



NATIONAL REGISTER  
OF HEALTH SERVICE PSYCHOLOGISTS

# CLINICAL WEBINARS

## FOR HEALTH SERVICE PSYCHOLOGISTS

---

TRANSLATING RESEARCH TO PRACTICE

# The Youth Mental Health Crisis, Social Identity, and Psychodynamic Care

Carl Waitz, PsyD  
Boston Children's Hospital  
Harvard Medical School

## Webinar Tips for Attendees

Please review our webinar guidelines for frequently asked questions:  
**[www.nationalregister.org/webinar-tips/](http://www.nationalregister.org/webinar-tips/)**

**1 CE Credit, Instructional Level: Intermediate**  
**1 Contact Hour (New York Board of Psychology)**

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists.  
The National Register maintains responsibility for this program and its content.

The National Register of Health Service Psychologists is recognized by the New York State Education Department's State Board for Psychology as an approved provider of continuing education for licensed psychologists #PSY-0010.



# Carl Waitz, PsyD



Carl Waitz, PsyD is a member of the National Register, an attending psychologist at Boston Children's Hospital, on faculty at Harvard Medical School, and has a small private practice. Dr. Waitz has taught, published, and presented on psychodynamic psychotherapy, working with youth on inpatient psychiatric units, and evidence-based practice. His latest book, *Youth Mental Health Crises and the Broken Social Link*, examines the youth mental health crisis from a psychodynamic lens.

# Disclosures/Conflicts of Interest

I have no conflicts of interest to disclose.

Generative AI was not used for the development or content of this presentation.

# Learning Objectives

1. Describe two ways youth mental health has deteriorated in recent years
2. List two psychodynamic ideas about youth development that relate to the youth mental health crisis
3. Identify two psychodynamic interventions that can enhance the psychotherapeutic treatment of youth

# A Case: Claire

Claire was a 16-year-old female presenting to psychotherapy at her mother's urging because she reported having multiple personalities. Her mother was quite concerned, though the patient did not have much expressed concern about this.

She had previously received psychotherapy for anxiety, but after six months of CBT, began to disengage from therapy and asked for another therapist.

We will revisit this case soon...

This case is a composite and not representative of any one patient



# Youth Mental Health Crisis

## 10 Leading Causes of Death, United States

2021, Both sexes, All ages, All races

	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 3,963	Unintentional Injury 1,299	Unintentional Injury 827	Unintentional Injury 915	Unintentional Injury 15,792	Unintentional Injury 34,452	Unintentional Injury 36,444	COVID-19 36,881	Malignant Neoplasms 108,023	Heart Disease 553,214	Heart Disease 695,547
2	Short Gestation 2,946	Congenital Anomalies 412	Malignant Neoplasms 347	Suicide 598	Homicide 6,635	Suicide 8,862	COVID-19 16,006	Heart Disease 34,535	Heart Disease 89,342	Malignant Neoplasms 446,354	Malignant Neoplasms 605,213
3	SIDS 1,459	Homicide 309	Homicide 188	Malignant Neoplasms 449	Suicide 6,528	Homicide 7,571	Heart Disease 12,754	Malignant Neoplasms 33,567	COVID-19 73,725	COVID-19 282,457	COVID-19 416,893
4	Unintentional Injury 1,306	Malignant Neoplasms 282	Congenital Anomalies 171	Homicide 298	COVID-19 1,401	COVID-19 6,133	Malignant Neoplasms 11,194	Unintentional Injury 31,407	Unintentional Injury 33,471	Cerebrovascular 139,257	Unintentional Injury 224,935
5	Maternal Pregnancy Comp. 1,113	Heart Disease 116	Heart Disease 66	Congenital Anomalies 179	Malignant Neoplasms 1,323	Heart Disease 4,155	Suicide 7,862	Liver Disease 10,501	Diabetes Mellitus 18,603	Chronic Low. Respiratory Disease 120,152	Cerebrovascular 162,890
6	Placenta Cord Membranes 672	Perinatal Period 68	COVID-19 53	Heart Disease 132	Heart Disease 944	Malignant Neoplasms 3,615	Liver Disease 5,833	Diabetes Mellitus 7,597	Liver Disease 17,664	Alzheimer's Disease 117,922	Chronic Low. Respiratory Disease 142,342
7	Bacterial Sepsis 557	Cerebrovascular 55	Chronic Low. Respiratory Disease 54	COVID-19 79	Congenital Anomalies 419	Liver Disease 1,833	Homicide 4,863	Suicide 7,401	Chronic Low. Respiratory Disease 17,620	Diabetes Mellitus 72,451	Alzheimer's Disease 119,399
8	Respiratory Distress 414	COVID-19 54	Cerebrovascular 35	Cerebrovascular 53	Diabetes Mellitus 345	Diabetes Mellitus 1,285	Diabetes Mellitus 2,961	Cerebrovascular 5,755	Cerebrovascular 14,634	Unintentional Injury 69,003	Diabetes Mellitus 103,294
9	Circulatory System Disease 402	Influenza & Pneumonia 47	Septicemia 28	Chronic Low. Respiratory Disease 45	Complicated Pregnancy 214	Complicated Pregnancy 797	Cerebrovascular 2,189	Chronic Low. Respiratory Disease 3,174	Suicide 7,267	Nephritis 44,013	Liver Disease 56,585
10	Intrauterine Hypoxia 358	Benign Neoplasms 37	Influenza & Pneumonia 27	Diabetes Mellitus 39	Cerebrovascular 220	Cerebrovascular 624	Septicemia 1,108	Homicide 2,768	Septicemia 6,477	Parkinson's Disease 37,568	Nephritis 54,358

\*\* indicates Unstable values

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.

Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



**NATIONAL REGISTER**  
OF HEALTH SERVICE PSYCHOLOGISTS

# Youth Mental Health Crisis

- Former U.S. Surgeon General Vivek Murthy called mental health “the defining public health crisis of our time” (Richtel, 2023, para. 4),
- Murthy’s 2021 advisory paper *Protecting Youth Mental Health* noted that “one in three high school students and half of female students reported persistent feelings of sadness or hopelessness, an overall increase of 40% from 2009” (p. 3).
- Pediatric mental health hospitalizations for patients with suicide attempts or self-injury increased by 163% between 2009 and 2019 (Arakelyan et al., 2023)
- Rates of diagnoses for anxiety and depression in adolescents rose from 2016-2020 by 29% and 27%, respectively (Lebrun-Harris et al., 2022)
- Increase in functional tic disorders (Heyman et al., 2021)



# Youth Mental Health Crisis

The crisis:

- Increase in safety concerns like suicidal thoughts and behaviors
- Increases in prevalence and severity of diagnoses

# Youth Mental Health Crisis

What's happening with the youth mental health crisis?

- Prevalence inflation (Foulkes & Andrews, 2022)
- Social media (Haidt, 2023; Smith & Payne, 2024)
- In part, fluke of bureaucracy (Corredor-Waldron & Currie, 2024)
- Systemic stressors and discrimination (Coimbra et al., 2022)
- Pandemic exacerbation (Neelam et al., 2021; World Health Organization, 2022)

# Conceptualizing the Crisis

To conceptualize the situation, we must conceptualize adolescence.

Since the early 20<sup>th</sup> century, psychologists and anthropologists have distinguished adolescence from puberty (Hall, 1904; Van Gennep, 1909).

# Conceptualizing the Crisis

## Puberty

- Physiological changes in the body (e.g., Tanner stages)
- Universal human experience
- Changes in cognitive capacity, sexual development

## Adolescence

- Culturally defined transition from childhood to adulthood
- Culturally bound, not universal. Transition to adulthood may be short or long.
- Social sense-making of changes in the body contribute to social identity

# Conceptualizing the Crisis

Psychodynamic and psychoanalytic perspectives supplement other models considering causes of the youth mental health crisis.

Freud (1930) posited that the transition for youth from primarily being a member of the *family* to being a member of *society* is challenging, and that **initiation rites** support this process.

Initiation rites generally provide (Van Gennep, 1909):

- A social identity in adulthood (a name, a mark, etc.)
- A socially approved behavioral repertoire

# Conceptualizing the Crisis

Adolescence, as a prolonged period, is only typical in some societies (Viola & Vorcaro, 2018). Others have little gap between childhood and adulthood.

The American Psychiatric Association (2024) describes “the transition from adolescence to adulthood” as usually occurring between 16-25 years of age.

With fading rites of initiation, movement into adulthood becomes less clear. “Adulthood” (Madison, 2022) becomes a performance, while social identity and behaviors become muddled.



# Conceptualizing the Crisis

Psychodynamically,

- Initiation is a key part of identity development for youth
- U.S. society lacks a consistent method of initiation

Without a clear mechanism to provide initiation into a common society, youth may undergo a variety of experiences: Social alienation, depression, functional symptoms, diagnosis seeking.

# Conceptualizing Care

How can clinicians work with youth experience an aimlessness in social identity and behavior?

Psychodynamic approaches focus especially on the therapist's "stance" or "position"

Acceptance of unconscious motivation, thoughts, feelings

# Conceptualizing Care

Elements of psychodynamic care:

- **Curiosity:** Because some of our thoughts and motivations are unknown to us consciously, psychodynamic care requires a curiosity rather than an urge to act. (Ogden, 2004)
  - Tolerating a greater degree of uncertainty
  - Open to experiencing the patients' feelings (containing)
  - Less likely to give direct advice (holding)
  - Focus on open-ended questions

# Conceptualizing Care

Elements of psychodynamic care:

- **Co-creation of Identity Narrative:** Rather than delivering a skill or psychoeducation, psychodynamic care focuses on listening to the patient's narratives and co-creating new narratives with them.
  - This means asking questions we don't know the answers to
  - Reflecting moments of clarity and ambiguity around self, values, identity
  - Supporting a patient's authentic consideration of their motivations

# Revisiting Claire

Claire was a 16-year-old female presenting to psychotherapy at her mother's urging because she reported having multiple personalities. Her mother was quite concerned, though the patient did not have much expressed concern about this.

She had previously received psychotherapy for anxiety, but after six months of CBT, began to disengage from therapy and asked for another therapist.

This case is a composite and not representative of any one patient

# Revisiting Claire

Claire expressed that her personalities involved no amnesia and that all personalities were “present” in some sense and in conversation throughout the day.

She described wanting to confirm the diagnosis of Dissociative Identity Disorder to solidify her membership in the community of those diagnosed. She also expressed uncertainty about whether she was “making it up.”

Socially, some difficulty with inappropriate behaviors with peers, subsequently attributed to various personalities.

Parents were divorced around 10 years old, no siblings.

No history of trauma.

CBT “didn’t work” because Claire did not want to address symptoms



# Revisiting Claire

Conceptualizing in context of the mental health crisis:

- A need for social identity, movement beyond family.
- Difficulty navigating behaviors with peers

Utilizing **curiosity**, declining to provide unequivocal confirmation or disconfirmation of diagnosis and instead eliciting more from Claire.

Eliciting Claire's thoughts about her doubts about her motivation.

Exploring the content of personalities as interpretable.

# Revisiting Claire

Claire identified a need to belong to a community as central in her search for a diagnosis, especially in an online community that became important to her. Her personalities, it turned out, held important but partially disavowed aspects of her experience—her anger towards friends, for example.

Ultimately, at the end of treatment, patient identified a new narrative—that seeking a DID diagnosis served a purpose at the time for organizing her unorganized emotional experiences and social feelings of alienation, especially in light of her parents' divorce and the lockdown following the COVID-19 pandemic.

Left therapy no longer focused on multiple personalities and able to re-engage her friends effectively.

# Q&A With Dr. Waitz



- We will now discuss select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.

# References

- American Psychiatric Association. (2024). *Position statement on transitional aged youth*. American Psychiatric Association. <https://www.psychiatry.org/getattachment/6e0f309e-76b6-43f1-8c87-e1d1c986d2b6/Position-Transitional-Aged-Youth.pdf>
- Arakelyan, M., Freyleue, S., Avula, D., McLaren, J. L., O'Malley, A. J., & Leyenaar, J. K. (2023). Pediatric mental health hospitalizations at acute care hospitals in the US, 2009-2019. *JAMA : the Journal of the American Medical Association*, 329(12), 1000–1011. <https://doi.org/10.1001/jama.2023.1992>
- Coimbra, B. M., Hoeboer, C. M., Yik, J., Mello, A. F., Mello, M. F., & Olff, M. (2022). Meta-analysis of the effect of racial discrimination on suicidality. *SSM - Population Health*, 20, 101283–101283. <https://doi.org/10.1016/j.ssmph.2022.101283>
- Corredor-Waldron, A., & Currie, J. (2024). To What Extent Are Trends in Teen Mental Health Driven by Changes in Reporting?: The Example of Suicide-Related Hospital Visits. *The Journal of Human Resources*, 59(S), S14–S40. <https://doi.org/10.3>
- Freud, S. (1930). *Civilization and its discontents. The Standard Edition of the Complete Psychological Works of Sigmund Freud (Vol. XXI), pp. 57–146. Hogarth Press.*
- Foulkes, L., & Andrews, J. L. (2023). Are mental health awareness efforts contributing to the rise in reported mental health problems? A call to test the prevalence inflation hypothesis. *New Ideas in Psychology*, 69, 101010. <https://doi.org/10.1016/j.newideapsych.2023.101010>
- Haidt, J. (2023, February 22). Social Media is a Major Cause of the Mental Illness Epidemic in Teen Girls. Here's the Evidence. <https://www.afterbabel.com/p/social-media-mental-illness-epidemic>
- Hall, G. S. (1904). *Adolescence: Its psychology and its relations to physiology, anthropology, sociology, sex, crime, religion and education*, vol. I-II. D. Appleton and Company.

# References

- Heyman, I., Liang, H., & Hedderly, T. (2021). COVID-19 related increase in childhood tics and tic-like attacks. *Archives of Disease in Childhood*, 106(5), 420–421. <https://doi.org/10.1136/archdischild-2021-321748>
- Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., & Warren, M. D. (2022). Five-year trends in US children's health and well-being, 2016-2020. *JAMA Pediatrics*, 176(7), e220056–e220056. <https://doi.org/10.1001/jamapediatrics.2022.0056>
- Madison, C. (2022, January 10). *Doing grown-up tasks in millennial slang*. *The Atlantic*.  
[www.theatlantic.com/newsletters/archive/2022/01/doing-grown-up-tasks-in-millennial-slang/621195](http://www.theatlantic.com/newsletters/archive/2022/01/doing-grown-up-tasks-in-millennial-slang/621195).
- National Vital Statistics Systems, National Center for Health Statistics, CDC. (n.d.). 10 Leading Causes of Death, 2021, both sexes, all ages, all races. CDC.
- Neelam, K., Duddu, V., Anyim, N., Neelam, J., & Lewis, S. (2021). Pandemics and pre-existing mental illness: A systematic review and meta-analysis. *Brain, Behavior, & Immunity - Health*, 10, 100177–100177. <https://doi.org/10.1016/j.bbih.2020.100177>
- Office of the U.S. Surgeon General. (2021). *Protecting Youth Mental Health*. Department of Health and Human Services.  
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>
- Ogden, T. H. (2004). On holding and containing, being and dreaming. *International Journal of Psychoanalysis*, 85, 1349-1364.
- Richtel, M. (2023, Mar 21). The Surgeon General's new mission: Adolescent mental health. *The New York Times*.  
<https://www.nytimes.com/2023/03/21/health/surgeon-general-adolescents-mental-health.html>
- Smith, E. & Payne, D. (2024, April 10). What's driving the youth mental health crisis? We asked 1,400 clinicians. *Politico*.  
<https://www.politico.com/news/2024/04/10/youth-mental-health-crisis-survey-00151349>
- Van Gennep, A. (2019). *The rites of passage (2nd ed.)*, (D. I. Kertzer, Trans.). University of Chicago Press. (Original work published 1909).
- Viola, D. T. D. & Vorcaro, Â. M. R. (2018). A adolescência em perspectiva: Um exame da variabilidade da passagem à idade adulta entre diferentes sociedades. *Psicologia, Teoria e Pesquisa*, 34. doi:10.1590/0102.3772e3448.
- World Health Organization (WHO). (2022, March 2). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide