to a guide:

> The fact that it was men talking to men … there's this notion that men don't feel pain and that we're meant to be strong … but … when talking to another man and going "hey you've been through this, so you know what it feels like … so clearly we've been through the same thing". (Young male 7)

Meanwhile, some caregivers explained how they sought out the Menslink service specifically to

incorporate male role models into the lives of their sons to support them with "male challenges" such as anger and depression. For them, a male counsellor could also act as a role model and be a positive influence:

> ... he doesn't have a male role model. So that's what I think he got the most out of, and I felt comfortable knowing that he was speaking to another guy. (Caregiver 13)

Although a few respondents indicated that they had no preference for a gender-matched counsellor, the availability of choice was highly valued by respondents to accommodate the preferences of young men.

Theme 3: counsellor more like a professional "friend"

Despite the appeal of Menslink, respondents emphasised that counsellors still had to earn the trust of young men through initially building rapport and developing a strong therapeutic alliance. Participants described how they perceived their counsellors not only as a trained professional who facilitated learning skills to address current challenges, but also as an empathic adult who related to them in a personal and authentic manner. Rather than a dichotomy of *professional* or *friend*, counsellors were viewed as an informed companion who was interested and invested in them. Participants highlighted appreciation of action-oriented approaches, and connection on a relational level through acceptance, non-judgement, and positive regard:

> The most beneficial part, I think, was just sitting down and having ... a serious one on one with someone who wasn't [sic] my parents that I could still get advice from. (Young male 11)

A neutral adult who supports me through hardship

The young men emphasised the advantage of confiding in a counsellor, during difficult times, who was removed from their social context. As such, when advice was given, it was received as impartial and well-meaning. They spoke of how they were able to listen to the counsellor's advice or perspective without reacting as they might have if the same advice was being offered by parents or peers with their own agendas. Consequently, distance from school, social groups, and family allowed for a space of perspective taking and reflection for young men through challenges:

> ... at the time I was going through quite a rough time after a breakup. And talking to my parents and friends was ... one thing, but I felt like I needed to talk to someone removed from the situation and just didn't feel like I could get the help from people close to me. (Young male 12)

Counsellor gained my trust

Most young male respondents emphasised the importance of gaining trust through the strength of the therapeutic relationship. Connecting over client interests, relating to them in a positive and authentic way, and conveying a non-judgemental and accepting attitude towards young men helped them to feel safe, seen, and heard:

> ... just having somebody there that wasn't going to judge me ... so, you know, it was good to just be able to ... talk and not have to worry that ... the person's not going to like me ... It was very beneficial; without that I think I would have struggled a lot more than I did. (Young male 3)

Learned skills to help with life

Although Menslink was perceived by many respondents as a non-clinical space which contrasted with more conventional mental health services, the development of skills to address current life challenges was interspersed throughout nearly all the caregiver and client responses. Respondents described how the skills were helpful in initially reducing current challenges and distress in their lives and allowed them to re-engage in their communities through more positive relationships. Later, some reflected that the time spent learning skills to manage distress, communicating with others, and reducing conflict were also instrumental in their reconnecting with family and peers, communicating vulnerability, and having a time and space to consider their actions and develop their capacity for self-reflection and perspective taking:

> ... at first it was, like, for anger management issues then ... we actually went through ... why I was getting angry, and, like, what was triggering all my anger. So, it went from anger management issues to realising that there was stuff going on at home that was triggering why I was so angry. (Young male 5)

Theme 4: counsellor prioritised my autonomy

The final theme captures two different yet overlapping groups of preferences for counselling described by young men and caregivers. A tension emerged between the interests of young men – including their view of current challenges, goals for counselling, and bounds of confidentiality – and the interests of

caregivers. Although often referred by others, respondents spoke of how supporting their autonomy and control was prioritised by counsellors which consequently enhanced their engagement and commitment. Young men spoke about how they were encouraged to choose the focus and content of sessions. In this way, counsellors connected to their clients' goals and perspectives rather than aligning with those of caregivers or third parties:

> … it's very much directed at him … I will get the emails and the notifications but … he's the primary … nothing sort of happens without his consent, which … gives him a sense of control over the whole situation. (Caregiver 24)

This sense of control enabled young men to collaboratively choose when to finish sessions with their counsellor, and also implied an "open door" policy such that counselling was available if there was ever need for further support. This appeared to honour young men's attempts to be self-reliant and equally not shame them when in need of support:

> Even if I didn't have a meeting or session for, say, three weeks, just knowing it was … available and … would be a space to talk … made a positive difference.
>
> (Young male 6)

Conversely, some caregivers expressed that although they were comforted knowing that their sons were at least talking to a counsellor, they wanted to be more involved. Some spoke of wanting to contribute goals or agenda to the counselling sessions, while others wanted further information or programs to be run at Menslink. A tension emerged between acknowledging counselling as a confidential space for their sons and not wanting to encroach, and being informed enough so as to adjust their own responses and attitudes to support their sons:

> That would be a point of feedback I would give, it's hard for the family to support what's been talked about or what messages they're giving when we don't know what they are. And I understand with privacy they're in a no-win situation there. (Caregiver 5)

Discussion

There are growing calls for mental health services to adopt male-friendly practices to engage and retain young men in psychological treatment (Rice, Purcell, et al., 2018; Robertson et al., 2015). To our knowledge, this is the first Australian study exploring the experiences of young men who received male-friendly counselling from a male-specific service. By interviewing both young men and caregivers, this study offers new insights into the factors that were salient to their engagement. Broadly, the experiences of respondents confirm the suitability of previously recommended adaptations for engaging young men, such as targeted messaging, availability of male clinicians, modified spaces and language that matches young men's preferences, and prioritising of choice and autonomy in therapy (Baker & Rice, 2017; Rice, Telford, et al., 2018), and further affirm that caregivers play an important role in young men's access to support (Block & Greeno, 2011).

Akin to research on service entrance for adult males (Bilsker et al., 2018), the first theme highlights how young men frequently engaged with Menslink during a personal crisis. Adherence to masculine role norms of stoicism and self-reliance is a personal barrier often cited as inhibiting help-seeking until symptoms become acute (Shepherd et al., 2023) and internal willpower is exhausted (Seidler et al., 2016). Across the lifespan, conformity to these masculine norms is strongest in younger men aged 15–25 years (Herreen et al., 2021). Consequently, externalising symptoms such as anger, aggression, and drug use are often primary reasons for referral and initial focal points of interventions for clinicians working with young men (Bilsker et al., 2018). Unsurprisingly, young men in the current study spoke of how help-seeking was delayed until life stressors accumulated to a crisis point. The inclusion of caregivers also highlighted the role of other people in young men's engagement in counselling services, with many referred at their behest or through third parties. Counselling contact perceived as mandated by others may clash with young men's developmental need for autonomy (Block & Greeno, 2011) and male role expectations (Rice, Telford, et al., 2018) which may, in turn, lead to suboptimal initial contact with counselling service providers.

Respondents spoke of how Menslink addressed personal barriers raised in theme one by structural facilitators identified in theme two that were salient to both clients and caregivers' experiences. Importantly, young men in the present study valued the existence of a service in their region that was dedicated to them. Prior to therapeutic contact, Menslink's targeted messaging on social media and presence at schools aided young men's familiarity and knowledge of the service. Strong partnerships with community mental health services, and community spaces such as schools and sporting organisations have the potential to reduce young men's stigma and reluctance to seek support (Rice,

Telford, et al., 2018), while counselling settings adapted to the preferences of young men may support positive initial contact (Robertson et al., 2015).

The availability of male clinicians was an influential facilitator for most respondents in this study. Although little research has examined young men's preferences about clinician gender, the presence and option of male clinicians may allow services to be perceived by young men as more masculine and less "feminised" (Affleck et al., 2018). In the current study, young men viewed their male counsellors more as mentors than clinicians, while caregivers, most of whom were female, valued the support of a male role model. Male counsellors appear to occupy different perceived roles in therapy for young men (Boerma et al., 2023), which – if emphasised by egalitarian positioning by clinicians – could mitigate therapeutic ruptures related to autonomy and power imbalances in therapy (Block & Greeno, 2011).

Themes three and four in the current study highlight central considerations for counsellors in addressing young men's personal barriers to meaningful engagement in the therapeutic space. Positive initial contact with mental health services appears influential to young men's continued engagement (Rice, Telford, et al., 2018). Findings from the thematic analysis portray an interplay between interpersonal dynamics, therapeutic tasks, and young men's personal agency. Young men emphasised that counsellors' qualities of being non-judgemental, accepting, and relating to them with positive regard was beneficial in developing their trust. Previous research has suggested that a strong therapeutic alliance between adolescents and counsellors requires a blended approach that balances being a professional and elements of friendship (Gibson et al., 2016). In the current study, respondents explained how the professional role afforded them opportunities to learn skills to address immediate challenges, while the friendship role provided support and opportunity to talk through hardship. Although solution-focused interventions are known to be well-received by young men (Boerma et al., 2023), the positioning of counsellors as neutral adults, as described by respondents, also allowed the opportunity for concomitant development of perspective-taking skills in young men. This is critical, as adolescents often externalise the causation of their problems (Block & Greeno, 2011). From our findings, we proffer that a neutral adult who is perceived as unaligned with parental agendas permits young men a space to openly reflect upon their relationship with their current issues and allow for the development of adaptive perspective-taking.

As indicated in the final theme, counsellors positioning themselves as a neutral party may, however, contribute to tensions of autonomy and choice in adolescent psychotherapy. Qualitative research consistently shows that young people prioritise maintaining control in therapy and often prefer parents to not be involved (Gibson et al., 2016; Stubbing & Gibson, 2022). Yet, as caregivers are often both gatekeepers and motivators for young men's engagement with therapy, balancing their preferences appears crucial to young men's access and continued engagement. This finding indicates the potential benefit of initially addressing caregiver preferences before initial contact, including the provision of education on promoting client agency, and then shifting focus to supporting the autonomy of young men during initial contact to facilitate greater engagement.

Limitations and implications

The findings of this study should be considered in light of its constraints. A counselling service that is promoted as "male-specific" may attract young men and caregivers who adhere to more traditional male role expectations or present with greater externalising symptoms. Consequently, this study may not have captured the preferences of young men who are either reluctant to engage with counselling services, presenting with predominantly internalising symptoms – such as anxiety – those of diverse sexual orientations, or those who hold less traditional role expectations. Detailed demographic data was not collected. It is unclear how diverse or homogenous the sample was, and whether this may have impacted findings. Four of the five interviewers were also female, which may have impacted how young male participants responded, however, research about the effects of gender in qualitative interviews is mixed (Lefkowich, 2019). Interviewers generally found that participants were open about the issues that brought them to Menslink and their experiences of counselling. In addition, self-selection bias during the interview recruitment process might have led to interviews with people with more positive views and experiences of Menslink counselling compared to those who did not respond. As only 41 out of 439 (9.3%) past clients who were contacted participated in this study, it remains unclear whether the experiences of these participants differ significantly from those who did not participate. Similarly, recall bias from those who engaged with Menslink several years ago may have affected the accuracy of their responses. Yet, as the aim of this study was to

ascertain salient experiences from those who had accessed a male-friendly counselling service, it could be argued that these experiences would be less impacted by this bias. These limitations may guide future research directions. This could involve expanding the participant sample to include those who have not yet engaged, those who present with internalising symptoms, those with diverse sexual identities, and those from different demographic and socioeconomic backgrounds to ascertain a broader array of male-friendly counselling experiences.

Notwithstanding these constraints, implications of this study can be drawn from its findings and offer a starting point for clinicians and service providers attempting to engage young men. First, targeted messaging and promotion of male-friendly counselling services alongside integration with region-specific school, government, and community services may allow for timely referral of young men to services they perceive to be compatible to their preferences. Notably, counsellor involvement in the provision of male-targeted education sessions at schools may allow for young men to be exposed to tailored messaging to improve their mental health literacy (Calear et al., 2021). Second, the provision of low-cost services, timely response, and availability of male clinicians appears to be important to both young men and caregivers. Third, clinicians should adjust their interpersonal interactions to match the relational styles of young men, be prepared to initially focus on teaching skills to address acute challenges, and foster an egalitarian relationship that conveys authenticity and acceptance whilst supporting agency. Finally, providing caregivers with information and education relating to confidentiality and common problems that young men can experience can upskill their own knowledge about adolescent psychotherapy and enhance their commitment to supporting continued engagement.

Conclusion

Despite young men's higher rates of suicide, substance misuse, and behavioural problems, many are reluctant to seek professional support and often disengage from psychological treatment prematurely in Australia and worldwide. The findings of this study confirm recommendations provided in recent literature about promoting male-friendly adaptations to help engage young men in counselling. The themes identified offer practical adjustments to service delivery that mental health providers and clinicians alike can make to address personal and structural barriers impacting young men's service uptake and engagement.

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ORCID

Micah Boerma http://orcid.org/0000-0002-7053-5110
Nathan Beel http://orcid.org/0000-0002-1248-1417
James T. Neill http://orcid.org/0000-0003-0710-4550
Carla Jeffries http://orcid.org/0000-0001-6217-6739
Govind Krishnamoorthy http://orcid.org/0000-0003-1515-1103
Jonathan Guerri-Guttenberg http://orcid.org/0009-0006-8672-2232

Data availability statement

Data are not available due to ethical constraints. Participants did not provide extended consent for their data to be shared with other researchers.

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5.3. Implications and Link to Next Chapter

The significance of this final paper was that it was the first Australian study to explore consumers experiences of a male-friendly counselling service. Data of this kind in the literature appears scarce as only a small amount of dedicated young male counselling services exist in Australia. This paper also allowed for confirmation of the utility of recommendations previously propounded in the literature (Rice, Telford, et al., 2018; Robertson et al., 2015) and also identified in paper 1 and paper 2. A dedicated, male-friendly counselling space was appealing to both young men and their caregivers. This space, alongside targeted messaging from region-specific role models, interactions at schools, and a "male-positive" attitude towards young men fostered a sense of belonging and familiarity with potential clients that reduced stigma. Although Menslink possessed these structural facilitators, effort and adaptability in the individual therapeutic encounters was also needed to engage young men. As most clients were referred by caregivers or third parties, it was clear from the analysis that a personal facilitator to engagement was counsellors shifting agency and autonomy from the referrers to young male clients. This not only helped increase the commitment from young men in therapy, but also provided a sense of safety in clients such that their attempts to be self-reliant and remain in control were acknowledged and respected. While counsellors were not frequently perceived as mental health professionals, skills akin to those provided in conventional psychological treatment were consistently taught to young men and were linked to their goals and aspirations. As such, young men's perceptions of counsellors as "guides" rather than "professionals" in this sample allowed for greater engagement in the tasks of therapy. In sum, this third paper provided an exploratory account of male-friendly recommendations that are salient to young men. In the final chapter, a transtheoretical framework for male-friendly counselling with adolescent males derived from the three articles is proposed and followed by a concluding discussion of the thesis findings.

CHAPTER 6: DISCUSSION AND CONCLUSION

6.1. Chapter Introduction

Despite being a group at high risk for experiencing psychological distress across the lifespan in Australia, adolescent males are the least likely to engage with health services, and more likely than female peers to drop out (Rickwood, 2012; Seidler, Rice, Dhillon, et al., 2020). This is notwithstanding the fact that in Australia and worldwide, young men are more likely to die by suicide (Glenn et al., 2020; Roh et al., 2018), misuse and abuse substances (AIHW, 2022), receive diagnoses of behavioural disorders (Lawrence et al., 2015), and experience and perpetrate interpersonal violence (AIC, 2005; AIHW, 2020a). A clear need exists to better adapt services to engage this population. As such, the overarching aim of this thesis was to identify male-friendly recommendations for individual counselling with adolescent males aged 12–18 years to develop a novel framework of transtheoretical recommendations.

In this concluding chapter, a discussion of the main findings and interpretation of the broader thesis program is first presented. A transtheoretical framework which synthesises the main findings and recommendations of the three published papers is proposed, and presented alongside and applied through existing theory and research as suggested by Naeem et al. (2023). As noted in the introduction, an inductive analytic approach was utilised for each published paper and the broader conceptual framework as outlined by Braun and Clarke (2021a, 2021b) and Naeem et al. (2023). This afforded central thematic recommendations to be generated from the thesis research. Key theoretical concepts and research explicated in the literature review are applied to elucidate the utility of this framework and will be referenced throughout this chapter. Finally, the overall significance of the thesis, implications, limitations, and directions for future research will be discussed.

6.2. Summary of Main Findings

Three papers were published during this thesis program to answer the three research questions posed and to ascertain salient recommendations for engaging and retaining young men in psychotherapy. Chapter 3 introduced the first paper, a QSLR that thematically analysed the available scholarly literature on male-friendly counselling with adolescent males. Three themes and two subthemes were developed. The themes highlighted knowledge and understanding, therapist self-awareness, and adaptations to counselling practice as fundamental recommendations for working with young men. This review also provided two focal points of intervention with young men; the first upon practices that align with young men and their masculinities, and the second upon practices that expand young men's awareness of their masculinities in the therapeutic space. Tailoring counselling to the needs of young men was identified in all the scholarly texts analysed, highlighting the potential shortcomings of conventional, and gender-neutral counselling approaches. The findings of this review were also testament to the sparsity of primary research exploring counselling with adolescent males in the existing literature. This paper answered the first research question: *what are the thematic recommendations in the existing scholarly literature for adapting counselling and psychotherapy to the needs of adolescent males?*

Chapter 4 introduced the second paper, a thematic analysis of Australian mental health practitioners' experiences and recommendations for providing therapy to young men. Three themes and ten subthemes were developed that highlighted how Australian therapists adapt their practice primarily through intrapersonal attitudinal adjustments and deliberate interpersonal relational interactions to engage young men. Therapists emphasised the importance of swiftly creating a context of safety in therapy for young men to lessen any reluctance and shame they may experience for seeking help. As a means for enhancing engagement and reducing resistance, therapists recommended engaging young men in an

array of rapport building activities to foster a collaborative and transparent therapeutic relationship. Additionally, this study highlighted that most therapist-participants relied upon clinical experience, rather than gender-sensitive clinical training to engage young men in therapy, affirming a lack of available or accessed training for this Australian participant sample. This paper addressed the second research question: *what are the thematic recommendations provided by Australian therapists to engage adolescent males in counselling?*

Finally, Chapter 5 introduced the third paper, a thematic analysis of the experiences of young men and their caregivers who utilised Menslink, a male-specific, male-friendly counselling service. Four themes and eight subthemes highlighted salient personal and structural facilitators of young men's access to Menslink counselling. Participants valued the existence of a service in their region that was tailored to their unique demographic, which destigmatised men's mental health, and provided therapists who were relatable, available, and competent, and who assist young men in addressing their current challenges. Moreover, caregivers appreciated a service specifically targeted towards supporting young men, and highlighted the appeal of low-cost, timely services that were responsive to their needs. This paper served to answer the final research question: *what are the experiences of adolescent males and their caregivers who have accessed a male-friendly counselling service?*

6.3. Overall Interpretation and Implications of the Thesis Project

Although the main findings of each article will be presented in a synthesised framework proceeding this section, three main messages can be taken from the overall project of research. These include the clear need to respond to young men's mental health needs via tailored services, the need for a dedicated program of primary research examining young men's engagement in psychological treatment that is contextualised in an expanded

conceptualisation of masculinities, and the need for greater guidance and training to be available to mental health practitioners who provide psychological treatment to young men.

Firstly, there is a clear need to tailor mental health services for adolescent males. As argued in the literature review, gender-sensitive interventions are needed more than ever for young men, in response to the rising need for treatment of mental health difficulties (Lawrence et al., 2015), lower help-seeking and service use (Islam et al., 2020; Johnson et al., 2016), fewer sessions and higher dropout (Seidler, Rice, Dhillon, et al., 2020), less contact with governmental health services (Watkeys et al., 2024), and self-reported disconnection with the tasks, processes, and expectations of psychological treatment (Rice, Telford, et al., 2018; Watsford & Rickwood, 2012). Moreover, these challenges appear to extend across the lifespan for men. Research from a sample of younger adult Australian men highlighted how "lack of connection" was a dominant reason for therapy dropout, while the reason "didn't feel right" also contributed to premature dropout (Seidler, Wilson, Kealy, et al., 2021). Comparable findings were found with older men, with "not the right fit/approach" being a common reason for premature therapy dropout across the lifespan (Richards & Bedi, 2015). These findings underscore the shortcomings of current approaches to engaging young men in mental health services and are testament to the need to improve and utilise gender-sensitive approaches with this population. In response to these shortcomings, findings from the QSLR identified two practicable focal points of intervention that therapists can utilise to improve young men's engagement in therapy. The first, *masculinities-aligning* practices, involves intentionally adapting therapy to align with the needs and preference of young men to facilitate efficient rapport building to improve retention and engagement. The second, *masculinities-expanding* practices, centres the idiosyncratic masculine experience of each young male client to foster more expansive emotional experiences, increase awareness of the costs of restrictive norms of traditional masculinity, and promote new, adaptable codes of

manhood. These practices are presented and elaborated upon in the proposed transtheoretical framework discussed later in this chapter.

As noted in the literature review, it is necessary to contextualise young men's mental health service engagement and any subsequent therapeutic interventions within the broader current cultural discourses in Western societies about the "crisis" of young men and maelstrom of polarised views about masculinity in contemporary society (Ashfield & Gouws, 2019; McDermott et al., 2023; Whitley, 2021). This discourse coincides with the persistent focus in research about the negative aspects of traditional masculinity and the problematic ways in which it can be a barrier to men's help-seeking and service engagement (Kiselica & Englar-Carlson, 2010). Indeed, a clear link between traditional norms of masculinity and lower service engagement is evident (Piatkowski et al., 2024; Seidler et al., 2016), yet how services respond to young men and accommodate their preferences also markedly impacts their uptake and engagement in therapy (Kwon et al., 2023; Shepherd et al., 2023). By only attending to the former, this may inadvertently place blame *within* boys and men for their problems and reticence to seek help, rather than attribute their engagement to the broader interplay of structural and systematic barriers (Affleck et al., 2018; Macdonald et al., 2022; Whitley, 2018, 2021). As detailed in the Australian and international literature review commissioned to inform the National Men's Health Strategy 2020–2030 (Macdonald et al., 2022), the current lack of male-focused services, male-specific resources, male practitioners, negative experiences with past ill-suited services, service delays, perceived effort, and service costs are also barriers to boys and men's engagement. As a result of these barriers, young men may perceive services to be feminised, irrelevant to their needs, inaccessible, costly, and ineffective. In paper 3 of this thesis, it was evident that young male clients and caregivers esteemed services that were male-specific, tailored to their preferences, and offered the availability of male clinicians. A clear need exists to develop gender-sensitive services,

policies, programs, and interventions that account for young men's experiences, preferences, and masculinities that incorporate positive, gender-sensitive approaches (Baker & Shand, 2017; Department of Health, 2020; Macdonald et al., 2022; Whitley, 2021).

Promising steps have been made in recent years in bringing balance to the corpus of clinical literature about men and masculinities by emphasising the utility of strengths-based and positive masculinities approaches for engaging young men rather than deficit-based approaches (Kiselica et al., 2016; Kiselica & Englar-Carlson, 2010; Wilson et al., 2022). For example, Wilson et al.'s (2022) operationalisation and definition of positive masculinities for boys and young men provides direction for future research to ascertain positive masculine strengths in young men's identity development and how these may be harnessed in practice. Moreover, this framework provides focal points of positive masculinities that can be integrated into therapeutic exchanges with young men. This model embodies how positive, strength-based approaches prioritise "…working with the grain of masculinity that taps into traditional male activities and virtues" to utilise young men's masculinities to improve their mental health and their lives (Whitley, 2021, p. 240). Yet, to date, Wilson et al.'s (2022) framework—and clinical application of the PPPM more broadly— remains largely untested, requiring further research about how this may be applied in policy and practice with young men. In sum, the clear need to tailor services to be gender-sensitive for young men may be addressed, in part, via shifting from gender neutral or deficit-based conceptualisations of traditional masculinity to gendered-care, strengths-based, and positive masculinities approaches, at both the practitioner and mental health service level (Macdonald et al., 2022; Robertson et al., 2015; Whitley, 2021).

Secondly, in order for the development of tailored, gender-sensitive services, an increased agenda of research is needed that examines young men's experiences and engagement in psychological treatment from onset to outset to improve treatment

implementation. Adolescent males are markedly underrepresented in primary studies exploring the experiences of adolescents who have received psychotherapy (Dimic et al., 2023). This finding was replicated in the QSLR completed in paper 1 of this thesis. In this review, only two studies were identified that explored adolescent males' experiences. Limited representation of young men's voices and experiences in published research consequently results in services that are not tailored to their unique needs (Kassan & Sinacore, 2016), but more generalised services that have not been refined via participatory, and end-user design approaches. The active participation and exploration of young men's therapeutic experiences in psychotherapy will aid in shaping policies, services, and interventions that are conducive to their greater engagement.

Additionally, an expanded conceptualisation of masculinities in this research agenda is needed to greater contextualise the lived experiences of young men from diverse cultural and sexual backgrounds. The 21st century has heralded new understandings of gender identity and masculine expression (Hammack & Manago, 2024). Young men from diverse backgrounds may diverge in their masculine identities and in their experiences of mental health services (Macdonald et al., 2022), yet are often underrepresented in health care research (Seidler, Benakovic, Wilson, Mcgee, et al., 2024). Paper 1 in this thesis identified that masculinities is a central concept in the male-friendly counselling literature, yet the preponderance of research remains focused upon Western conceptualisations of traditional masculine norms (Boerma et al., 2023). Committing to such a narrow research agenda may inadvertently accentuate differences between male-friendly and gender-blind approaches only and not sufficiently identify within-group patterns and diversity amongst male clients (Seidler, Rice, River, et al., 2018). In contrast, research that adopts the understanding that masculinities are diverse, fluid, and intersect with other identities, such as race, ethnicity, and sexuality, may more comprehensively ascertain how young men experience psychological

treatment. This approach would align with current multicultural counselling competencies provided in the adult male literature (Liu, 2005; Stevens & Englar-Carlson, 2010).

Thirdly, the lack of available gender-sensitive interventions and current paucity of research focusing on adolescent male's experiences of psychotherapy has resulted in limited clinical training and guidance available to therapists to engage this population. In a recent report prepared for the Australian Government by Movember that surveyed current Australian clinical tertiary curriculum across six health disciplines from 23 universities, only 10 out of 1246 courses referenced men's health (Seidler, Macdonald, et al., 2023). Zero courses and zero reference to boys and men's gendered health was identified across the universities in professional clinical psychology programs (Seidler, Macdonald, et al., 2023).

This is concerning, as a clear finding across the three papers in this thesis was the central role of individual therapists in taking an active stance in adapting therapy to meet the needs of young men and engage them swiftly to prevent disengagement and premature dropout. In the absence of tertiary training and research, clinicians may revert back to their own beliefs and stereotypes about young men, with only a "trial-and-error" approach available to them in their clinical interactions. This point was highlighted in paper 2, where a diversity of therapists indicated their primary source of learning was clinical experience, while many highlighted the need to refrain from stereotyping and change their own expectations of young men. Limited clinical training in gender-sensitive approaches to working with boys and men consequently diminishes the opportunity for both new and seasoned therapists to employ a range of practices that are masculine-sensitive (Stevens & Englar-Carlson, 2010). Moreover, absence of clear training appears to be related to therapists lower self-confidence and perceived competence when working with this population (Scaffidi et al., 2024; Seidler, Benakovic, et al., 2023; Seidler, Benakovic, Wilson, Davis, et al., 2024; Seidler, Wilson, Trail, et al., 2021). Looking forward, there is a clear need to increase and

enhance gender-sensitive approaches in tertiary training regarding boys and men's mental health that integrates a masculinities model to upskill mental health practitioners working with young men (Seidler, Rice, River, et al., 2018). It is anticipated that the proposed framework derived from the findings of this thesis program may act as a starting point for individual therapists to upskill in their knowledge, awareness, and skills in working with young men. Moreover, it is hoped that the findings of this thesis offer an empowering message to all mental health professionals: that despite the challenges of working therapeutically with young men, they are engageable, and there is immense potential for meaningful progress with this population. Though still a developing research area, it is expected that the findings, guidance, and future resources available from the transtheoretical framework will extend therapists confidence and competence in working with young men beyond the trial-and-error approaches currently available to them. By providing therapists a framework for how to engage young men in a male-friendly way, their ability to connect with young men, create stronger therapeutic alliances, and ultimately increase therapeutic outcomes will likely improve and subsequently feed back into their confidence and willingness to work further with this population.

6.4. Transtheoretical Framework for Male-Friendly Counselling with Adolescent Males

The main aim of this thesis was to develop a conceptual framework of transtheoretical recommendations for individual counselling with young men. The research questions that guided this thesis program were developed to achieve this aim, with focus afforded to identifying and synthesising generic recommendations for engaging young men in counselling and psychotherapy. This approach was taken as psychotherapy with young men spans across several disciplines, including psychology, counselling, psychiatry, social work, and youth work. Moreover, within each discipline, therapy may become more specific as it is

adapted for specific issues, contexts, subgroups, or therapeutic modalities. Recently, authors have advocated the need for the development of male-friendly adaptations to practice that can be intentionally utilised by individual therapists to make any therapy "male-friendly" rather than employing only a single theoretical or therapeutic approach (Englar-Carlson et al., 2010; Liddon et al., 2019; Liddon & Barry, 2021). These transtheoretical recommendations would be located between the polarised positions of expansive, gender-blind recommendations and niche, treatment specific protocols for particular client groups that currently exist in the adolescent counselling literature (Kassan & Sinacore, 2016). As such, a transtheoretical framework for engaging adolescent males in individual counselling is proposed and presented in Table 2.

Table 2

Male-Friendly Framework for Psychotherapy with Adolescent Males

Male-friendly therapist factors

5		**Masculinities-Informed Specialised Approaches**	
4		**Masculinities-Informed, Male-friendly Services**	
3	**Skills**	**Research**	**Practice**
		- Understand the potential incompatibilities between conventional psychotherapy tasks, processes, and therapeutic relationships, and make masculinities-informed adaptations to therapeutic encounters with young men - Understand the diversity of masculinities and how young men may present and express in clinical practice.	Masculinities-Aligning Practices: - *Tailor language* - *Use humour judiciously* - *Understand young men's interests and worldview* - *Do activities together* - *Be transparent and provide orientation to therapy* - *Be collaborative and advocate young men's autonomy* Masculinities-Expanding Practices: - *Establish therapy as safe to express and explore emotions* - *Explore the costs of restrictive TMI* - *Construct new, positive codes of masculinities*
2	**Awareness**	**Research**	**Practice**
		- Understand young men may present to psychotherapy feeling shame and vulnerability - Understand how biases, stereotypes, and assumptions about adolescent males impact therapy and the therapeutic alliance - Understand masculine strengths and the prosocial behaviours of young men	- *Reflect upon own gender socialisation experience* - *Reflect upon personal experience of young men and masculinities* - *Utilise masculinities-informed supervision to reflect upon potential biases in assessment, treatment, and therapeutic relationship with male clients* - *Adopt a strength's-based perspective of boys and men* - *Adopt a therapeutic stance of unconditional positive regard towards male clients* - *Communicate acceptance and non-judgement towards young men in therapy*
1	**Knowledge**	**Research**	**Practice**
		Develop knowledge: - *Masculinities* - *Men's help-seeking* - *Young men's vulnerabilities* - *Gender socialisation* - *Adolescent development*	Masculine-sensitive assessment: - *Assess male-specific vulnerabilities* - *Use validated masculine-sensitive measures* - *Assess for gender-role strains, conflicts, and masculine strengths* - *Assess young men's commitment to therapy at commencement*

The transtheoretical framework provides three central areas of recommendations that can be adopted by individual therapists to make their psychotherapeutic interactions with adolescent males more male-friendly. In this framework, a hierarchical model is proposed. A foundation of knowledge (level 1) about young men, masculinities, and psychotherapy supports therapists in developing their intrapersonal awareness (level 2) and interpersonal adaptations and therapeutic skills (level 3) when working with young men. These thematic recommendations are drawn from the first paper of this thesis, a QSLR which utilised strict inclusion and exclusion criteria to consolidate generic recommendations from across the scholarly literature (Boerma et al., 2023). Two additional levels are offered, namely service adaptations (level 4) and the use of specific approaches (level 5). The experiences of participants in paper 3 extend previous research that highlights gender-sensitive adjustments that can be made by mental health services to be more appealing to young men (Rice, Telford, et al., 2018). Finally, the fifth level acknowledges and emphasises the need for specific approaches to address diversity in specific subgroups of young men, that present with specific issues or are addressed by a strict protocol. This model can be viewed as an increasing level of adaptation in practice and service delivery towards engaging adolescent males in therapy. The first three levels pertain to individual therapist factors, such that a therapist providing psychotherapy to young men at a gender-neutral service may adapt therapy to achieve greater engagement. Level 4 relates to mental health services tailored towards working with young men as observed in paper 3 of this thesis. The final level (5) relates to the need for male-friendly practices to be adapted to suit specific issues, contexts, subgroups of young men, and therapeutic modalities as identified in paper 1.

Rather than providing discrete summaries of findings for each of the three published papers in this thesis they will be discussed and applied to the recommendations proposed in the transtheoretical framework. Each level of the framework will include a discussion and

then suggestions for how the recommendations may be implemented in clinical practice. These recommendations are not meant to be an exhaustive list, but rather a starting point for practitioners to adopt and adapt in their own clinical practice. Reference to specific themes or findings that support the recommendations in the framework are delineated by the paper number and the specific theme (e.g., P1:2 = paper 1 + theme 2).

6.4.1. Recommendation 1: Practitioner Knowledge

The foundational level of this framework provides the recommendation that therapists should develop their knowledge of adolescent males and masculinities to engage them more meaningfully in psychotherapy. The construct of masculinities is a central organising concept in male-friendly counselling and is a key determinant of young men's contact and engagement with mental health services (P1:1). Broadly, this includes knowledge of conventional norms of traditional masculinity and understanding how these norms relate to more diverse and flexible forms of masculinities. Importantly, it is recommended that therapists develop their understanding of the continuing effect of gender socialisation during adolescence (P1:1), which is a key developmental period of identity formation for young men. This includes understanding the social pressures young men face through peer policing of traditional masculinity, specific gender role strains and conflicts, and how young men navigate resistance to masculine norms during this period. Moreover, understanding of mental health vulnerabilities in young men and their higher risk of presenting with externalising symptoms and disorders during adolescence may support accurate assessment and diagnosis. Finally, it is recommended that therapists develop their knowledge of the relational styles of adolescent males and how these may be incompatible with the conventional requirements of psychotherapy (P1:1; P2:1.1).

In practice, therapists may apply this recommendation flexibly in their therapeutic interactions with young men, to the degree that they determine is necessary to support

treatment. An explicit focus on masculinities may be beneficial for certain clients, while for others it may not. As highlighted by Englar-Carlson et al. (2010), the influence of masculinities permeates through all aspects of a young man's life, and impacts not only the reasons as to why he engages in psychotherapy, but how he "does" therapy, and what he expects of therapy. Similarly, a foundational knowledge of masculinities will enable therapists to move beyond merely considering the "what" of techniques associated with various therapeutic modalities to exploring "how" young men, as a unique client group, may respond to the tasks of therapy. Overall, knowledge about masculinities and gender socialisation would benefit therapists as they undertake assessment, treatment planning, and intervention with young men (P1:1). A masculine-sensitive approach to initial assessment in therapy may include:

Knowledge:

- Undertake independent learning and professional development on men and masculinities, gender socialisation, and adolescent development. In paper 2, therapists indicated that "clinical experience" was their primary source of learning (P2). As further research and training (e.g., Seidler, Wilson, Owen, et al., 2022) are published that highlight strategies to engage boys and men in counselling, therapists will have more options to develop their understanding of young men.
- Many young men delay help-seeking until symptoms are acute (P3:1). Therapists should be aware of how traditional masculine norms and young men's preferences for self-reliance may waylay timely access to professional support (P1:1). Young men may arrive at services feeling ashamed for needing psychotherapy (P1:1; P2:1). Knowledge of masculine norms can support therapists in understanding how resistance and defensiveness in therapeutic encounters with young men may be attempts to conceal vulnerability or shame.

Practice:

- Complete thorough assessment of specific male vulnerabilities and externalising symptoms. These may be measured through validated, male-specific measures, such as the MDRS (Rice et al., 2013). In addition to presenting symptomology, the impact of masculine socialisation on a young man's beliefs, attitudes, and behaviours may be assessed in several ways. For example, the MRNI-Adolescent Revised scale (Levant et al., 2012) may be used to assess young men's attitudes towards self-reliance, avoiding femininity, and dominance in therapy. In a less formal approach, therapists may utilise open-ended questions relating to gender role strains and conflicts that may be present. One approach may be to utilise knowledge of both GRSP theory and PPPM theory. In this way, therapists could first ask questions that relate to gender role strain that may be present, such as how traditional ways of coping may be maladaptive to the client in his current context. Moreover, the therapists may explore what the young man values, what he believes a "good man" to be, and how he has coped with distress in the past. The young man may then be invited to examine discrepancies between what he perceives to be the ideal masculine standard and his actual self (discrepancy strain), the function and adaptiveness of his current coping, and his personal values. Therapists may then present an empathic formulation of the function of his current coping, and reframe current coping (e.g., does not want to speak about emotions or his distress) to honourable attempts to remain in control (wants to problem solve and not make others worry).
- Therapists remain aware of how young men are often referred by caregivers or third parties and may initially have limited choice in whether they attend services (P3:1). Therapists can understand how mandated therapy may conflict with masculine norms of maintaining control and self-reliance. Exploring young men's relationship with the

referrer and his level of agreeance for the reason for referral can assist therapists in gauging his overall level of commitment.

6.4.2. Recommendation 2: Practitioner Awareness

The second recommendation in this framework is that therapists examine their own assumptions, stereotypes, and biases towards young men and masculinities in therapeutic encounters. This recommendation is based on findings from the QSLR (P1:2.1), therapist recommendations (P2:1.2-1.3), and from client and caregiver experiences (P3:3.2). Negative biases towards male clients may equally be an obstacle to both therapists developing empathy towards their male clients and these clients receiving the full benefits of counselling (Englar-Carlson et al., 2010). Therapists may stereotype male clients as unsuitable candidates for conventional therapy, unwilling or unable to express emotion, and underdiagnose gender-atypical disorders and presenting symptoms (Mahalik et al., 2012). When working with male clients who do present with gender typical externalising symptoms, such as anger, therapists may find more difficulty in developing empathy and have reduced confidence that treatment may proceed effectively (Seidler, Wilson, Trail, et al., 2021). Notably, contemporary cultural discourses that promote negative narratives towards men and masculinities may also influence how clinicians view the presenting symptoms of their male clients, and where "blame" is placed for a young man's current issues (Ashfield & Gouws, 2019; Whitley, 2018). Typified by a therapist-participant in paper 2 of this thesis, unchecked assumptions and biases about young male clients may ultimately lead therapists to see them as "…future therapy failures" (Boerma et al., 2024, p. 809). It is recommended that to ensure ethical, unbiased psychotherapy with male clients that both upholds professional practice guidelines for practitioners (e.g., APS, 2017) and to allow for the development of greater empathy for their male clients, therapists should actively reflect upon and monitor their assumptions and biases about young men.

Knowledge:

This recommendation relates first to intrapersonal adjustments within the therapist, but also deliberate interpersonal interactions with young men in therapeutic encounters (P2:1). Intrapersonal adjustments could include:

- Therapists may consider the personal impact of their own gender socialisation experiences, and their attitudes towards men and masculinities (P1:2.1). This could include reflecting upon how experiences with significant male figures in their own lives influence how they perceive men in psychotherapy; what stereotypes they hold about adolescent males and their suitability for counselling; where they place causation and blame for young men's unique challenges; and their assumptions about young men's capacity for emotional expressiveness (P2:1.2).
- Therapists may explore in masculinities-informed supervision how their assumptions and biases of men and masculinity may influence their assessment, case conceptualisation, treatment, and therapeutic relationships with young men in therapy (P1:2.1).
- Therapists adopt strengths-based perspectives of boys and men derived from PPPM theory and intentionally seek out the positive aspects and strengths of a young man's masculinities to complete a more comprehensive assessment of the whole person (P1:2.1).

Practice:

Findings from all three papers in this thesis program also identified the need for therapists to not only adjust their perspectives towards young men and masculinities, but to actively convey acceptance and empathy towards adolescent males in therapeutic interactions to counter the potential shame and vulnerability male clients may be experiencing (P1:2.1-

2.2; P2:1.2-1.4; P3:3.2). Deliberate interpersonal interactions to convey this acceptance could include:

- Therapists adopting and committing to a *therapeutic stance* towards young male clients that incorporates the Rogerian principles of genuineness and unconditional positive regard (P1:2.1).
- Therapists avoiding criticism towards young men in counselling interactions for their current challenges or ways of coping. Instead, maintaining curiosity and open-mindedness in all interactions (P2:1.2).
- Therapists explicitly communicating that they will not judge young male clients for their presenting problems or coping behaviours (P2:1.3). Rather, therapists should convey acceptance and non-judgement towards young men, and validate their psychological distress in therapeutic interactions (P2:1.2-1.3; P3:3.1-3.2)

6.4.3. Recommendation 3: Practitioner Skills

The third and final recommendation that can be adopted by therapists is to make masculinities-informed adaptations in their therapeutic encounters with young men to engage them more meaningfully in therapy, from commencement to termination (P1:3). This recommendation is based upon findings from all three papers in this thesis (P1:3; P2:1.3-3.2; P3:3.3-4) which highlights that understanding young men's experiences and preferences of psychotherapy can enhance how therapists tailor their practice to appeal to them.

Knowledge:

Research highlights the importance of positive initial contact with young men as a facilitator of greater engagement in therapy (Rice, Telford, et al., 2018). Several aspects of early therapeutic interaction appear important to address to ensure continued engagement. Previous research has highlighted that "lack of connection"' with a therapist, and therapy not feeling "right" as notable reasons for therapy dropout in younger Australian men (Seidler,

Wilson, Kealy, et al., 2021). Moreover, various research has highlighted unique expectations adolescent clients hold regarding psychotherapy. Namely, adolescent clients prefer to relate to therapists more like an adult friend rather than a mental health profession, prefer to remain in control in therapy, prefer collaboration on the goals of therapy, are concerned about and expect confidentiality; prefer for caregivers to not be involved, and prefer more casual approaches to therapeutic tasks (Ellis et al., 2013; Gibson et al., 2016; Orlowski et al., 2023; Stubbing & Gibson, 2022). As such, there is evident benefit in therapists adapting therapy to match the needs of young male clients to better engage them.

Practice:

Founded upon knowledge of the mismatch between conventional counselling requirements and adolescent male relational styles (P1:1), it is recommended that therapists adapt their practice to accommodate for these styles and capitalise upon how young men develop rapport. In this framework, male-friendly practices that can be utilised in individual therapy with young men are grouped into two main areas: Masculinities-Aligning practices and Masculinities-Expanding practices (P1: discussion). The main objective of Masculinities-Aligning practices is to promptly engage adolescent males by providing therapy conditions and activities that align with their preferences. From the findings of this thesis program, some Masculinities-Aligning practices include:

- *Tailor language:* Tailored communication is recommended as a key practice to engage more effectively with the relational styles of adolescent males (P1:3). Therapists can tailor their language to be more informal, less jargonistic, and avoid diagnostic labels to foster a relaxed environment for young men. Therapists should aim to balance professionality and relatability with therapeutic interactions with young men (P3:3).

- *Use humour judiciously:* Young men use humour as a port of entry to more serious discussion. (P1:3). Therapists can employ humour judiciously to build connection with young men, break down "professional/patient" dynamics, and diffuse discomfort early on in therapy (P1:3; P2:2.3).
- *Understand young men's interests and worldview:* Discussing young men's interests at length provides several benefits to therapists engaging young men. Understanding young men's interests and worldviews allows therapists to develop rapport and trust (P1:3), make their clients feel seen and heard (P3:3.2), understand their client's motivations, strengths, and broader social context (P2:2.4), and connect therapy goals to desired client outcomes (P1:3). Therapists should afford extra time to synchronise pace with young male clients to achieve this recommendation (P2:2.1).
- *Do activities together:* Adolescent males often develop rapport through instrumental, action-oriented activities (P1:3). Therapist may tap into these relational styles by incorporating activities into therapy to build rapport and lessen discomfort and awkwardness (P1:3; P2:2.2). Objects in the therapy space that young men can occupy themselves with, two-player competitive or cooperative games, and physical activities outside the office such as walking or pitching a ball together are some suggestions for adapting the conditions of therapy to match young men's relational styles (P1:3; P2:2.2).
- *Be transparent and provide orientation to therapy:* Adolescent males are often referred at the request of caregivers or third parties (Block & Greeno, 2011; P3:1.1-1.2) and are often not knowledgeable on the tasks and expectations of counselling (Rice, Telford, et al., 2018). Therapists can be transparent about the tasks and expectations of the counselling process at the commencement of

counselling and seek to understand young men's assumptions and preferences (P1:3). Therapists should be clear on therapeutic approaches and tasks utilised, explain and justify why specific options are being offered, and provide education and choice to clients in therapy to ease and apprehension young men may hold about their involuntary participation (P2:3.1).

- *Be collaborative and advocate young men's autonomy:* Therapists should identify who the primary client is at the commencement of therapy and communicate this to stakeholders early on (P1:3; P2:3.1; P3:4). Therapists can be directive at the start of therapy, yet remain collaborative about the goals, tasks, and process of therapy (P1:3; P2:3.1; P3:4). Therapists may adopt a solution-focused, action-oriented approach to counselling that includes the development of skills when working with young men (P1:3; P2:3.2; P3:3.3). Link therapeutic goals and tasks explicitly to what the client values and is interested in to support the development of his autonomy and decision making in therapy and align with his preferred objectives to increase engagement (P2:3.2).

The main objective of Masculinities-Expanding practices is to make the client's masculine identity a central focus of therapy, providing opportunities for young men to explore and reflect upon their awareness and beliefs about masculinities (P1: discussion). In paper 1, this was initially termed "Masculinity-Extending" practices, as it was conceptualised that therapists would support young men in extending past rigid and restrictive masculine norms and behaviours. However, upon the findings of the second and third paper, this term was reconsidered, as it was clear that male-friendly therapy not only supported clients in unburdening themselves from restrictive masculine beliefs and behaviours, but supporting their exploration of emotions, vulnerabilities, and in constructing new, adaptable masculinities. Here, I agree with Kilmartin (2005), who argued the need for therapist to

support men in "expanding" their masculinities to embrace and experience the full spectrum of emotions. To prevent male clients perceiving therapy as "feminising" them, it is suggested that "…therapeutic work can…be framed as an expansion of positive masculine qualities rather than a feminization process" (Kilmartin, 2005, p. 98). This term was adopted, such that therapeutic encounters provide the opportunity for therapists to not only support young men dispense of maladaptive masculine attitudes and behaviours, but also expand their emotional selves and construct new, positive codes of manhood. Supporting the development of young men's capacity to articulate, express, and connect with their whole emotional selves was a key task recommended in the literature (P1:2.1). Research highlights that adolescence is a critical developmental period for young men's masculine identity development. During adolescence, conformity to TMI norms acceptance of male-specific stereotypical attitudes, and peer-to-peer policing of masculine norms is strongest for young men (Herreen et al., 2021; Kågesten et al., 2016; Reigeluth & Addis, 2016). As a boy transitions into adolescence, the peer group takes a central role in his masculinity development (Rogers et al., 2021) that coincides with an uptick in acceptance of TMI norms and behaviours amongst young men (Gupta et al., 2013). Contemporaneously, adolescent males also resist restrictive masculine norms during this developmental period (Nielson et al., 2023; Way et al., 2014). As such, an opportunity is available for therapists during this developmental period to support young men in their exploration and interrogation of rigid masculine norms and behaviours that may be maladaptive to their current context. Masculinities-Expanding practices could include:

- *Establish therapy as safe to express and explore emotions:* Cognisant of the discomfort and conflict that can arise for young men in expressing emotions, therapists proceed incrementally and progressively in emotion-focused discussion and do so at the client's pace (P1:2.2; P2:1.4). Therapists utilising cognitive interventions initially and modelling appropriate verbal expressiveness of emotions during

discussion may subsequently facilitate a sense of safety in young men's own expressiveness (P1:2.2; P2:1.4).

- *Explore the meaning and costs of restrictive norms of traditional masculinity:* Therapy can be an opportunity for young men to reflect about their idiosyncratic masculine identities (P1:2.2). When appropriate, therapists may provide an opportunity for young men to explore the potential costs and consequences of the beliefs they hold about what it means to be a man and how they should behave (P1:2.2; P2:1.4). Therapist should avoid impressing their own beliefs about masculinities in therapeutic interactions, but rather provide an opportunity for young men to reflect upon their gender socialisation and consider what beliefs and behaviours are adaptive or maladaptive. A useful approach to frame these discussions can be found in Reigeluth's (2022) workbook for adolescent males, where gender socialisation learning processes include three parts: a situation, an internal or external response, and a teaching from the situation. For example:
    - Situation: Client tears up during an emotional movie scene while at the cinema.
    - Response: Friend whispers, "you're such a wimp".
    - Teaching: Do not cry or you will be seen as weak.

  Using this approach, therapists may facilitate consciousness raising exercises with young men about the costs of prescribing to restrictive masculine beliefs and how these beliefs may impact them (P1:2.2).
- *Construct new, positive codes of masculinities:* Therapists may support young men in exploring positive and prosocial codes of manhood and provide the dialectical view that men can be both strong and also express emotions when a context calls for such feelings (P1:2.2). This offers a functional-contextualist approach to masculinities,

such that young men may consider contexts where stoicism, toughness, and control are necessary, yet also identify contexts that allow them to experience the full spectrum of emotions.

6.4.4. Structural Adaptations to Existing Services

Although the overarching aim of this thesis program was a framework of recommendations for practitioners in individual therapy, findings related to structural adaptions were also identified. Building upon a foundation of knowledge and individual therapists' adaptations, services too can adopt a male-friendly approach to young men. From the findings of paper 3, it was clear that young men prefer services that they perceive are dedicated and responsive to their needs. Supporting focus group and service provider perspectives (Rice, Telford, et al., 2018), paper 3 identified that broader presence and advertisement of Menslink in school and the local community, casual and male-friendly therapy environments, flexibility in appointment times, short wait times, and low cost services appealed to young men and caregivers (P3:2.1-2.2). Notably, most respondents who attended Menslink indicated the importance of a male counsellor in their decision to attend (P3:2.3). A dedicated space for young males appeared to promote the perception that these counselling services were less feminised and rather specifically made for them. In sum, these adaptations at the service provider level appeared conducive to young men's initial and continued engagement.

6.4.5. Masculinities-Informed Specialised Approaches

Much of the research available on engaging boys and men in healthcare relates to adapting practice to suit male clients who hold traditional masculine beliefs (Beel et al., 2018; Seidler, Rice, Ogrodniczuk, et al., 2018; Zielke et al., 2023), whilst little scholarly attention has been afforded to engaging those with diverse, intersectional identities (Seidler, Benakovic, Wilson, Mcgee, et al., 2024). As such, general recommendations provided above

may not adequately suit the preferences or needs of all young men. As such, this final level—founded upon knowledge of young men, masculinities, and help-seeking—is aspirational in intent, and highlights the need for specific approaches to be adapted to suit specific groups of young men, in specific contexts, presenting with specific issues. A recent example of this can be found in Prehn's (2021) doctoral research on strengths- and nature-based therapy to suit the needs of Aboriginal men and their masculinities. It is proposed that the transtheoretical recommendations provided in the levels of the framework can be applied and adapted to more specific therapeutic encounters with young men who represent diverse backgrounds.

6.4.6. Locating the Transtheoretical Framework in the Broader Literature

As discussed in paper 1, the therapist-focused themes in this framework are consistent with established multicultural counselling competencies made notable by Sue et al. (1992, 1998). According to Sue et al., three domains of therapist competencies can be broadly applied to provide multicultural counselling: (a) therapist awareness of their own presumptions, values, and biases; (b) therapist understanding of their clients' worldviews; and (c) therapist development and implementation of culturally appropriate interventions and strategies. Past authors have highlighted the benefit of conceptualising gender and masculinities as multicultural counselling competencies (Liu, 2005), and offered suggestion about how these competencies may be applied to men (Englar-Carlson et al., 2010). The transtheoretical framework also aligns with process-oriented approach of the MCO (Davis et al., 2018; Hook et al., 2013; Owen et al., 2011). The framework necessitates intra- and interpersonal adjustments that align with the overarching MCO virtue of cultural humility, such that therapists are aware of the cultural impact of masculinity for young male clients upon both their beliefs and behaviour. Masculinities-expanding practices also allow for therapists to initial cultural opportunities that are clinically sensitive for young men, most notably their beliefs and attitudes about masculinity and emotional expression. Finally,

therapists are encouraged to reflect upon their own socialisation experiences through ongoing professional learning and supervision and adopt positive, strength-based perspectives of boys and young men to facilitate greater cultural comfort in their therapeutic interactions.

Broadly, the overarching recommendations derived from the thesis findings generally align with recommendations for engaging adult males in mental health interactions (Beel et al., 2018; Seidler, Benakovic, Wilson, Mcgee, et al., 2024; Seidler, Rice, Ogrodniczuk, et al., 2018), providing some confirmatory evidence of a continuum of recommendations for males. However, nuances were highlighted that relate to the developmental period of adolescence. Endorsement and resistance to traditional masculine norms, peer policing of gendered behaviour, and identity development intensifies during the adolescent period (Kågesten et al., 2016; McMahon, 2024; Reigeluth & Addis, 2016; Way et al., 2014), offering potential focal points of intervention for young men. As little scholarly attention has been offered to adolescent males previously (Rogers et al., 2021; Wong et al., 2010), further research may expand the understanding and impact of these development experiences for young men (McMahon, 2024) and prompt developmentally relevant counselling recommendations.

Overall, this transtheoretical framework provides three key areas of recommendations for therapists to adjust their practice to engage adolescent males more meaningfully in psychotherapy. The recommendations include that therapists develop knowledge and understanding of young men, masculinities, and the impact of gender socialisation during the adolescent developmental period; reflect upon their own gender socialisation, assumptions and biases towards young men, and adopt a therapeutic stance of commitment to male clients; and provide masculinities-informed adaptions to practice that align with the preferences of young men and their relational styles and expand their adaptive, prosocial masculinities. Two further aspirational recommendations were provided. Based upon findings from paper 3, structural adaptations that service providers can adopt were outlined. Finally, comment was

made to Masculinities-Informed Specialised Approaches. It is acknowledged that recommendations provided in this framework will not be generalisable to every adolescent male due to their idiosyncratic identities (Collins & Arthur, 2010), yet is offered as a starting point for therapists, service providers, and training institutions from a diversity of disciplinary and theoretical backgrounds to determine how male-friendly counselling strategies can be incorporated into clinical practice.

6.5. Originality and Significance of Thesis Program

It is expected that this thesis has provided a significant original contribution to the existing male-friendly counselling literature in several ways. In recent years, attention has been drawn to the relative scarcity of qualitative research in men's mental health and masculinities literature (Granero-Molina et al., 2022; Wong & Hom, 2016). Qualitative research can be utilised to adapt clinical practice, formulate interventions, and refine service provision (Granero-Molina et al., 2022; Morrow, 2007). Two qualitative, region-specific empirical papers and a qualitative systematic review are presented in this thesis program and contribute to male-friendly research focused upon adolescent males. The QSLR (paper 1) was the first published review of male-friendly counselling recommendations for adolescent males. Paper 2 was the first published qualitative study that explored practice-based recommendations from a diversity of Australian mental health practitioners. Paper 3 was the first published paper to explore the experiences of both young males and caregivers who had accessed a male-friendly, young men's counselling service in Australia. The developed transtheoretical framework for counselling adolescent males discussed earlier in this chapter is the first model proposed that is derived from a thematic synthesis of scholarly literature, therapist recommendations, and client experiences. It is expected this thesis will contribute to raising awareness of male-friendly counselling practices that can be utilised when working with young men.

6.6. Implications of the Framework for Practice and Training

This thesis has several implications for clinical practice and training. A detailed literature review of notable male vulnerabilities, young men's help-seeking and service engagement, and prominent theoretical paradigms was included to provide information for practitioners wanting to develop their knowledge about contemporary issues and research pertaining to the mental health of adolescent males. Moreover, recommendations and guidance have been thematically derived from the three papers and grouped into distinct areas of focus in the transtheoretical framework of recommendations that therapists can engage with as they see fit. The framework was developed such that clinicians from various disciplines can incorporate the principles into their clinical practice.

This thesis also has implications for tertiary training. As previously discussed, there is a need to upskill clinicians in working with men in therapeutic context (Seidler, Rice, Oliffe, et al., 2018). This is due to the lack of attention and inclusion afforded to boys and men's mental health and training that incorporates masculinities-informed perspectives in tertiary healthcare curricula (Mellinger & Liu, 2006; Seidler, Macdonald, et al., 2023; Seidler, Rice, Dhillon, et al., 2019). Despite the Australian National Men's Health Strategy 2020–2030 calling for the delivery of tailored, male-friendly health care services to be provided for boys and men (Department of Health, 2020), coverage of men's mental health issues and engagement in tertiary institutions remains limited (Seidler et al., 2024). The transtheoretical framework proposed in this thesis can be used as a basis for future tertiary training that tailors mental health services to greater engage young men that is neither wedded to a specific therapeutic modality or allied health discipline. Providing a foundational level of knowledge, professional awareness, and skills to student practitioners could aid their competence and confidence in engaging young men in therapy. Moreover, this foundational training could act as a springboard for early career practitioners to flexibly adapt the recommendations as they

encounter young men of diverse masculinities and intersectional identities. Finally, due to the prior limited coverage of boys and men's mental health in tertiary training, seasoned practitioners who may want to shift from gender-neutral to gender-sensitive therapeutic practices may also benefit from the transtheoretical framework via continuing professional development education. This would ensure that practitioners across the span of professional experience would have access to professional development that aligns with the National Men's Health Strategy for the delivery of tailored services for boys and men (Department of Health, 2020).

6.7. Limitations of Thesis and Directions for Future Research

As a discussion of the limitations was included in each paper presented in the chapters of this thesis, an overall comment on limitations of the thesis program will be provided here. Apart from the QLSR, the empirical studies in this thesis offer region-specific therapist and client experiences from the Australian context. As most previous research for engaging young men in psychotherapy has been published in the US (Boerma et al., 2023), an explicit objective of this thesis program was to provide research from another Western nation. However, it should be noted that the relevance of these results remains restricted to the Western context, which generally promotes and esteems hegemonic masculine norms over others expressions of masculinities (Levant, 2011). To date, a dearth of research has been afforded to engaging adult male clients from diverse intersectional backgrounds (Seidler, Benakovic, Wilson, Mcgee, et al., 2024), much less so afforded to adolescent males as identified in paper 1. Relatedly, because of the online qualitative survey method used in paper 2, there was no opportunity to ask therapists follow-up questions to clarify whether their recommendations applied to all young men or to specific subgroups of young men. The anonymous nature of this online survey also did not allow member checking by participants. This is an additional trustworthiness measure in qualitative research that would have

provided opportunity for therapists to clarify the target audience for their recommendations (Wong & Hom, 2016). As such, the overall recommendations of this thesis and framework may be less sensitive to young men who represent diverse cultural, ethnic, racial, and sexual backgrounds. However, they are offered as a starting point for practitioners to develop their knowledge about the culture and masculinities of young men, gain awareness of their potential biases, and adapt their therapeutic encounters. These positions align with broader multicultural counselling competencies for engaging clients from diverse backgrounds (APA, 2017; Liu, 2005; Sue et al., 1992).

From limitations and findings identified throughout the papers in this thesis, broad directions for future research are identified. There remains a clear need for future primary research examining stakeholders involved in adolescent males' engagement in mental health services. As this area of research evolves, a shift from scholarly commentaries and expert-opinions to empirically derived research findings would improve the quality of the evidence base for future systematic reviews of research (McArthur et al., 2015). Several stakeholder focus areas for future research are notably apparent: practitioners, young men, and caregivers.

First, mixed-methods research could explore practicing therapists alignment and enactment of guidelines published by professional institutions on working with boys and men (APA, 2018a; APS, 2017). Little is known about whether therapists access these guidelines or adopt them in their practice. Notably, therapists in paper 2 emphasised relational dimensions to engaging young men that were largely absent from these guidelines. Further research is needed to examine how therapists develop their masculine-sensitivity in psychotherapy with young men across time. This could include contrasting student practitioners with experienced practitioners or practitioners with a specialisation with male-friendly therapy. Moreover, semi-structured interviews with mental health practitioners may

contribute to the themes developed in paper 2 and further clarify adjustments made to suit certain subgroups of intersectionally diverse young men.

Second, future research is needed to not only ascertain the most salient aspects of male-friendly psychotherapy for young men, but equally include opportunity for young men to co-design male-friendly approaches to improve mental health services. This would allow for iterative enhancement of services based upon consumer feedback (Baker & Rice, 2017). As highlighted in the literature review, research about adolescent psychotherapy frequently underrepresents young men's voices in qualitative research (Dimic et al., 2023). Thus, further research should examine young men's preferences and expectations of therapy to better tailor male-friendly approaches and also clarify the relevance of these approaches to young men of diverse masculinities. Extending beyond this initial research, codifying and quantitatively evaluating the impact of specific male-friendly techniques on young men's therapeutic experiences will aid in understanding the relative utility of these techniques.

Future research could also explore young men's experiences of therapists who provide male-friendly therapy. In alignment with process-oriented multicultural counselling approaches (Hook et al., 2013), client-rated, post-session scales could measure how young men perceive therapists' humility and interpersonal orientation towards them. Findings from this thesis identified that creating a context of safety for young men to feel psychologically safe was crucial to their continued engagement. Inherent in this is the need for young men to not perceive they are being judged for their attitudes, beliefs, or behaviours. As such, measures that capture client perceptions about how their therapist respects the ways in which they express emotions, are attuned to the challenges facing him as a young man, convey a sense of acceptance and humility in therapeutic interactions, and foster their autonomy in therapy may provide rich insight into young men's experiences of therapy and identify areas where therapists can improve. Moreover, this client-scale could be utilised for longitudinal

research. As therapists continue to develop their knowledge and skills in working with young men, this measure could be administered to young male clients to ascertain whether therapists' cultural humility scores increase in initial sessions as their abilities improve. By means of feedback-informed treatment, this measure could encourage client-centred treatment, encourage clinician reflection, and track their professional growth.

Third, by way of the three papers in this thesis program, the notion of autonomy and control in therapy was crucial to both young men's engagement and their commitment to the tasks and goals of therapy. However, young men are predominantly referred or mandated to attend therapy by others (Block & Greeno, 2011) and possess limited social and financial independence during this developmental period (Denborough, 2018), which may resultantly diminish their perceived sense of autonomy. In this thesis, findings indicated that therapists predominantly advocated for the autonomy and control of the clients to increase their engagement, yet little remains known about how therapists manage the often competing demands between caregivers and young men (Boerma et al., 2024). Future research is needed to explore both therapists and caregiver perspectives and expectations about how autonomy and control in therapy is navigated with young men.

Finally, a next step might be to develop a training curriculum based upon the developed framework and evaluate its utility in developing practitioners' confidence and skills in providing psychological treatment to young men. It is expected that the transtheoretical framework outlined in this thesis can serve as a foundation for future theory and research examining approaches to engaging young men, yet ultimately remains to be tested. The focal points of the framework lend themselves to different learning approaches that could be utilised. Learners may gain knowledge of young men, masculinities, and mental health through readings and presentations. This knowledge must be grounded in current theory and empirical research that aligns with available multicultural counselling competency

guidelines (APA, 2017; Devine & Ash, 2022). In line with current cultural competency training pedagogy recommendations for psychologists (Benuto et al., 2018), this learning could be consolidated through group discussions and reflection tasks. Transmuting this newfound knowledge into increased awareness of potential biases and attitudinal change appears a greater challenge in cultural competency training (Benuto et al., 2018). As such, a central task of increasing cultural competency is to provide opportunities for trainees to identify and process their own negative assumptions, biases, and value conflicts related to counselling young men (Liu, 2005; Stevens & Englar-Carlson, 2010). As such, reflective tasks, case studies, and masculinities-informed dyadic discussions may be used to enhance learners' awareness of their own gender socialisation experiences and assumptions about masculinities. Finally, case studies, role plays, video demonstrations, and practical tasks may be utilised to assist learners in developing their skills and confidence in engaging adolescent males in therapy. Learners self-reported competence and confidence in engaging men in therapy may be measured before and after completing the training program using established measures (e.g., Seidler, Wilson, Toogood, et al., 2022). Iterative enhancement of this training program could then be enacted through collection of end user experiences and feedback.

6.8. Researcher Reflections

Since I began writing this thesis in early 2021, it has become clear that this field—and the broader study of men's health—is evolving rapidly. Wedded to this are the significant sociocultural questions—both old and new—being raised about boys, men, and masculinities. What is a good man? How can society socialise young men to be prosocial? Should masculinity be deconstructed or reconstructed? How does the migration of boys and men to the digital environment impact their social connectedness, sense of isolation, loneliness, or attitudes towards quality and people of diverse genders? How do boys and young men navigate and internalise information from social media influencers and the 'manosphere'?

(Hoffmann & Addis, 2023; McDermott et al., 2023; McMahon, 2024; Power, 2022; Reeves, 2022; Waling, 2023; Wescott et al., 2024). Despite this constantly evolving landscape, the remit placed upon all mental health practitioners remains steadfast: to meaningfully engage the young man seated in front of them in the tasks and processes of therapy. Notwithstanding the broader sociocultural discourse, scarce guidance and knowledge remain available to aid therapists in providing services to this population. My goal to collate scholarly, practitioner, and consumer perspectives about male-friendly counselling for young men was achieved via the development of a novel framework that can be used by any practitioner to engage this population.

Albeit this goal was somewhat self-serving, as I wanted to improve my own competency in providing therapy to boys and young men, I could not have predicted the reciprocal impact between this program of research and my clinical practice. At the commencement of this program, I depended upon generic psychotherapy skills when working with young men as I had little knowledge of masculinity theory and literature. However, delving into this literature and learning about key theories, such as PPPM, GRS, and Multicultural Counselling Competencies not only sharpened my theoretical knowledge about young men, but also informed my clinical practice. My awareness of my own biases and stereotypes increased and could be reflected upon and understood through the theories that I had learned about. In turn, this helped me to adjust my beliefs and behaviours—both in an out of the therapy room—and adapt my therapeutic techniques with young men. Opportunities over the last few years, such as seeking help myself, allowed me to identify and reckon with conflicting beliefs I held about vulnerability, support, and strength; beliefs I ask my young men to interrogate in my practice every day. This reminded me of the importance of practitioner reflection and supervision for the benefit of their clinical practice. Analysing scholarly texts and recommendations and integrating their findings with the

experiences of practitioners and consumers alike underscored the value of bridging research and practice, as each informed and strengthened the other. My hope is that the transtheoretical framework can be a foundation for other practitioners to increase their knowledge, awareness, and skill in working with young men, as it has been for me.

6.9. Conclusion

Considering adolescent males are generally reluctant to engage with mental health professionals, often dropout prematurely, and do so sooner than female peers despite experiencing high levels of psychological distress, it is essential that therapists engage young men swiftly and meaningfully in therapeutic interactions. By way of three published papers and the development of a novel transtheoretical framework for counselling adolescent males, this thesis program has extended scholarly knowledge of male-friendly counselling for this population. Findings highlight that individual therapists can make practicable adjustments in their practice to engage young men. This includes developing their knowledge of young men, masculinities, and gender socialisation, recognise themselves as a gendered being and monitor potential assumptions and biases that may impede therapy with young men, and adapt their practice to engage and retain young men in therapy. A transtheoretical framework was developed that highlights the applicability of male-friendly practices to any therapeutic approach or disciplinary background in mental health care. Moreover, this framework provides insight and direction for future research to develop and evaluate gender-sensitive services to better serve young men.

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APPENDIX A: PAPER 1 PRISMA CHECKLIST

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	p. 100
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	p. 100
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	pp. 100-102
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	p. 102
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	pp. 102 & Table 1
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	p. 102 & Table 1
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	Supp. Table 1.
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	pp. 102-103
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	pp. 102-103
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g. for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	N/A
	10b	List and define all other variables for which data were sought (e.g. participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	N/A
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	p. 103
Effect measures	12	Specify for each outcome the effect measure(s) (e.g. risk ratio, mean difference) used in the synthesis or presentation of results.	N/A
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g. tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	N/A
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	N/A
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	N/A
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to identify the presence and extent of statistical heterogeneity, and software package(s) used.	p. 103
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g. subgroup analysis, meta-regression).	N/A
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A

Section and Topic	Item #	Checklist item	Location where item is reported
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	N/A
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	N/A
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Figure 1.
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Figure 1.
Study characteristics	17	Cite each included study and present its characteristics.	Table 1.
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Table 1.
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	N/A
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	N/A
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g. confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	N/A
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	N/A
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	NA
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	N/A
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	N/A
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	pp. 108-110
	23b	Discuss any limitations of the evidence included in the review.	p. 109
	23c	Discuss any limitations of the review processes used.	p. 109
	23d	Discuss implications of the results for practice, policy, and future research.	p. 109
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	p. 110
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	p. 110
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	p. 110
Competing interests	26	Declare any competing interests of review authors.	p. 110
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	N/A

APPENDIX B: PAPER 1 DATA BASE SEARCH TERMS

EBSCO (Psychology and Behavioural Sciences Collection, PsycARTICLES, PsycINFO, Academic Search Complete, and eBook Collection)	*(boy* OR young male OR teenage boy OR teenage male OR adolescen* male OR adolescen* boy)* AND *(counsel* OR therap* OR psychotherap* OR treatment)* Date range: January 1995 - Current
WileyScience Online Library	*(boy* OR young male OR teenage boy OR teenage male OR adolescen* male OR adolescen* boy)* AND *(counsel* OR therap* OR psychotherap* OR treatment)* Date range: January 1995 - Current
WorldCat eBook	*(boy* OR young male OR teenage boy OR teenage male OR adolescen* male OR adolescen* boy)* AND *(counsel* OR therap* OR psychotherap* OR treatment)* Date range: 1995 - Current
ProQuest One Academic database	*(boy* OR young male OR teenage boy OR teenage male OR adolescen* male OR adolescen* boy)* AND *(counsel* OR therap* OR psychotherap* OR treatment)* Date range: January 1995 - Current
Taylor and Francis Online	*(boy* OR young male OR teenage boy OR teenage male OR adolescen* male OR adolescen* boy)* AND *(counsel* OR therap* OR psychotherap* OR treatment)* Date range: January 1995 - Current

APPENDIX C: UNISQ PAPER 2 ETHICS APPROVAL

[RIMS] USQ HRE Application - H22REA100 - Expedited review outcome -Approved

ⓘ You forwarded this message on Mon 08/08/2022 14:43

H human.Ethics@usq.edu.au

Mon 09/05/2022 11:3

To: Micah Boerma

Cc: Carla Jeffries

Dear Micah

I am pleased to confirm your Human Research Ethics (HRE) application has now been reviewed by the University's Expedited Review process. As your research proposal has been deemed to meet the requirements of the National Statement on Ethical Conduct in Human Research (2007), ethical approval is granted as follows:

USQ HREC ID: H22REA100
Project title: Therapist Experiences of Counselling with Adoelscent Males in Australia
Approval date: 09/05/2022
Expiry date: 09/05/2025
USQ HREC status: Approved

The standard conditions of this approval are:

a) responsibly conduct the project strictly in accordance with the proposal submitted and granted ethics approval, including any amendments made to the proposal;.

(b) advise the University (email:ResearchIntegrity@usq.edu.au) immediately of any complaint pertaining to the conduct of the research or any other issues in relation to the project which may warrant review of the ethical approval of the project;

(c) promptly report any adverse events or unexpected outcomes to the University (email: ResearchIntegrity@usq.edu.au) and take prompt action to deal with any unexpected risks;

(d) make submission for any amendments to the project and obtain approval prior to implementing such changes;

(e) provide a progress 'milestone report' when requested and at least for every year of approval.

(f) provide a final 'milestone report' when the project is complete;

(g) promptly advise the University if the project has been discontinued, using a final 'milestone report'.

The additional conditionals of approval for this project are:

(a) Nil.

Please note that failure to comply with the conditions of this approval or requirements of the Australian Code for the Responsible Conduct of Research, 2018, and the National Statement on Ethical Conduct in Human Research, 2007 may result in withdrawal of approval for the project.
Congratulations on your ethical approval! Wishing you all the best for success!

If you have any questions or concerns, please don't hesitate to make contact with an Ethics Officer.

Kind regards

Human Research Ethics

University of Southern Queensland
Toowoomba – Queensland – 4350 – Australia
Email: human.ethics@usq.edu.au

APPENDIX D: PARTICIPANT INFORMATION SHEET

Project Title

Therapist Experiences of Counselling with Adolescent Males in Australia

Research team contact details

Principal Investigator Details

Mr Micah Boerma
Email: [redacted]

Telephone [redacted]

Principle & Associate Supervisor

Dr Carla Jeffries
Email: [redacted]
Telephone: [redacted]

Dr Nathan Beel
Email [redacted]
Telephone: [redacted]

Description

The purpose of the project is to understand the common experiences, insights, and challenges of Mental Health Professionals who work with adolescent males in individual counselling with the intent to collate findings into practical recommendations of working with this unique population.

This project is being undertaken by Micah Boerma as part of a Doctor of Philosophy program through the University of Southern Queensland, supervised by Dr Carla Jeffries and Dr Nathan Beel

Participation

If you agree to participate in this study, you will be asked to complete an online survey that includes questions regarding demographic information, generic questions relating to your counselling practice, and questions about your opinions and experiences of working with adolescent males. The survey will take approximately 15-30 minutes of your time.

To participate in this study, you must be a mental health professional who identifies as working frequently with adolescent males in a face-to-face (or telehealth), individual counselling context.

If you do not wish to answer a particular question or continue to take part in the survey, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. No identifiable data is collected.

Upon completion of the online survey, you will have the opportunity to indicate your interest in entering a random prize draw to win 1 of 5 $50.00 AUD Digital Coles Meyer gift cards. If you indicate your interest in entering the random prize draw, you will be redirected to a second brief survey to enter in your name and contact email. This survey is in no way linked to the first, and your contact details cannot be linked to your responses. At the conclusion of the survey data collection, 5 participants will be randomly selected, and the online gift cards sent to their provided email address.

Your decision whether you take part, do not take part, or take part and then withdraw, will in no way impact your current or future relationship with the University of Southern Queensland.

Expected benefits

The information gained from the research will be used to improve the understanding of meaningfully engaging and working with adolescent males in individual counselling. The experiences and recommendations you provide will be collated with the information others provided so that a summary of results across participants can be presented in a report describing the outcomes of the study.

Risks

In participating in the questionnaire, no anticipated risks beyond normal day-to-day living and demand of your time to complete the survey.

It is not anticipated that completing the questionnaires will be distressing. However, in the event that completing the survey brings up distress for you, it is encouraged that you contact a mental health service via the BeyondBlue website at: http://beyondblue.org.au/, or if in crisis, call the Lifeline Crisis Counselling Hotline on 13 11 14

Privacy and confidentiality

Privacy and confidentiality will be assured at all times. All responses are confidential and nonidentifiable, and completion of the survey will contain no information that can identify any individual. Only the research team will have access to the information provided by participants. Individual responses to survey items will be collated into general themes of counselling recommendations for working with adolescent males. Research outcomes will be provided in a report and may be written up for publication. However, in all these reports, the privacy and confidentiality of individuals will be protected.

Any data collected as a part of this project will be stored securely, as per University of Southern Queensland's Research Data and Primary Materials Management Procedure.

Consent to participate

Clicking the 'Submit' button at the conclusion of the questionnaire is accepted as an indication of your consent to participate in this project.

Questions

Please refer to the Research team contact details at the top of the form to have any questions answered or to request further information about this project.

Concerns or complaints

If you have any concerns or complaints about the ethical conduct of the project, you may contact the University of Southern Queensland, Manager of Research Integrity and Ethics on +61 7 4631 1839 or email researchintegrity@usq.edu.au. The Manager of Research Integrity and Ethics is not connected with the research project and can address your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this document for your information.

APPENDIX E: EXAMPLES OF ONLINE RECRUITMENT FOR STUDY 2

Australian Association of Social Workers Promoted Research Webpage

Opportunities for research participation

Opportunities for members to participate in research

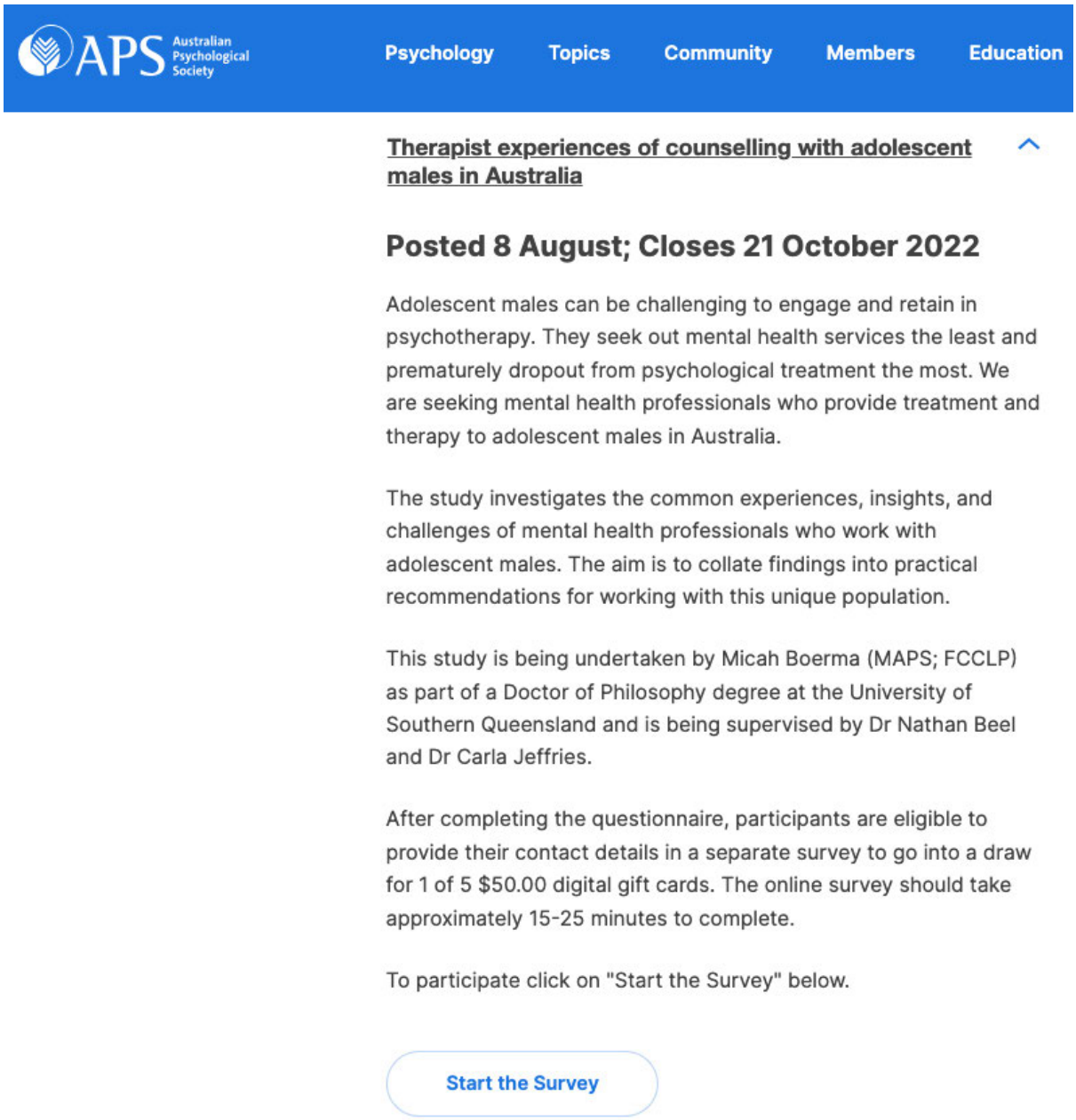
The AASW National Research Committee; as part of its commitment to promote and encourage social workers' involvement in research; reviews and approves various research projects to be advertised to members. Both conducting and participating in research are considered to be key professional development activities and can be counted towards your annual CPD. If you participate in any of the research activities listed below, you can record this as a Category 3 activity (Professional Identity) in your online CPD record.

Current research projects

Therapist Experiences of Counselling Adolescent Males in Australia

Key dates	15/07/2022 – 21/10/2022
Participants sought	Counsellors and mental health professionals who provide individual counselling or therapy to adolescent males in Australia.
About	Adolescent males can be challenging to engage and retain in counselling and wellbeing services. They seek out mental health services the least and prematurely dropout from psychological treatment the most. We are seeking mental health professionals who provide treatment and therapy to adolescent males in Australia. The study investigates the common experiences, insights, and challenges of mental health professionals who work with adolescent males. The aim is to collate findings into practical recommendations for working with this unique population.
What is involved	Participation involves completing an 15-25 minute online, anonymous survey that asks for your insights, experiences, and recommendations for working with adolescent males in individual counselling.
How to get involved	To view the participant information sheet and complete the survey, please click here.
Institution and investigator contact	University of Southern Queensland Principal Researcher: Micah Boerma, PhD Candidate – [redacted] Supervisor(s): Dr Carla Jeffries; Dr Nathan Beel

Australian Psychological Society Promoted Research Webpage



Recruitment Flyer

UniSQ

Are you a mental health professional who works with adolescent males?

Researchers from UniSQ are wanting to gather therapist experiences and insights for working with young men.

What is this study about?

The aim of this study is to collate Australian therapist opinions of working with young men into practical recommendations for counselling young males.

What is involved?

A brief, anonymous online survey that includes questions regarding your insights, opinions, and recommendations on engaging adolescent males in counselling.

Why participate?

- Contribute to the limited Australian body of research on effective counselling practices for adolescent males.
- Opportunity to enter a prize draw for 1 of 5 $50AUD gift cards.

To Participate:

For more information and to participate, scan the QR code below.
It is recommended that the survey be completed on a computer.

SCAN ME

Researcher Contact:

Micah Boerma (PhD Candidate)
Clinical Psychologist, MAPS
Email: micah.boerma@usq.edu.au

APPENDIX F: PAPER 2 QUESTIONNAIRE

Demographic Data

1. *What is your gender?*
   - Male
   - Female
   - Other: _____

2. *What is your age?*
   - ____

3. *What best describes your current residence location?*
   - Metropolitan
   - Regional
   - Rural
   - Remote
   - Other: _____

Details of Practice and Experience

4. *What is your profession?*
   - Psychologist
   - Counsellor
   - Psychiatrist
   - Social Worker
   - Mental Health Nurse
   - Occupational Therapist
   - Other: _____

5. *Type of psychological service predominantly provided in your daily work?*
   - Individual therapy
   - Family therapy
   - Group therapy
   - Psychological assessments
   - Clinical research
   - Other:_____

6. *In which sector do you work?*
   - Private practice
   - Health sector
   - Education sector (Private)
   - Education sector (Public)
   - Non-government community services sector
   - Other:_____

7. *How many years have you practiced counselling as a mental health professional (including any provisional training/experience)?*
   - _____

8. *On average, how many hours per week do you spend providing direct client therapy services?*
   - _____

9. *What approximate percentage of your clients are adolescent males? (i.e. 12–18)?*
   - 0%
   - Less than 25%
   - Between 25% - 50%
   - Between 50% - 75%
   - Between 75% - 100%
   - 100%

Working with Adolescent Males as a Specific Population

10. *Would you say that you have a specific interest in working with adolescent males?*
    - Yes
    - No
    - Neutral

11. *What are the primary sources of learning where you have gained understanding of working with young males? These may include experience, supervision, specialist training, private readings etc.*
    - *open text response*

12. *What are the challenges you see arise when working with adolescent males?*
    - *open text response*

Engaging and Counselling Young Males

13. ***In your experience,*** *what do you think is important for mental health professionals to know about adolescent males as a unique population?*
    - *open text response

14. ***In your experience,*** *what would you say is important for mental health professionals trying to connect with adolescent males in their counselling work?*
    - *open text response

15. ***In your experience,*** *what have you found to be unique in the counselling process with adolescent males compared to other client groups over the course of therapy?*
    - *open text response

16. ***In your opinion,*** *what things do you think are likely to be unhelpful in therapy when counselling adolescent males? Please give reasons:*
    - *open text response

17. ***In your opinion,*** *what things do you think are likely to be helpful in therapy when counselling adolescent males? Please give reasons:*
    - *open text response

APPENDIX G: PAPER 3 ETHICS APPROVAL

University of Southern Queensland

Office of Research

Human Research Ethics Committee

human.ethics@usq.edu.au

26/09/2023

Dr Carla Jeffries

Australia

Dear Carla

Re: UniSQ HREC prior approval - Noted

Thank you for submitting your prior approval application to the University of Southern Queensland Human Research Ethics Committee (UniSQ HREC) for consideration. The Committee has reviewed your prior approval documentation. The UniSQ HREC has noted the research project and has noted UniSQ's involvement.

UniSQ HREC project ID: ETH2023-0318

Project title: Young men's experiences of counselling and psychotherapy.

Project Approval Date: 26/09/2023

Project Expiry Date: 26/09/2026

Lead HREC: University of Canberra HREC

Ensure that work is conducted in accordance with your prior approval application and only within the dates listed above (unless amended by a subsequent Human Research Ethics Committee decision from the University of Canberra and/or the University of Southern Queensland).

Standard Conditions

The UniSQ Human Research Ethics Committee requires you, as Principal Investigator to:

University of Southern Queensland

(a) Seek an amendment request for any proposed change(s) to this project in accordance with the lead HREC processes. Ensure approved changes are reported to the UniSQ HREC.

(b) Promptly report any unexpected or adverse event pertaining to the conduct of the research or any other issues in relation to the project, which may warrant a review of the ethical approval in accordance with the lead HREC processes.

(c) Submit milestone reports of progress and project finalisation reports in accordance with the lead HREC process. Ensure reports are provided to the UniSQ HREC.

(d) Submit any other reports that the lead HREC or UniSQ HREC requires.

Additional conditions

(e) ...

If you have any questions, please do not hesitate to contact the UniSQ HREC Executive Officer (human.ethics@usq.edu.au).

Yours sincerely

UniSQ Human Research Ethics Committee

APPENDIX H: PAPER 3 MENSLINK QUESTIONNAIRE

Introduction

a. Hi, my name is [*] from the University of Canberra. Is this [*contact name]? Is now still a good time to interview you about your experience of Menslink?
b. Have you read the Participant Information that I texted/emailed earlier?
    a. If no, ask them to read it
c. Do you consent to participate in this study and for your responses to be recorded and used as described?

Recording

a. Are you OK for the recording to be started?
b. The recording has now started. Remember to let me know if you would like the recording stopped at any time. And let me know if you do not wish to answer any questions.
c. I'm here today with [*name] to discuss [*their/his/her] experience of Menslink.

Initial Engagement

a. [*Name], could you please tell me about how [*you/name] got involved in the Menslink Counselling Program/
    a. How did [*you/they] hear about the program?
    b. Who referred [*you/name] to the program?
b. What issues or support [*were/was] [*you/name] seeking help with when [*you/he] came to Menslink for Counselling?
c. Why do you decide that Menslink Counselling might be good for [*you/name]?

Program Experience

a. Could you please tell us about [*your/name's] experience of the Menslink Counselling program? For example: a.
    a. What did it involve?
    b. What did [*you/name] do?
    c. How many Counselling sessions did [*you/he] have approximately?
    d. Over what period of time? or How often did [*you/name] meet with [*your/his] counsellor?
    e. How did [*you/name] get along with [*your/his] counsellor?

f. What did [*you/name's] talk about (or do) with [*you/name]'s counsellor?

g. What do you think were the most helpful or best aspects of the Counselling program?

h. What do you think were the least helpful or worst aspects of the Counselling program?

i. Why did [*you/he] stop going to Counselling?

b. While [*you/name] were seeing the counsellor, what difference did it make at the time? Examples?

    a. Personal

    b. Social / relationships

    c. Physical

    d. Mental health

    e. School / Work / Community behaviour and performance

c. Did [*you/name] learn anything from Counselling that [*you/he] is still using today? Examples?

    a. Personal

    b. Social / relationships

    c. Physical

    d. Mental health

    e. School / Work / Community behaviour and performance

d. What do you think was the single, most valuable benefit of participating in Menslink Counselling program for [*you/name]?

e. Is there anything you were hoping Menslink would provide, but didn't?

f. How do you think that the Menslink Counselling experience affected [*your/name's] outlook on the future?

Program Impacts

a. Overall, how would you describe the impact of Menslink Counselling on [*you/name]?
    a. Ask about reasons if they haven't already been explained.
b. Based on your experience, what improvements would you suggest for the Menslink Counselling program?
c. Are there any other comments about your experiences of the Menslink Counselling program which you'd like to share?

Ending

a. Thankyou very much for sharing your experience of Menslink's Counselling program.
b. Could I please double-check to confirm you are still willing for your responses to this interview being used for research studies?

Recording

a. The recording has finished.
b. Would you like to receive a summary of the results?
    a. *If Yes, double-check email address in the contacts spreadsheet.*

Thank-You and Follow-Up Contact Details

a. Thanks for participating in this interview.
b. If you have any queries about the study, please see the University of Canberra contact details in the Participant Information Sheet emailed to you earlier.
c. If you become distressed following this interview, contact Lifeline or Menslink.
d. Their contact details are also in the Participant Information Sheet emailed to you earlier.
e. I will also send you a final thank-you SMS/email which contains that link.