# Illumination Psychotherapy

SHINING A LIGHT WITHIN

# TEEN BOYS & MENTAL HEALTH: SIGNS TO WATCH FOR

# MENTAL HEALTH STATISTICS

- Suicide is still the leading cause of death for those aged 15-24
- 1 in 5 kids aged 9-17 have a diagnosable mental health disorder that causes some degree of impairment. Only about 1/3 of these kids get treatment
- 1 in 20 adolescents meet the clinical criteria for ADHD
- High school students reported persistent feelings of sadness or hopelessness increased from 26% to 37% between 2009-2019
- Anxiety disorders most common mental health disorder in adolescents with about 1 in 8 impacted
- Teen boys are less likely than girls to be recognized as having a mental health issues. Teen boys may present with different symptoms for certain mental health issues than girls, including anxiety and depression
- 1/3 of teen boys report feeling societal pressure to hide or suppress their feelings when they feel sad or scared
- Only 13.2% of young men ranging from 16-24 will access mental health services while experiencing a mental health issue

# COMMON ISSUES WITH ADOLESCENTS

- Anxiety
- Depression
- Trauma
- Life Transitions
- Impacts of ADHD (and neurodivergence overall)
- Substance Use Disorder
- Suicide

# CONSIDERATIONS

Getting support and help is appropriate even your teen is experiencing some distress that does not meet the criteria for a diagnosis.

- There are official criteria people need to meet in order to be officially "diagnosed" with anxiety, depression, etc.
- HOWEVER, a person can have elements or traits of these "disorders" and the person can benefit from support and interventions even if the person does not meet the full criteria for a diagnosis.

# **BEHAVIORS**

Many of mental health issues (including those listed above) have common ways of showing up in a person. When looking at our teens, it is more important to know the signs that something is amiss than being able to exactly pinpoint, 'oh, this is anxiety'. Once you identify there is something going on, you can help your teen by asking more about what is driving the





behaviors or seek professional support through a therapist to assess for what is happening. When assessing behaviors in your teen son, you are looking for changes from baseline. You have known your teen for his/their whole life. You know what is generally standard behavior. You are looking for variations that are not solely developmentally appropriate. An example is that a teen starts to pull away from parents. That is entirely normal and should happen. If you notice your teen is pulling away AND grades are dropping, then that is something to further explore with your teen to see what is going on. Examples of behavioral changes include:

Social:

- not doing as well as usual at school or does not want to go
- does not want to go to social events; quitting activities that they enjoy
- withdrawing more than usual from friends, family and community; canceling plans with their closest friends with little or no explanation
- a whole new set of friends you've never met before

Emotional:

- mood swings, irritability, tearfulness, anger, seems down
- doesn't seem to enjoy things the way they used to
- consistently behaves in a defiant or aggressive way
- is afraid or worried a lot that won't stop
- has trouble paying attention, can't sit still or is restless
- refusing to talk about what's bothering them, even after you've made it as safe as possible to discuss hard issues openly
- obsession with a certain goal, possibly with the belief that if they don't achieve it, their life will never be the same
- signs of drug, alcohol or other substance use

Physical:

- notable changes in sleep, weight, eating habits or other everyday patterns that is not due to development growth
- has physical pain that doesn't have a clear medical cause for example, headaches, stomach aches, nausea or other physical pains

# Critical Red Flags: $\rightarrow$ Assess for suicide risk (See below)

- talk of hopelessness, saying feeling trapped or overwhelmed
- talk or focus on death, dying
- signs of self-harm such as cuts, burns, bruises, etc. that your teen tries to hide or can't explain fully and credibly
- giving away prized possessions
- talking of suicide
- sense of calm and contentment abruptly that is inconsistent with recent behavior patterns

#### SPECIFIC EXPRESSION IN TEEN BOYS

When watching for behavior changes in our teen boys, there is specific information to consider that affects what and how we approach our teens.

- Boys are socialized to not express feelings, especially ones that are not "masculine" or "strong"
- Boys told to "toughen up" when express vulnerability and doubt
- Results in boys not reaching out to get help or even feeling that they are worthy of getting help (without being seen as "weak").





- Not reaching out goes to friends and family leaving the teen isolated and struggling. That is why it is important to check in with and try to connect with your teen on an ongoing basis.
- Boys are less educated about mental health making it difficult to put into word what they need. As a parent, if you notice some of the signs of distress, you may have to get creative in how you ask your teen what they are going through as they may not have the words to explain it.
- During the teen years, they experience the spotlight effect. This means teens worlds revolve around their experience and they think everyone is watching and judging them. This includes teens focusing on their performance, how they are perceived by other and their bodies. Teen boys struggle with insecurities about self and body, not fitting in with peers, etc. This can directly impact mental health of teen boys especially if they are isolated from or rejected by peers.
- Strong stigma about getting help through therapy, many teen boys that go want to ensure their friends do not find out

# Examples of how boys may express symptoms differently than girls.

- Anxiety is generally categorized by excessive worry or panic. Boys may not use the word "worry" like girls do, but they procrastinate, obsess over tasks, engage in perfectionism or demonstrate avoidance. These can all be expressions that your teen boy is struggling with anxiety.
- Depression is generally talked about as feelings of sadness and hopelessness. Boys tend not to report these feels (or affirm they have them) because it is seen as "weak". Boys instead may act irritated or lash out or engage in risky/impulsive acts. Most standard screening for depression uses the sad/hopelessness language and if boys do not endorse those feelings (for fear of being seeing as weak or not masculine), then they will not be identified as struggling with depression. There is a new adult depression scale for men that have some rating statements that can be useful in trying to see if your teen is struggling with depression:
  - I bottle up my negative feelings
  - I have unexplained aches and pains
  - I overreact to situations with aggressive behavior
  - It is difficult to manage my anger
  - I use substances to for relief
  - I stopped caring about consequences to my actions
- **Punishment vs Support**. Because teen boy symptom expression can look like aggression, disrespect and obstinance, their calls for help are often met with punishment or disappointment thereby fueling emotional shutdown. If your teen boy is acting in a similar manner, talk a beat and pause, collect yourself, and be curious about what may be going on inside your child.

# SUICIDE

Considering, let alone assessing, for suicide can be extremely scary for a parent. What is important is that you talk about it with your teen if you are noticing anything that is giving you concern. People are afraid to talk about suicide for fear of giving someone an idea or offending the person. That is the exact opposite of what should be done. If you notice warning signs or your child mentions it, talk about it in an open and non-judgmental way.

# Mention of suicide is NOT attention seeking behavior. It should be taken seriously EVERY time.

The prefrontal cortex does not finish developing until the mid-20s (which controls impulse control, executive functioning and planning) - making teens more vulnerable to impulsive actions, not being able to fully consider all aspects of what an action like this means.

**How to assess for suicide risk**: If you assess your teen is showing indicators or even goes as far as to mention wanting to die, it is important to assess where your teen is in the process. You want to understand:

• Are you planning or do you want to hurt yourself? (Meaning have you just had passing thoughts or are you ready to act)

If yes, explore more as to if this is ideation (a thought) or if there is a plan. Keep going with:

- Do you have a plan?
- Is the plan doable (i.e. taking pills when there are pills in the house, using a gun and there is access to a gun).

\*SEEK PROFESSIONAL HELP in any event, but if the answers to the above is (1) Yes, I want to/planning to hurt myself, (2) Yes, I have a plan, and (3) Yes, I can accomplish the plan  $\rightarrow$  GET IMMEDIATE PROFESSIONAL INTERVENTION.

**Be Curious**. Keeping the lines of communication open is critical. It can be terrifying to hear your child wants to die. Your job is to support, in a nonjudgmental manner, your child. Try to understand what the child is experiencing and being a support they can be open for this type of discussion.

# **POSSIBLE TRIGGERS/CONTRIBUTORS**

There are many things that can contribute to creating or exacerbation of mental health concerns in teen. Some key possibilities are:



- Divorce
- Death/Illness of Family Member
- Trauma (events, neglect, abuse). For teens, given the "spotlight" effect noted above, even being humiliated in class can be a "trauma" that could impact mental health.
- Inconsistent Parenting.
- Parents under stress; Conflict in home; Parents treating teen as "partner," not as kid
- Bullying
- Loss of Friends
- Social Media Influence. Technology has advanced faster than research. The impacts of social media on kids/teens is not truly known. There is a lot of anecdotal evidence, but not long term studies. Keeping an eye on social media (the type, nature, etc) is important to know what your teen is being exposed to online.
- Pressures about future (college)/Pressure to excel
- Discrimination. This is especially true for LGBTQIA teens, minorities. The risk of mental health issues is higher for those facing discrimination. For teens can even be not fitting in because you are in the LGBTQIA community or because you are closeted to hide your authentic self.
- Existential threats of world. Just turn on the news to see an example of this.



 Periods of transition. This includes going to college. If your teen boy does not have the literacy in emotions and knowledge/support that getting help is the expectation, they may struggle entering college and not get help. Instead, they may engage in other behaviors – including substance use – to cope.

# WAYS YOU CAN HELP YOUR SON

- **Remember**. Remember what it was like to be in high school. Actually float back to you in high school what did you value, what did your parents not understand, what were you worried about. Keep this frame of mind when you are listening to your teen or looking at your teen's behaviors.
- **Regulate Yourself First**. It can be hard when your teen is being irritable, angry, withdrawn to not take it personally and react. It can help to keep in mind that it is not personal to you. Before engaging with your teen, it is important to calm your emotions.
- Listen. When your teen does talk, listen without fixing. Validate the feelings. Model your own feelings by sharing them.
- **Right Time & Place**. If you want to talk to your teen, make sure to pick a good time. Not when things are crazy, heightened or angry. Realize you will likely have their attention for 5 -10 minutes.
- **Do Not Be Afraid To Ask If They Are OK**. Parents can find it difficult to ask if the teen is ok or if professional help is needed for fear of making the teen feel like there is something wrong with him. This includes thoughts of suicide. Asking is love.
- **Respect Vulnerability**. When teens share and are met with dismissive comments, being made fun of, shamed and the like, they learn sharing is dangerous, that vulnerability is weaponized. Even if you do not understand what your teen is going through or you think it is silly, always treat your teens concerns with compassion and empathy.

# HOW CAN HELPING MYSELF, HELP MY SON?



- **Capacity**. When a parent is experiencing emotional struggles (ranging from unresolved childhood trauma to daily life stressors), it reduces the capacity the parent has to deal with other matters, including being emotionally present for a teen.
- **Getting Support**. Having support for the parent provides the opportunity to rebuild capacity by filling our emotional tank, notice any unwanted patterns/behaviors one is repeating, work through how to manage the experience of having children (as our children often trigger our trauma), allowing the parent to be present for themselves, the teen and the family. This help can be from friends, family, your spiritual community, or a therapist.

# WHAT IS THERAPY AND WHAT CAN IT DO?

• What is therapy? Therapy is a process of working with a therapist to explore difficulties or issues that you are facing. This is done by exploring thoughts, beliefs, behaviors and emotions underlying those issues. This exploration allows for emotional healing and acceptance. In addition, you build strategies, skills and tools to manage the issues in your life and for the future.

- What is the goal of therapy? To help gain relief from the issue, enhance or maintain daily functioning and improve quality of life.
- What happens in therapy? Talk to a therapist to talk about the identified issue and learn strategies, skills and tools to manage the issue day to day while working to heal the issue.
- Who goes to therapy? Individuals children, teens, adults. Families families can go together, or combinations such as mother and son.