

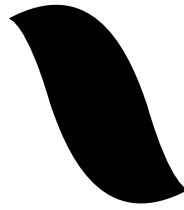
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EMERGING TRENDS TO WATCH IN 2026



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2026 TRENDS TO WATCH

Welcome to the *Monitor on Psychology's* annual trends issue

Each year, we ask a big question: What forces are shaping psychology right now—and what's coming next? To answer, our editorial team spends months consulting with experts, reviewing research, and listening to voices across the discipline. This year, nine trends rose to the top—developments we believe every psychologist, psychology-adjacent professional, and informed reader should know about.

These trends reflect a field in motion: from integrated care and AI-driven tools to new approaches in advocacy, workplace well-being, science communication, and mental health for children and teens. They reveal both challenges and opportunities for psychologists to lead with insight and impact.

We hope these stories spark ideas, conversations, and action. If you're working in any of these areas—or have been affected by these changes—we'd love to hear from you. Drop us a note at <https://input.apa.org/f/monitor-trends-2026>. We can't respond to every entry, but we will read every one. We'd love to hear from you.



Susan Straight
Managing Editor

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Reimagining Childhood

supports Lifelong Mental Health

Psychologists are reshaping how society understands and supports children—advancing new models of care, education, and prevention that prioritize mental health across the life span

BY ZARA ABRAMS

CHILDREN AND ADOLESCENTS are growing up in a whirlwind of digital overload, climate anxiety, economic uncertainty, and social instability. In response, psychologists are leading a paradigm shift toward a preventive, whole-child approach that can better support the mental well-being of today's youth.

“Our field originally held this assumption that there’s going to be a small subset of kids with mental or behavioral conditions who need our services,” said psychologist Cody Hostutler, PhD, clinical director for behavioral health integration at Nationwide Children’s Hospital in Columbus, Ohio. “But kids face a lot of stressors. We’re moving beyond the belief that a limited group of kids need help—and instead investing our energy in raising healthy kids.”

That shift involves adopting a primary prevention and population health approach to children’s well-being. Such an approach includes regularly screening for mental health risks in places where families already go, such as the pediatrician’s office, early childhood care centers, and schools. In July 2025, Illinois became the first state to approve free annual mental health screenings for all children and adolescents through the public school system.

Increasingly, psychologists are also advancing the notion that mental health starts at birth and requires a relational approach that includes both children and caregivers. Beyond reducing adverse childhood experiences (ACEs), the field is exploring how to bolster the positive aspects of childhood, which are now known to help buffer the risks linked to ACEs.

“Finally, our field is speaking up and saying: We are not just there in times of crisis. We are leading the movement to prioritize prevention—to help children thrive, rather than waiting for problems to arise,” said Nicole Barnes, PhD, APA’s head of Education.

An early childhood relational focus

For many years, mental health challenges were largely believed to begin during puberty. While children’s learning and development were well recognized as important to early life, the focus was on identifiable behavioral and neurodevelopmental conditions—such as autism and attention-deficit/hyperactivity disorder (ADHD)—rather than on promoting mental health and emotional well-being from day one.

Growing evidence, including emerging neuroscience research, now shows that toxic stress, or severe adversity without adequate support, can disrupt

AT A GLANCE

- Psychologists are focusing on efforts to address well-being in early childhood, increasingly with a relational focus.
- There is a growing emphasis on the ability of positive childhood experiences to buffer the effects of adverse childhood experiences.
- Teams are finding new ways to increase the effectiveness of integrated care.

the body’s stress response system and change how the brain develops (Shonkoff, J. P., et al., *Pediatrics*, Vol. 149, No. 6, 2022).

“What we’ve learned from early childhood brain research is that the first 3 years are critical. That period offers many opportunities to prevent difficulties from becoming more chronic issues,” said psychologist Neal Horen, PhD, an associate professor of pediatrics and director of the Infant, Early Childhood, and Relational Health Division at the Thrive Center for Children, Families, and Communities at Georgetown University.

The growing field of infant and early childhood mental health involves supporting parent-infant relationships from birth, including through home visits and in neonatal intensive care units; screening for and treating maternal mood disorders; universally monitoring children’s social-emotional development in addition to their cognitive milestones; and



offering evidence-based care for trauma when needed, such as child-parent psychotherapy.

Care approaches are increasingly relational in nature, based on clear evidence that safe, stable, and nurturing relationships can counteract childhood adversity. In 2021, the American Academy of Pediatrics issued a policy statement calling for a shift toward relational health (Garner, A., & Yogman, M., *Pediatrics*, Vol. 148, No. 2, 2021).

Ruth Paris, PhD, LICSW, a professor of clinical practice at the Boston University School of Social Work, and her colleagues developed a therapeutic intervention for children and their mothers in recovery for a substance use disorder, known as Building Resilience through Intervention: Growing Healthier Together (BRIGHT). Delivered alongside an addiction treatment program, BRIGHT addresses parental and child trauma and helps parents attune to their child's emotions and respond in healthy ways.

BRIGHT works with mothers “in vivo”—for example, as their child cries in their lap, asking them: “What does it feel like right now when your child is crying? What do you think is behind the anger you’re feeling?” Because many people use substances to cope with difficult emotions, BRIGHT helps mothers manage their own emotions while also recognizing and responding to dysregulation in their children.

So far, the intervention appears to work best with women who have entered recovery but are still in the early stages.

“Most people feel like you have to get to sobriety before you can be a better parent, but we actually see that it’s more of an iterative process,” Paris said. “The gratitude and satisfaction people gain from parenting is a major motivation to maintain sobriety.”

A priority going forward is to better equip the clinical workforce to support early childhood mental health. Through the Head Start National Center on Health, Behavioral

Health, and Safety and the Center of Excellence for Infant and Early Childhood Mental Health Consultation, Horen and his team have developed resources for the growing cadre of psychologists who offer mental health consultation to early childhood centers. For example, he and his team created training guidelines to help Head Start programs located within schools conduct lockdown drills in a developmentally appropriate way.

At APA, the Coalition for Psychology in Schools and Education has developed resources for pre-K and K–12 teachers to help them spot signs that children may be struggling emotionally—such as having trouble regulating their emotions—and provide support.

“These mental health primers equip teachers with the knowledge about what to look for so that behaviors can be addressed before they escalate into problems,” said Wendy Grolnick, PhD, a professor emerita of psychology at Clark University in Worcester, Massachusetts, who is part of APA’s Coalition for Psychology in Schools and Education.

Building on positive experiences

Psychologists are advancing the idea that lifelong health is shaped just as much by early positive experiences as it is by adversity. Decades of research

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“Underlying the lack of time and training is a lack of comfort and confidence in how to manage these issues. Working alongside fellow primary-care doctors helps to address that.”

Cody Hustutler, PhD

Clinical director for behavioral health integration at Nationwide Children’s Hospital in Columbus, Ohio

on ACEs have revealed how domestic violence, parental substance misuse, and other factors can harm a child’s long-term physical and mental health. But that research left one important question unanswered: Why do many people with ACEs have largely positive health outcomes?

“Today’s science points to positive childhood experiences as the answer, which are grounded in safe, stable, nurturing relationships,” said Christina Bethell, PhD, MPH, MBA, a professor of population, family, and reproductive health and director of the Child and Adolescent Health Measurement Initiative at Johns Hopkins University. Bethell’s research has shown that

family resilience and parent-child connection can promote positive mental health and flourishing in children and youth, even when they have been exposed to high levels of ACEs (*Health Affairs*, Vol. 38, No. 5, 2019).

The positive childhood experiences (PCEs) that make the greatest impact are relational, Bethell said. The PCE index she helped shape and disseminate asks questions such as: How often did you talk to your family about your feelings when you were a child? Did you feel that you belonged in high school? Did an adult in your household make you feel safe and protected?

Even a child in very tough circumstances likely has positive experiences

to draw on. The benevolent childhood experiences (BCEs) scale, developed by Angela Narayan, PhD, an associate professor of psychology at the University of Denver, is another tool that assesses early sources of safety, support, and connection. Using the scale, Narayan found that around 95% of young adults surveyed reported having at least one caregiver who made them feel safe growing up. Most people also said they had a teacher who was their champion, at least one close friend, and opportunities to have fun (*Development and Psychopathology*, Vol. 35, No. 5, 2023).

“A lot of parenting programs and community health work focuses on the negative: Reduce your depression, reduce





your addiction, learn more skills to be a better parent,” Narayan said. “Not a lot has focused on what helped people along the way.”

Simply asking about positive experiences can shift parents’ focus onto their own strengths. Narayan’s research shows that when clinicians and community health workers help parents focus on their own positive childhood experiences, parents report lower post-traumatic

stress symptoms and better coping (*Development and Psychopathology*, Vol. 31, No. 1, 2019; *Clinical Psychology Review*, Vol. 85, 2021).

“Asking these questions can help parents reflect on what has gone well—for example, the teacher who believed in them and helped them graduate,” Narayan said.

Both the BCEs and PCEs scales have been translated into numerous

languages and are designed for immediate use in a range of settings, including child welfare, juvenile and criminal justice, and mental health care. Narayan suggests that anyone who assesses children or adults for ACEs take 5 minutes to also ask about BCEs. Embracing BCEs is a way to gain immediate results, she said, while larger systemic changes aimed at reducing ACEs and health disparities can require years or decades to take effect.

Narayan is now recruiting mothers and their own mothers for a new study on how BCEs may cascade across generations and buffer against trauma. Bethell and her colleagues are expanding research on PCEs, including estimating the economic benefits of promoting positive experiences regardless of adversity.

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More effective integrated care

Transforming childhood mental health requires meeting families where they are—and for many, that’s a pediatrician’s office.

“Most parents say that when they’re concerned about their kids’ mental health needs, the first place they go is to their child’s physician,” Hostutler said. “But when we ask physicians about mental health, they say they don’t have the time or training to meet those needs.”

Integrating psychological care into primary care improves children’s quality of life and behavioral health symptoms and greatly increases their access to care, Hostutler has found (*Journal of Pediatric Psychology*, Vol. 50, No. 7, 2025; *Pediatrics*, Vol. 156, No. 2, 2025). The practice isn’t new, but recent advances are making it even more effective.

Transforming and Expanding Access to Mental Health Care Universally in Pediatrics, or TEAM UP, is an integrated behavioral health model developed at Boston Medical Center (BMC) that equips primary-care practices to address the full spectrum of mental, behavioral, and social health issues, from birth through young adulthood. Patients are screened at all well-child visits and given prompt access to care in the clinic or through referrals as needed.

Each TEAM UP partnership includes a behavioral health clinician and a community health worker—a combination that allows clinicians to focus on therapy while community health workers link families to external resources. The team typically serves practices of around 3,000 patients, far fewer than some integrated care models where one provider covers up to 10,000 patients. The latter approach practically guarantees that only children with urgent or acute needs will get attention, said Anita Morris, MSN, executive

director of the TEAM UP Scaling & Sustainability Center, a part of BMC.

“Hiring a therapist and bringing them into primary care is not in itself a fully integrated model,” she said, because behavioral health needs are not always addressed in a reliably systematic way.

Research shows that TEAM UP reduces behavioral health symptoms and improves engagement and health care utilization (Kim, J., et al., *JAMA Network Open*, Vol. 8, No. 9, 2025; Kim, J., et al., *JAMA Network Open*, Vol. 6, No. 4, 2023). Since 2024, the TEAM UP Center has helped seven Massachusetts practices adopt the model through clinical training and implementation support. The center also conducts research on the program’s outcomes and advocates for policy changes to better support integrated care, including reimbursement for community health workers.

Hostutler’s team is approaching integrated care from another angle—by equipping physicians with the skills to identify and respond to common behavioral health concerns. Project Extension for Community Healthcare Outcomes (Project ECHO) has provided education, mentoring, and consultation to more than 300 physicians across Ohio. Psychologists and other experts teach brief foundational lessons that focus on spotting and managing anxiety, depression, ADHD, trauma, and other concerns, and then offer periodic follow-up meetings that keep physicians up to date on new treatment guidelines and allow for deeper dives into advanced topics. Physicians also discuss cases with a community of colleagues and Project ECHO’s expert behavioral health providers.

“Underlying physicians’ lack of time and training is a lack of comfort and confidence in how to manage these issues,” Hostutler said. “Working alongside fellow primary-care doctors helps

to address that.”

Physicians who participate are more confident and knowledgeable about behavioral health conditions and about 20% less likely to prescribe three or more psychiatric medications to a single patient (Hostutler, C., et al., *Clinical Pediatrics*, Vol. 59, No. 12, 2020).

Not yet known is which integrated care models are most effective, including for various populations. Hostutler and his team are working to advance the understanding of which approaches, such as single-session interventions, work under various conditions.

Taken together, these efforts signal a broader change across the field. Psychologists are reimagining what it means to care for children’s mental health, shifting from crisis response to prevention and connection—and helping the next generation thrive. ■

FURTHER READING

Positive childhood experiences and adult health and opportunity outcomes in 4 US states

Sege, R. D., et al.
JAMA Network Open, 2025

The family is the patient: Promoting early childhood mental health in pediatric care

Buka, S. L., et al.
Pediatrics, 2022

The rise of relational health in early childhood care

Mantel, B.
Monitor on Psychology,
November/December 2025

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Perspectives on Aging:

Psychology Across the Lifespan



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The Psychology of Aging: The Next Big Opportunity

By Charlotte Huff

Geropsychology is emerging as a powerful frontier in mental health, revealing how older adults' resilience, emotional depth, and capacity for growth make late life one of psychology's most compelling—and most urgently needed—career opportunities.

Vanessa Schaeffer, PsyD, signed up for the online course on clinical competencies and older adults in 2020 as part of routine professional education. That decision led her to rethink and revamp her clinical focus after 25 years in practice.

“I was just riveted,” says the 63-year-old Gainesville, Ga. psychologist. She realized that her older patients were already among her most compelling clients, often notably open to the therapeutic process even if they hadn’t previously sought help.

“Part of the task of older adulthood is to begin to review your life,” Schaeffer says. “‘What’s it all meant? What’s the purpose?’ That’s part of what therapy does, really.”

“Life gets a little narrower [in later life], but it gets deeper because there’s more of it to remember and reflect on,” she says. “That is rich, rich therapy material.”

Schaeffer, who estimates that she’s completed more than 250 hours of related training, now counts herself among the 1% of psychologists who describe their primary specialty as geropsychology, [according to APA data](#).

“Part of the task of older adulthood is to begin to review your life. ... That is rich, rich therapy material.”

Vanessa Schaeffer, PsyD

It’s a relatively new subspecialty, recognized by APA in 2010, but the demand for skilled therapists will only accelerate. In 2020, [nearly 17% of U.S. adults were 65 years and over](#). By 2030, the entire Baby Boomer generation will have reached that age threshold.

Geropsychologists work with a population that researchers have learned a lot about over the past several decades. Despite the physical and psychological stressors that may arise with aging, research highlights how older adults bring emotional resilience, positive reframing, and other strengths to bear. These innate strengths were highlighted during the pandemic, when researchers found that older adults reported [less pandemic-related stress and social isolation](#) compared with their younger counterparts.

“There are losses no doubt” at this stage of life, says gerontologist Karen Fingerman, PhD, one of the authors of the pandemic study, and a

professor at the University of Texas at Austin. “But older adults are very positive. They have stronger relationships than younger adults. In fact, in the areas of emotion and relationships, in a healthy aging population, they improve.”

Even so, the interest in working with this population lags behind other psychology specialties, such as child and adolescent psychology, says Brian D. Carpenter, PhD, a clinical geropsychologist and co-director of the [Harvey A. Friedman Center for Aging](#) at Washington University in St. Louis. Low Medicare reimbursement rates pose one obstacle. Another is the specter of ageism—and psychologists are not immune, he says.

“Some people have a preconception that there’s no potential for growth and change in those later years, and that’s not true,” Carpenter says. In actuality, the salience of approaching mortality may foster a stronger commitment to therapy, he says.

“Some people can be spurred on by a sense of urgency,” he says. “My time is not limitless. If I’m going to make things right with my sister or my daughter, I don’t have much time to do that.”

AGE-RELATED RESILIENCE

Until recent decades, aging was viewed by and large as a downhill stage of life, says Fingerman, who also directs the [Texas Aging & Longevity Consortium](#). The perception was that older adults withdrew and became more disengaged from the broader world because they were less interested and less motivated, Fingerman says.

Starting with work by Stanford University psychologist Laura Carstensen, PhD, and other researchers in the 1990s, that perception changed. Carstensen’s seminal socioemotional selectivity theory showed that, as the remaining time horizon shrinks, “people prioritize the most rewarding things in their life,” Fingerman says. “So they let go of people they don’t know well. They let go of situations that irritate them. If you will, they know themselves better and they focus on things that bring them joy.”

Personality isn’t static, says Susan Krauss Whitbourne, PhD, a professor emerita at the University of Massachusetts, Amherst, who conducted research that followed college students into middle age and beyond as part of [The Rochester Adult Longitudinal Study](#). “That was the old view—that personality is set in stone by the age of 30.”



Educational Resources

American Board of Geropsychology: Provides criteria for training, as well as other opportunities, including mentoring and consultation groups

APA Psychology Topic: Aging and older adults

APA Guidelines for Psychological Practice With Older Adults, 2024

Society for Clinical Geropsychology

Clinical Psychology: Science and Practice. Special Issue: Foundational Geropsychology Knowledge Competencies. 2022.

GeroCentral: A compilation of resources related to working with older adults

Pikes Peak Geropsychology Competencies: Lays out the range of skillsets that boost therapeutic practice

Rush Center for Excellence in Aging: Provides a mix of continuing education and other aging-related resources

Whitbourne describes her research as among a plethora of studies that have illustrated that there's no big juncture in an adult's life that spurs life change, such as a mid-life crisis. By following the Rochester adults over decades, Whitbourne and her colleagues were able to track personality changes and life events, providing an opportunity to look at where they correlate.

As a result, they learned that there are a handful of life pathways which align with certain personality patterns. Adults who take the straight-and-narrow pathway, likely remaining in the same community and profession, tend to be more risk averse and experience lower life satisfaction, Whitbourne says. Meanwhile, those who pursue what Whitbourne calls an "authentic road" tend to have higher life satisfaction, as they're willing to make life adjustments through the years to achieve fulfillment.

Therapists can help older patients better understand their own personality patterns, to work toward greater fulfillment at any age, says Whitbourne, who is author of "[Search for Fulfillment: Revolutionary New Research That Reveals the Secret to Long-term Happiness.](#)"

"Question your assumptions about aging in general, such as [the belief] that people can't change," Whitbourne says. "What we are trying to train people in this field to do is to examine their own assumptions, whatever they are."

BUILDING GREATER COMPETENCY

Even psychologists with a more general clinical focus can benefit from boosting their skills, says Whitbourne, recent chair of [APA's Committee on Aging](#).

"We need people to work with older adults," Whitbourne says. "The field is way behind in terms of specialists. There are plenty of ways that people can educate themselves."

Psychologists can study geropsychology at the graduate school level; the Council of Professional Geropsychology Training Programs (CoPGTP) lists [16 APA-accredited doctoral programs](#) with a track or practicum emphasizing geropsychology. Or they can take advantage of educational resources and programs later in their practice, such as the [16-hour foundational competencies certificate program](#) offered by the E4 Center of Excellence for Behavioral Health Disparities in Aging at Chicago's Rush University.

Psychologists who deepen their understanding of age-related physical and cognitive changes can also become more adept at addressing other challenges of later life, such as the mental strain of caregiving, says clinical geropsychologist Regina Koepf, PsyD, founder of the [Center for Mental Health & Aging](#), which provides online training and related resources. For therapists who commit to this learning, the benefits can be mutual, Koepf notes.

“Generally speaking, older people tend to know themselves well,” she says. “They also have better emotion regulation and know their coping skills. Also, they’re more honest with you about whether therapy is working or not,” she adds, which can make the therapeutic process more collaborative and rewarding.

After taking that initial course with Koepf, Schaeffer embarked on a deeper dive to build her knowledge base. Her training included nearly 200 hours of clinical consultation with Koepf, along with other courses. She also completed the 16-hour foundational competencies program through Rush’s E4 Center.

Schaeffer particularly enjoys the multi-faceted life experiences that older patients, who now comprise nearly all of her practice, bring into therapy.

“How diverse they are in every way—there’s a breadth to their lives,” she says. “People coming from everything from fighting in a war to having raised tons of children, to having been widowed very young or married for 70 years and then widowed.” Some are still working. [Nearly 7% of U.S. adults 65 and older](#) haven’t yet retired, according to federal data.

PIPELINE CHALLENGES AND POTENTIAL

Despite the pressing need for more geropsychologists, Carpenter worries about falling further short in the years ahead given anecdotal reports that he’s heard from colleagues in academia. “There’s a continuing and escalating level of concern that people are not seeing the numbers of applicants into those specialty programs,” he says. “Sometimes there are slots that are going unfilled in the graduate school level of the pipeline.”

Moreover, there’s been “a series of retirements” in the small specialty, with more anticipated on the near horizon, Carpenter says. “Either those positions are not being filled at all, or they are transforming into a non-aging focused track.”

Daily Strategies for Older Adults

Which everyday habits can help older adults stay mentally sharp and emotionally well? Karen Fingerman, PhD, a gerontologist at the University of Texas at Austin, has been collecting and analyzing intensive data to figure that out.

Fingerman and colleagues at the University of Michigan and elsewhere are digging into this question through the [Daily Experiences and Well-being Study \(DEWS\)](#), which continues to reap insights into what choices older adults make each day that may be influential.

Among the most actionable strategies, according to data from DEWS:

Add variety to your day. Mixing up your daily activities—reading, doing chores, visiting friends, exercising, cooking—may help keep your mind sharp. Older adults who regularly rotate among a wider range of activities [tend to show better cognitive functioning](#), even when physical activity is factored out. One hypothesis is that frequent task-switching gives the hippocampus—the brain region important for learning and memory—a healthy workout.

Pay attention to your language. How older adults talk may correspond to their cognitive functioning. Using longer, more complex sentences with plenty of descriptive words—such as articles and adjectives—was [linked to better cognitive functioning in recent research](#). Meanwhile, relying heavily on “I” statements was tied to poorer performance.

Prioritize in-person interactions. Not surprisingly, older adults who feel a strong need for connection tend to [experience more loneliness throughout the day](#). Meeting people face-to-face helps ease those feelings far more than a phone call, according to Fingerman, whose latest work suggests why: “People talk about positive things in person or on the phone. But they do not talk about negative things as much on the phone as they do in person. That probably has a helping effect,” she says.

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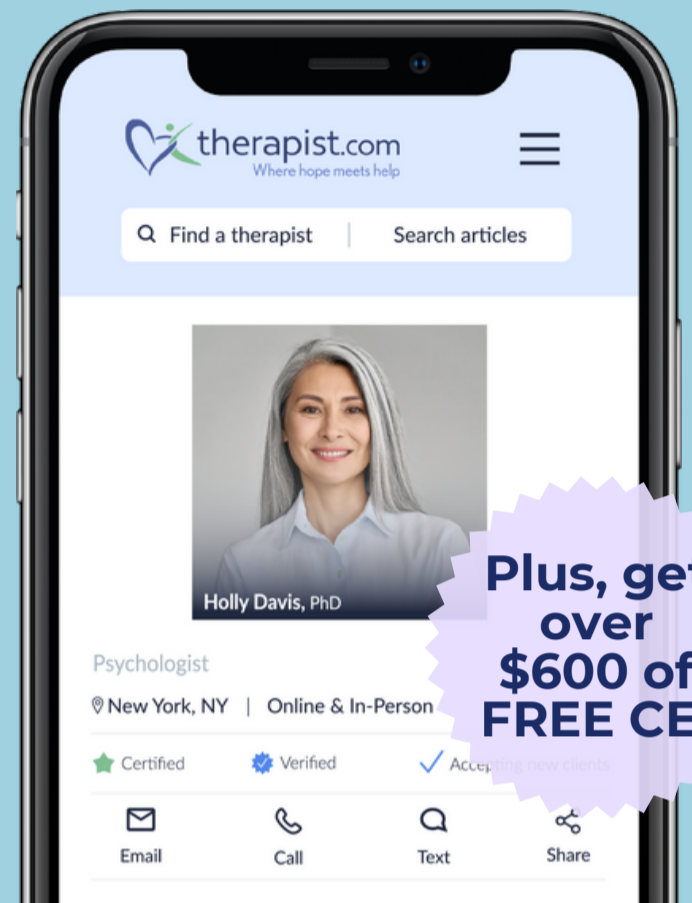
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Even so, psychologists can still boost their expertise years after graduate school, Carpenter says. A good first move, he says, is to assess competencies through the [Pikes Peak Evaluation Tool](#) that's been developed by CoPGTP. The council of training programs also recommends related educational resources to address any knowledge gaps.

Since older adults are more likely to have new diagnoses and bodily discomforts, it's important that psychologists understand the interplay between mental health and physical health, Whitbourne says. For instance, 14% to 28% of adults ages 65 and older with diabetes also have depression, which is [at least double the rate of depression](#) within the general population of older adults, according to a research review.

In addition, geropsychology training can better ground psychologists in the difference between aging-related changes in thinking and early signs of cognitive impairment, Koepp says. "If you don't know what's typical, you're not going to be able to guide the person in their own care and recommend that they get a medical evaluation or neuropsych testing."

Koepp describes Schaeffer's career pivot as not unusual, as she sees psychologists in their mid-to-late career become more interested in working with this population, perhaps as they begin to reflect on their own aging process. "Sometimes we want to work with people who are at our stage of life," Koepp says.

But the therapeutic focus, she stresses, can be deeply rewarding at any age and stage of practice.

"I honestly feel like I get as much as I give in this work with my older clients," she says. "I get opportunities for my own self-evolution, to challenge my own thinking and belief system around paternalism and whose life is it." ■