

# Perspectives on Aging:

## Psychology Across the Lifespan



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

# Introduction

Aging is no longer a niche concern or a distant life stage—it is a defining social issue of our time. Psychologists bring a distinctive lens to this shift, one that moves beyond medical models and cultural myths to focus on how people think, feel, adapt, and remain connected as they grow older.

This booklet explores how psychological science is actively reshaping conversations and decisions about aging. Drawing on research, practice guidelines, and applied insights, it examines how psychologists are confronting age bias, strengthening intergenerational ties, and advancing effective approaches to mental health and cognitive care in later life. It also highlights the training pathways that equip psychologists to work with older adults, establishing geropsychology as a vital and growing area of professional competence.

Together, these perspectives place psychology at the center of how aging is addressed and invite psychologists at every career stage to step into that role.

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# A NEW CONCEPT OF

# Aging



Ageism is one of the last socially acceptable prejudices. Psychologists are working to change that.

By Kirsten Weir

From *Monitor On Psychology*, March 2023

From “antiaging” face creams to wisecracking birthday cards about getting older to “OK, boomer” memes, the message is clear: Being old is something to avoid. Never mind that, if we have the good fortune to live a long life, inaccurate stereotypes about aging will harm all of us.

**A**geism is defined as discrimination against older people because of negative and inaccurate stereotypes—and it’s so ingrained in our culture that we often don’t even notice. Most organizations now have diversity, equity, and inclusion (DEI) departments to tackle issues such as racism and gender bias. Even in those departments, age bias is seldom on the radar. “Ageism is this odd ‘-ism’ in that it’s still socially acceptable in many ways,” said Joann Montepare, PhD, director of the RoseMary B. Fuss Center for Research on Aging and Intergenerational Studies at Lasell University in Newton, Massachusetts, and past president of APA’s Div. 20 (Adult Development and Aging).

It is clear, however, that ageism has a host of negative effects, for people’s physical and mental well-being and society as a whole. What’s more, the negative stereotypes that fuel ageism often get aging all wrong. “When we say aging isn’t all negative, it’s not that we are putting on rose-colored lenses. This is based on rigorous science,” said Manfred Diehl, PhD, a professor of human development and family studies at Colorado State University who studies healthy aging.

Researchers and activists, including many psychologists, are drawing on that science to reframe attitudes toward aging. In 2020, APA adopted a new [Resolution on Ageism](#) that recognizes age as a risk factor for discrimination, encourages more emphasis on aging in psychology training, and advances a more productive public narrative about the benefits of longer life spans. “The question is, what can we do as individuals and also as a society to promote more positive aging?” Diehl said.

#### AGING STEREOTYPES, BUSTED

Ageism is a stubborn prejudice. People of all ages show bias against older adults, though the way they express it changes over the life span. Among younger people, the preference for other young adults is more explicit. In older adults, that preference becomes more implicit (Chopik, W. J., & Giasson, H. L., *Gerontologist*, Vol. 57, Suppl. 2, 2017).

Either way, the attitudes that underlie age bias are often rooted in falsehoods. While it is true that the risk of some chronic diseases and dementia

increases with age, most older adults maintain quite good health and cognitive functioning. “Aging is a very diverse process, and there are great differences between individuals,” Diehl added. “Things usually aren’t as bleak as most people expect.”

Becca Levy, PhD, a professor of epidemiology at Yale School of Public Health and of psychology at Yale University, works to chip away at age stereotypes with a fact-checking approach for public awareness. In her recent book, *Breaking the Age Code: How Your Beliefs About Aging Determine How Long and Well You Live*, she took aim at more than a dozen beliefs about getting older. “In every case, I found information that not only contradicted the negative stereotype but also highlighted a strength that comes with aging,” she said. Take the stereotype that people become less creative as they get older. Researching her book, Levy found a host of examples of artists and musicians who became more creative and more generative later in life.

Levy also upends the stereotype that all types of cognitive abilities inevita-

*“When we say aging isn’t all negative, it’s not that we are putting on rose-colored lenses. This is based on rigorous science.”*

Manfred Diehl, PhD, professor of human development and family studies at Colorado State University

bly worsen with age. It’s true that some cognitive skills, such as reaction times, tend to slow a bit over time. But other functions remain robust and even improve. One study of older adults, for instance,

showed they were better than middle-age adults at orienting their attention and ignoring distractions (Verissimo, J., et al., *Nature Human Behaviour*, Vol. 6, No. 1, 2022).

Getting older affords other benefits. As people age, they tend to become more agreeable and more conscientious. Older adults also tend to be better at regulating their emotions. “These are positive changes that can lead to overall greater social maturity,” Diehl said. “These changes often mean we get along better with others, and we may pay better attention to health or put ourselves in fewer risky situations.”

Such changes may be partly responsible for another observed phenomenon, known as the paradox of aging, said Karl Pillemer, PhD, a sociologist and professor of psychology and gerontology at Cornell University. “Older people tend to report greater happiness and life satisfaction compared to younger people,” he said.

Some researchers have debated the evidence for this so-called happiness curve, a U-shaped trend in which happiness levels are lowest at midlife. But in a recent analysis, economist David Blanchflower took a comprehensive look at data from 145 countries and concluded that, in fact, happiness sinks to a low-water mark in middle age before increasing again through later adulthood (*Journal of Population Economics*, Vol. 34, No. 2, 2021). Other research suggests that, contrary to popular belief, mental health also improves across the life span (Thomas, M. L., et al., *Journal of Clinical Psychiatry*, Vol. 77, No. 8, 2016). “This view that old age is all negative decline just doesn’t seem to be the case,” Pillemer said.

#### HOW AGEISM HARMS

The negative view of late life isn’t just false. It’s also dangerous. “The narrative that age is decline, age is burden, hurts everyone: individuals, families, communities,

and society,” said Nancy Morrow-Howell, PhD, a professor of social policy and expert in gerontology at Washington University in St. Louis. “Some older adults do need support, but mostly they’re giving it,” she added. “They make important contributions to the workforce, including paid work as well as volunteering and caregiving. Those contributions to society are a resource, not a luxury.” Ageism in the workplace affects hiring and promotion decisions. In medical settings, stereotypes associated with aging may influence treatment decisions. People may incorrectly assume older adults are too frail for more aggressive cancer therapies, for instance. In the mental health field, most psychotherapists don’t receive adequate education in geropsychology, and age bias and stereotypes can influence their attitudes and practices. In a chapter on ageism and mental health, evidence revealed that many psychotherapists exhibit a preference against working with older patients, assume less favorable prognoses for older patients, and believe that depression is a natural consequence of older age (Bodner, E., et al., in *Contemporary Perspectives on Ageism*, Springer, 2018).

Internalized messages about aging also influence a person’s health and well-being—a connection Levy has documented in numerous studies. As a graduate student, she took a research trip to Japan to explore why the Japanese had the longest life spans in the world. “One of the first things I noticed was how differently older people there were treated,” said Levy. “They were



Science has disproven many stereotypes about aging. For example, some cognitive functions improve and creativity can expand later in life.

celebrated in families, on TV shows, in comic books.”

Today, Levy’s research explores how societal messages about aging impact a person’s health and well-being. Experimental research, longitudinal studies, and cross-cultural comparisons of age-related beliefs all point to one conclusion: “People who take in more negative age beliefs tend to show worse physical, cognitive, and mental health. But the good news is that those who are exposed to or develop more positive age beliefs tend to show benefits in physical, cognitive, and mental health,” she said.

Age-related beliefs affect health in multiple ways, Levy has found. Those who have more negative feelings about getting older are more likely to experience higher levels of stress, which has been linked to many diseases of aging. Also, people who feel fatalistic about getting older may be less likely to engage in healthy behaviors such as staying active or taking prescribed medications.

Together, those mechanisms can have significant impacts on health. In one study, for instance, Levy and her colleagues showed



Positive, meaningful interactions between older and younger people help educate younger people about their own aging process as well as reduce the deleterious effects of age segregation in American society.

that positive beliefs about aging protect against dementia, even among those with a high-risk gene (*PLOS One*, Vol. 13, No. 2, 2018). But the effects extend beyond dementia. She has also found that negative self-perceptions of aging are associated with a higher prevalence for all of the eight most expensive health conditions among Americans, which include heart disease, lung disease, diabetes, musculoskeletal disorders, and injuries. She calculated that the cost of ageism in the United States was \$63 billion per year—one of every seven dollars spent for those eight conditions (*The Gerontologist*, Vol. 60, No. 1, 2020).

### CHALLENGING AGEIST STEREOTYPES

Given the stakes, there are good reasons to challenge

age-related stereotypes and age bias. Such efforts are beginning to bear fruit. In a systematic review, Pillemer and colleagues found that interventions to reduce ageist stereotypes and prejudice are often effective (Burnes, D., et al., *American Journal of Public Health*, Vol. 109, No. 8, 2019). The most effective interventions combine education about aging with efforts to increase intergenerational contact, Pillemer found. “One of the biggest threats to reframing attitudes toward aging lies in the increasing age segregation of American society. We’re in the midst of a dangerous experiment where young people have almost no contact with older people outside of intermittent contacts in their own families,” he said.

Yet contact alone is not always enough to challenge

## APA Resources on Aging

[Society for Clinical Gerontology](#)

[APA Div. 20 \(Adult Development and Aging\)](#)

[Psychologists Against Ageism webinar series](#)

false ideas about late life. “You often see events that bring young people into nursing homes to give concerts or do activities with older adults, for example. But if young people aren’t prepared for interpreting that experience, they can actually leave with more negative views of aging,” Pillemer added. “It’s important for younger people to interact with older adults who are active and engaged, and also to educate younger people about the aging process.”

To that end, he designed an intergenerational intervention that pairs high school students and older adults for intergenerational wisdom sharing. In a randomized trial, he found that youth who participated showed improvements in their attitudes toward older people and in their sense of life purpose (*International Journal of Environmental Research and Public Health*, Vol. 19, No. 7, 2022).

Diehl, too, is developing an intervention to change attitudes toward aging. His approach targets middle-age adults in hopes of improving their outlook toward their own aging process. “We want to show people that we have opportunities to shape that

### Further Reading

#### Optimizing aging: A call for a new narrative

Diehl, M., et al.

*American Psychologist*, 2020

#### Reframing Aging Initiative

**Foundational Competencies in Older Adult Mental Health Certificate Program, Center of Excellence for Behavioral Health Disparities in Aging**

### Reframing Aging Initiative

Psychologists and other aging experts are collaborating with the Gerontological Society of America’s Reframing Aging Initiative, a long-term social change effort designed to improve the public’s understanding of aging. The project started with research to understand communication strategies and tools to reframe messages around aging. Instead of talking about the “elderly” or “seniors,” for instance, a reframed message uses neutral language such as “older people” or “we” and “us” terms. Instead of talking about a catastrophic “tidal wave” of aging baby boomers, communicators can use affirming language such as “as Americans live longer, healthier lives.”

Research shows these strategies work. In a trial of the Reframing Aging intervention, participants read one of three “framed” messages about aging—messages that emphasize the contributions of older adults to society, aging as a process of accumulating wisdom and energy, or mechanisms through which prejudice against older adults operates. An unframed message might give statistics about the growing number of Americans over age 65, while a framed message puts the statistics in context, for example by saying, “Getting older is a dynamic process, and older people gather momentum through the buildup of unique experiences and insights.” Compared with people who read unframed aging messages, those in each of the three framed message conditions scored lower on tests of implicit age bias (Busso, D. S., et al., *The Journals of Gerontology: Series B*, Vol. 74, No. 4, 2019).

Since 2019, the Reframing Aging Initiative has trained facilitators across the country to use those research-backed strategies to change the narrative around getting older. Still, breaking down long-standing cultural beliefs about aging will take time. In the research community, “there’s still a tendency toward a deficit mentality—a view that older people have problems that need to be solved,” said Cornell University sociologist Karl Pillemer, PhD. “However, I think there’s movement in the other direction as the field of successful aging is growing.”

process, by choosing what we eat and drink, how physically active we are, and how we manage stress,” he said. His four-week health education program addresses beliefs about self-efficacy in aging and encourages participants to be more physically active—a factor strongly associated with health across the life span. Diehl is still analyzing the results, so he can’t yet say whether the intervention led to measurable changes in physical activity. But in a preliminary analysis, he said, “our data clearly show that the intervention is effective in changing people’s nega-

tive attitudes toward their own aging.”

Interventions don’t just improve attitudes for youth and younger adults. In a randomized controlled trial with older adults, Levy found that strengthening positive age beliefs led to more positive self-perceptions of aging, which in turn led to significantly improved physical function (*Psychological Science*, Vol. 25, No. 12, 2014).

### REFRAMING AGEIST SYSTEMS

Looking beyond individual-level interventions, researchers and advocates are also turning their attention

*“We’re on the verge of a social movement to bring about a more age-just society.”*

Becca Levy, PhD, professor of psychology at Yale University

to the cultures and systems that perpetuate ageism. Morrow-Howell, for instance, is in talks with her institution’s DEI office to include age as a diversity issue. “Once people start talking about it, they start seeing it. Awareness within organizations is so important,” she said.

She and Montepare are also active with the Age-Friendly University (AFU) program, an initiative to change the culture of higher education to expand opportunities for older adults. (Read more about the AFU program in “*Embracing Learners of All Ages*,” in the June 2022 Monitor.)

Moving forward, there’s a need to continue studying the factors that support productive aging. “In an increasingly aging society, people have to be willing to do this work,” Pillemer said. “We really need a translational science in aging: We need psychologists to engage in this flow between research and implementation of these ideas in real-world settings,” he added.

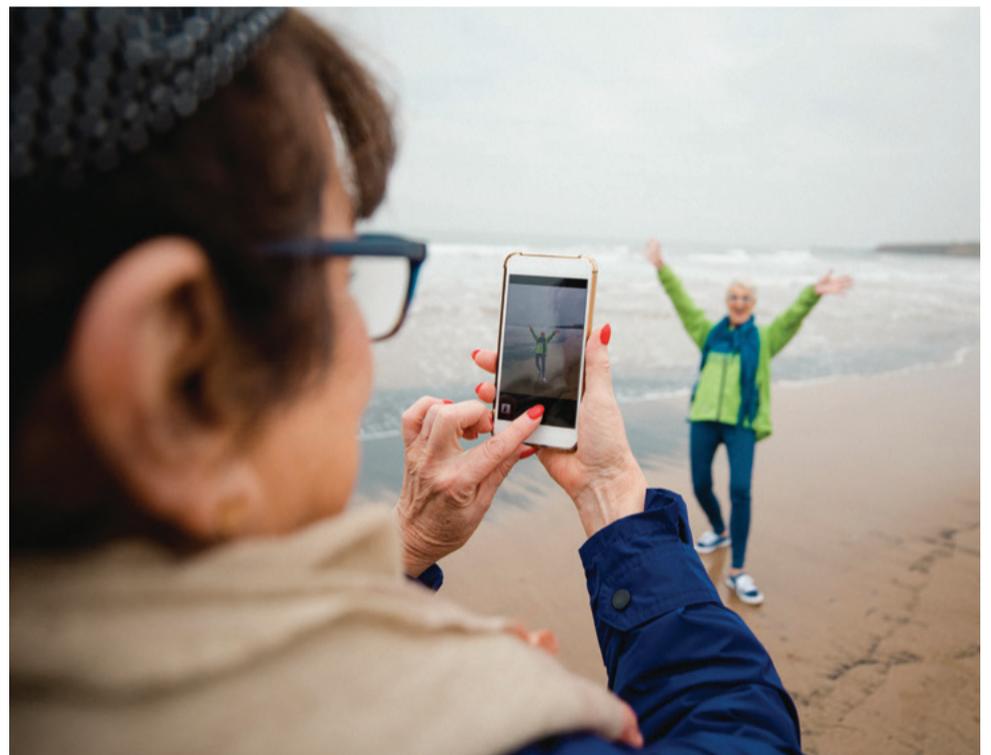
Clinical psychologists, too, can do more to address ageism in their own practices. For one thing, they can help patients address their own internalized beliefs about getting older, said Gregory Hinrichsen, PhD, a clinical psychologist and professor in the department of geriatrics at the Icahn School

of Medicine at Mount Sinai in New York. “People highly overestimate the problems of later life and underestimate the resilience of later life. We can integrate notions about ageism into clinical practice with older adults,” he said.

Hinrichsen uses cognitive behavioral therapy and interpersonal therapy to help clients challenge the underlying assumptions they have about aging, and to begin to think of aging as a role transition. People often discover they’re treated differently in older age, he said. They might be dismissed or assumed to be incompetent. Often, older adults are addressed in “elder-speak,” a demeaning manner

for people to understand how to handle those challenges.”

In collaboration with Erin Emery-Tiburcio, PhD, ABPP, at Rush University in Chicago and colleagues, Hinrichsen helped develop a continuing-education certification program to teach foundational competencies in adult mental health, offered through the E4 Center of Excellence for Behavioral Health Disparities in Aging. The program helps clinicians better understand the unique presentations of mental health problems in older adults—and, importantly, helps them identify and challenge their own personal and systemic stereotypes of aging.



Ageism is so ingrained in our culture that it often goes unnoticed. Changing these harmful attitudes is important for optimal physical and mental health as we age.

of speech that typically includes a high-pitched voice, speaking more slowly, or using overly familiar terms of endearment like “sweetheart” or “dear.” Clinicians can help people navigate the feelings that come along with being treated differently because they are perceived as “old,” Hinrichsen says. “It’s helpful

Though misconceptions and negative beliefs about aging are often deeply entrenched, they are not immutable. Levy, for one, is optimistic that anti-ageism efforts are gaining ground. “We’re on the verge,” she said, “of a social movement to bring about a more age-just society.” ■

# Blogging Psychologists Reframe Ideas of Aging

By Stacy Lu

**K**atharine Esty was not about to stick to a typical life trajectory. A self-described “change actor,” she was 50 when she got her doctorate in social psychology, published her latest book, *Eightysomethings*, at 85, and practiced psychotherapy until age 87.

And she’s not finished yet: Esty is one of several senior psychologists using their knowledge of psychological science, keen personal observations, and life experiences to blog about healthy aging. Her Substack blog, *Aging Well*, has more than 4,500 paid subscribers and deals with issues including reinvention, change, joy, activism, and independence.

“I’ve written a lot on the good news about aging,” says Esty, now 91. “[Seniors] are doing things that are important. There’s lots to look forward to.”

With one in six Americans now age 65 or older, there is a ready audience for understanding the psychological nuances of aging. According to the U.S. Census Bureau, this group is more active and educated than previous older Americans and they’re working longer. In fact, a 2023 Harris poll revealed that 71% of Americans 65 and older say they are living in or looking forward to the best stage of their lives.

Despite growing optimism about later life, ageism remains pervasive. One in two people worldwide holds negative stereotypes about older adults, according to the World Health Organization’s *Global Report on Ageism* (2021). A contributing factor is media and marketing underrepresentation of older people and negative portrayals of them if they do appear: the grumpy old man; the frail old woman.

“Societal ageism is on hyperdrive because of technology moving so fast. In older people there’s a normal slowing of competencies, and technology can



Susan Krauss Whitbourne, PhD,  
Professor Emerita, University of  
Massachusetts Amherst

Author of the blog,  
*Fulfillment at Any Age*

## FINDING INNER SATISFACTION

A well-known finding in psychology on aging and life satisfaction is that people show continued growth throughout the later years of life, even though their objective circumstances change in terms of social relationships, economics and health. While earlier years of adulthood are likely to be marked by higher levels of social comparison, over time you may start to look inward more than looking outward.

## FORGET YOUR NUMBER

It’s hard to admit to getting older in a society that devalues getting older, especially if you want to maintain a healthy self-concept or identity. Maybe, in a different universe, people could just let their subjective age match their true age and even come to accept the idea that somewhere toward the end of life, old age will begin. Even better, don’t think about your age at all. Research shows that letting your internal spirit define you rather than what the calendar says can keep you functioning at optimal levels.

further alienate them from mainstream life,” says Erlene Rosowsky, PsyD, who writes the blog, *The Older Self*, and often speaks to the media about aging.

Rosowsky taught clinical gerontology as a professor at William James College in Boston until age 80. Her writing emphasizes how to maintain a sense of self and purpose, accepting and even embracing inevitable life changes, rather than wasting energy fighting them. It’s a direct refute to a bombardment of anti-aging messaging and product marketing, which she maintains is itself a form of ageism.

“There’s been a collective narcissistic injury [in older people]. You have to define successful aging for yourself. What’s your utility? Is there something positive, some value infused in aging? When people get toward the end of life, it has to matter,” she says.

Psychologists have a unique opportunity to use science-based insights to push back on pervasive myths about aging, such as beliefs that older adults are stuck in their ways or can’t learn new things.

“The public needs good psychological information about aging. We know about the biological basis of behavior like [neural] plasticity in learning, and how to avoid getting locked into a certain stage of life without changing,” says Susan Krauss Whitbourne, PhD, a personality researcher and chair of the APA’s Committee on Aging. Her *Psychology Today* blog, *Fulfillment at Any Age*, which gets some 150,000 views monthly, covers research on relationships, mindfulness and positive psychology.

Whitbourne often writes about research on subjective age, and why feeling good should not be tied to a number. “We don’t all go marching through the same decade markers,” she says. “My primary message is that there is no set pathway through life,”

Psychologists have an important role in providing accurate information that can challenge assumptions about aging, Whitbourne notes. “It’s important for anybody who writes for the public to be sensitive to the empirical basis of what we do,” she says.” ■



**Erlene Rosowsky, PsyD, Professor,  
William James College**

Author of the blog,  
*The Older Self*

### A SENSE OF SELF

How can we remain essentially the same self in the face of myriad age-related losses and changes? The good news is that, as older people, we come equipped with a long history of experience, lessons learned, achieved wisdom, and a toolbox of coping strategies. With these hard-won tools, we’re usually able to muddle through, to meet the challenge, to endure, and continue on as ourselves.

### FOCUSING YOUR ENERGIES

There’s less energy to put toward things as you age. One really needs to address apportionment of resources. Any neuropsychologist can tell you that there are some losses in competence for most people. Your interests may become a little more rarefied. It is also unwise to waste energy on what is impossible, such as avoiding change. You don’t have to spend too much time with people you don’t want to. You have the luxury of saying no. You have the luxury of resting when you want to.



**Katharine Esty, PhD,  
psychotherapist and author**

Author of the blog,  
*Aging Well*

### ACCEPTING HELP

Our expectations and beliefs play a significant role in how we age. We must understand that there is nothing bad, evil, or weak about seeking help. I have spent years helping others and so have you. Now, in the natural course of life ... it is time for us to focus on becoming gracious receivers, as well as helping others, which we can continue to do.

### FINDING PURPOSE

Many people, especially when they have retired, face the questions, ‘Why survive? What am I doing with all these years?’ The most important thing is to have a purposeful life. This is what my writing has done for me. It gives me focus and learning. I also see it as a mission. I care deeply about it. You can love and grow and give until pretty much your last days.

# People Think ‘Old Age’ Starts Later Than It Used To, Study Finds

Increases in life expectancy, later retirement could explain shift in public perception of when old age begins

**M**iddle-aged and older adults believe that old age begins later in life than their peers did decades ago, according to a study published by the American Psychological Association.

“Life expectancy has increased, which might contribute to a later perceived onset of old age. Also, some aspects of health have improved over time, so that people of a certain age who were regarded as old in the past may no longer be considered old nowadays,” said study author Markus Wettstein, PhD, of Humboldt University in Berlin, Germany.

However, the study, which was published in the journal *Psychology and Aging*, also found evidence that the trend of later perceived old age has slowed in the past two decades.

Wettstein, along with colleagues at Stanford University, the University of Luxembourg and the University of Greifswald, Germany, examined data from 14,056 participants in the German Ageing Survey, a longitudinal study that includes people living in Germany born between 1911 and 1974. Participants responded to survey questions up to eight times over 25 years (1996–2021), when they were between 40 and 100 years old. Additional participants (40 to 85 years old) were recruited throughout the study period as later generations entered midlife and old age. Among the many questions survey participants answered was, “At what age would you describe someone as old?”

The researchers found that compared with the earliest-born participants, later-born participants reported a later perceived onset of old age. For example, when participants born in 1911 were 65 years old, they set the beginning of old age at age 71. In contrast, participants born in 1956 said old age begins at age 74, on average, when they were 65.

However, the researchers also found that the trend toward a later perceived onset of old age has slowed in recent years.

“The trend toward postponing old age is not linear and might not necessarily continue in the future,” Wettstein said.

The researchers also looked at how individual participants’ perceptions of old age changed as they got older. They found that as individuals aged, their perception of the onset of old age was pushed further out. At age 64, the average participant said old age started at 74.7. At age 74, they said old age started at 76.8. On average, the perceived onset of old age increased by about one year for every four to five years of actual aging.

Finally, the researchers examined how individual characteristics such as gender and health status contributed to differences in perceived onset of old age. They found that women, on average, said that old age started two years later than men—and that the difference between men and women had increased over time. They also found that people who reported being more lonely, in worse health, and feeling older said old age began earlier, on average, than those who were less lonely, in better health, and felt younger.

The results may have implications for when and how people prepare for their own aging, as well as how people think about

older adults in general, Wettstein said.

“It is unclear to what extent the trend towards postponing old age reflects a trend towards more positive views on older people and aging, or rather the opposite—perhaps the onset of old age is postponed because people consider being old to be an undesirable state,” Wettstein said.

Future research should examine whether the trend toward a “postponement” of old age continues and investigate more diverse populations in other countries, including non-Western countries, to understand how perceptions of aging vary by country and culture, according to the researchers. ■



# APA Resolution on Ageism

The American Psychological Association recently introduced a [Resolution on Ageism](#) that recognizes the profound effects that ageism has on workplace practices, healthcare delivery, and societal norms. It identifies its prevalence in mass media and language, and outlines pledges to help eliminate ageism from our society. The resolutions include:



## FOSTER

Foster training on the intersection of age with other identities, including sex, race, gender, sexual orientation, disability, socioeconomic status, and social class, and encourage psychologists to use informed strategies and evidence-based practices to address these intersections effectively.



## ADVOCATE

Advocate for federal and state funding to support research on the health and behavioral needs of older adults, including brain health, the effects of trauma, and community-based initiatives that improve health and wellness.



## DEVELOP

Develop resources and tools to promote age-supportive practices, encouraging psychologists and healthcare providers to engage in supervised experiences with older adults, to develop culturally competent services, and to deter ageism in clinical care and research settings.



## ENCOURAGE

Encourage the development of public narratives that reflect the heterogeneity of older adults, the positive contributions of longer lifespans, and the systemic occurrences of ageism in settings such as employment, healthcare, and media.



## SUPPORT

Support interdisciplinary collaborations with agencies, professional organizations, and media to address entrenched ageism through public policy, prevention, intervention, and advocacy efforts.

# APA Revamps Telehealth Guidelines for Older Adults

The *APA Guidelines for Psychological Practice with Older Adults* underwent significant revisions in 2024, reflecting more than a decade of new research, evolving clinical contexts, and alignment with other recent APA standards. A multidisciplinary team of psychologists conducted a comprehensive review of the 2013 guidelines, integrating insights from contemporary gerontological literature and restructuring the document around the *Pike's Peak Model* for training professional geropsychologists.

Among the contributors to this effort was Mark Brennan-Ing, PhD, Director of Research and Evaluation at the Brookdale Center for Healthy Aging at Hunter College, whose expertise in aging, health equity, and LGBTQ+ older adult populations informed several aspects of the revision process.

In a recent *APA continuing education webinar*, Brennan-Ing provided an in-depth overview of the updated guidelines and examined their implications for psychological practice with older adults.

Here are highlights of his comments:

One key update to the 2024 Guidelines for Psychological Practice with Older Adults is the addition of a telehealth guideline, which is now Guideline 11. We considered including telehealth in Guideline 8, which focuses on settings of care, but we determined that the significant emergence of telehealth in recent years, along with common misperceptions about older adult use of telehealth, warranted the development of its own guideline.

Let's take a deeper dive: Studies have shown that up to 75% of older adults use the internet, and approximately 61% own a smartphone. Research has supported the effectiveness of telehealth in older adults, and it is strong across different settings and clinical activities. Telehealth can improve access to care for older adults, especially for those who have difficulties with in-person appointments due to either transportation or rural residence.

Telehealth technology became necessary for maintaining social connections and receiving services during the COVID-19 pandemic. Thus, telehealth among older adults *has rapidly increased* since the COVID-19 pandemic, from 4.6% to approximately 21%.

Recommendations for telehealth service provisions to older adults include the assessment of the older adult's digital health literacy and or availability of assistance in the home prior to providing services, and the internet, microphone, and camera quality with a phone backup plan in the event of connectivity issues. Some older adults may need assistance in using this technology in the home. If others in the home are assisting with the technology, then we have to consider informed consent and confidentiality since there's another person present during the psychological practice session. Completion of targeted release of

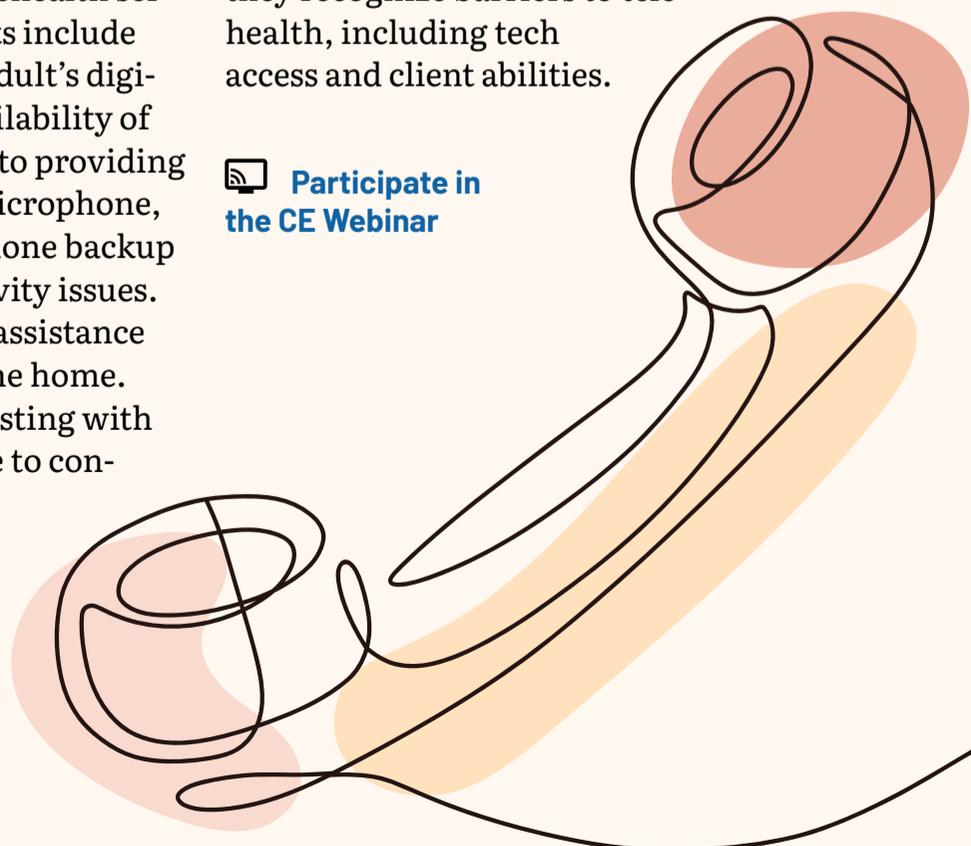
information forms may be necessary in these circumstances.

Psychologists strive to be aware of potential barriers to telehealth and ensure that clients are ready, willing, and able to use this modality. Examples of barriers include:

- limited internet access, especially for those in rural areas or for those of low socioeconomic position;
- lack of training on internet-ready devices like smartphones, tablets, or computers;
- screen and text-image size on small screens for those with visual impairment;
- telehealth audio for those who are hard of hearing;
- and the ability to use telehealth independently due to cognitive impairment or other issues.

In sum, it's important that psychologists know ethical standards for using telehealth and psychological practice; that they assess the digital health literacy, tech access, privacy, and confidentiality when working with older clients in a telehealth setting; and that they recognize barriers to telehealth, including tech access and client abilities.

 [Participate in the CE Webinar](#)



Highlights from APA CE Webinar

## Alzheimer's Disease: Navigating New Research and Clinical Practice Developments

In a recent APA Continuing Education (CE) Webinar, licensed clinical psychologist and board-certified geropsychologist Benjamin Mast, PhD, ABPP, discussed recent findings on Alzheimer's disease and related dementias, emphasizing diagnostic features, symptom patterns, and updates to the APA dementia assessment guidelines.

The presentation outlined practical strategies for incorporating these updates into clinical practice, including adoption of the Functional Assessment Staging System for evaluating the disease's progress.

*Insights adapted from the webinar include:*

### SEEING THE PATTERN BENEATH THE FORGETTING

When people describe the first signs of Alzheimer's disease, they rarely speak of "stages." They speak of moments: a conversation forgotten, an appointment missed, a question repeated five times in an afternoon. For psychologists, these observations are the earliest behavioral footprints of a neurodegenerative process that unfolds slowly, predictably, and—until recently—irreversibly.

What differentiates Alzheimer's from benign forgetfulness is not what is forgotten, but how persistently and progressively memory, reasoning, and independence decline. Forgetting new information, repeating questions, or misplacing items in implausible ways (then suspecting theft) are not just lapses in attention—they're markers of an impaired short-term memory system that can no longer encode or retrieve efficiently.

When psychologists talk with Alzheimer's patients and/or their families, they will often want to know what stage they're in. There are different staging systems for evaluating the progression of the disease, but one [common one] is called the Functional Assessment Staging (FAST) scale. It's one of the simplest ways to visualize Alzheimer's progression, as it identifies seven stages—ranging from normal to very advanced to severe dementia.

Oftentimes, when people ask about the stage, what they're really asking is, "What should I expect to happen next?" As we talk about some of the new treatments [later in the webinar], these stages make a difference. For now, consider the stages not as something that you would necessarily write into a clinical evaluation report, but something that gives an idea of what might happen next.



The FAST Roadmap: A Functional View Of Decline		
Stage	Description	Functional Highlights
1	Normal function	No objective cognitive deficits
2	Age-related memory loss	Subtle self-perceived decline, such as misplacing objects, or difficulties with work; independence intact
3	Mild Cognitive Impairment (MCI)	Measurable deficits, such as forgetting names or recent events; may only be noticeable to close family, friends, and co-workers
4	Mild dementia (early Alzheimer's)	Difficulty with IADL tasks such as cooking, cleaning, finances; functional cognitive decline apparent
5	Moderate dementia (mid-stage Alzheimer's)	Requires assistance with many ADLs; difficulty with orientation to time or place; can no longer live independently
6	Moderately severe dementia (late-stage Alzheimer's)	Requires 24/7 supervision or hands-on assistance; needs help with all ADLs, including toileting
7	Severe dementia (very late Alzheimer's)	Loss of speech, ambulation, and self-care

Chart Sources: [Medical News Today](#); [TheraPlatform](#); The FAST scale was first developed by [Barry Reisberg, MD](#), in the 1980s.

## THE FAST SYSTEM

We start in this normal stage—normal aging, no cognitive changes. Followed by Stage 2, with some subjective memory complaints. The person is noting that something is different; they're not comfortable with it but other people really can't notice. The Instrumental Activities of Daily Living [IADLs] are still within the normal stage.

The next stage is mild cognitive impairment [MCI]. Now, the cognitive changes are definitely noticeable to other people and to the patient or client. Something is definitely off in terms of cognition, and it's quite noticeable. But the person is still relatively independent in daily functioning—probably driving and managing their own money and medications.

Stage 4 is mild dementia. If we were to do some cognitive testing at this stage, they would show impairment, some difficulty in independence, IADLs, and they would need more help with things like finances, medication, travel, and driving. Recent events are going to be the most often forgotten, at least in the context of Alzheimer's disease. They might even need some cueing for IADL, such as bathing, dressing, using the toilet.

Stage 6 is moderately severe dementia, with much more significant cognitive change. They require hands-on help for basic activities of daily living and there may be an emergence of behavioral and psychological changes. They might have a bit more agitation, wandering, mood changes, personality change.

Stage 7 is late-stage dementia, with very severe cognitive impairment. In fact, in Stage 7, we're rating their function based upon what remains: Can they speak a few words, or are they down to just maybe one word? Can they walk? Can they sit up, smile, or even hold up their head? This is a person who can't survive without other people doing almost everything for them.

Many people will die from other things before they reach this stage, but in terms of the broad span of Alzheimer's disease, you can see that it ranges from very subtle to hardly noticeable changes in the earliest stages to something with a very severe cognitive and functional loss. It can be very painful, and it can be a very long journey.

## BRIDGING BEHAVIOR AND BRAIN SCIENCE

Psychologists play a crucial role here: translating vague behavioral changes into clinical meaning, guiding fam-



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illies toward realistic expectations, and differentiating normal aging from a disorder of neurodegeneration. We are often the interpreters of dementia—the ones who give meaning to data, and dignity to decline. The task is both scientific and empathic:

**Clarify:** Translate neuropsychological scores into concrete daily implications.

**Normalize:** Distinguish the disease from normal aging without minimizing either.

**Guide:** Help families plan around function rather than fear.

**Monitor:** Recognize that there is a dynamic spectrum of dementias—and that progression, stability, or reversal are all possible.

**Collaborate:** Work across disciplines—neurology, geriatrics, psychiatry—to provide continuity of care.

The Alzheimer's field is undergoing a paradigm shift—from reaction to prevention. The most compelling research now focuses on modifiable risk factors: cardiovascular health, physical activity, sleep quality, cognitive challenge, and social connection. Psychologists can directly influence these domains through behavioral health interventions, early screening, and patient education.

This is where psychology meets neurology most powerfully: not at the end of the disease, but at its beginning—where lifestyle, mental health, and meaning intersect with brain resilience. ■

Benjamin Mast is a professor in the Department of Psychological and Brain Sciences and a clinical psychologist in the [Trager Center Optimal Aging Clinic](#) at the University of Louisville. He was chair of the APA Task Force on the Evaluation of Dementia and Age-Related Cognitive Decline and recipient of the APA Committee on Aging Award for the Advancement of Psychology and Aging.

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# Dementia Cases Predicted to Double by 2060

## 514,000

Number of new dementia cases in the United States in **2020**.

Currently about **6.7 million** Americans have dementia, representing **1.88%** of the overall population.

## 1 million

Projected number of new U.S. dementia cases in **2060**. That will bring the projected number of overall cases to **13.9 million** in 2060, or **3.3%** of the overall projected population.

**Women, African-Americans,** and those with the **APOE4 gene** are at higher risk than others.

The main reason is an increasing aging population. Data show that behavioral health interventions can modify the risk of developing dementia.

By **Tori DeAngelis**

From *Monitor On Psychology*, July/August 2025

## 4%

Percentage of Americans **age 75** who currently have dementia, compared with **20%** of Americans who are **85**. While it's difficult to estimate exact figures, the percentage of Americans in these age groups is expected to rise over time and is a **main reason for the projected increase** in dementia cases.

## 40%

Percentage of dementia cases attributable to modifiable risk factors such as **high blood pressure, poor kidney function, high blood glucose levels,** and **smoking**.



Sources: Fang, M., et al. (2025), *Lifetime risk and projected burden of dementia*, *Nature Medicine*, 31(3); Senff, J., et al. *Modifiable risk factors for stroke, dementia and late-life depression: A systematic review and DALY-weighted risk factors for a composite outcome*, *Journal of Neurology, Neurosurgery and Psychiatry*.



# Treating Substance Misuse *in* *Older Adults*

Substance use conditions often go untreated in older adults, but psychologists have the skills and knowledge to help

By Zara Abrams

From *Monitor On Psychology*, January/February 2025

**S**ubstance use among older adults has been on the rise for years. Between 2001 and 2013, alcohol misuse increased 107%, then continued to rise during the COVID-19 pandemic. By 2022, 1 in 11 adults over 60 had a substance use disorder. As the population ages, psychologists expect that upward trend to continue (Grant, B. F., et al., *JAMA Psychiatry*, Vol. 74, No. 9, 2017; Nordeck, C. D., et al., *Addiction*, Vol. 117, No. 2, 2021; *Behavioral Health Among Older Adults: Results From the 2021 and 2022 National Surveys on Drug Use and Health*, Substance Abuse and Mental Health Services Administration [SAMHSA], 2024).

Alcohol use is the biggest threat, with growing rates of binge drinking and heavy drinking, especially among older women (Han, B. H., et al., *Journal of the American Geriatrics Society*, Vol. 67, No. 10, 2019). Cannabis use is also on the rise, partly because of changing laws and norms, despite little research on how it affects the aging brain.

“The baby boomers experienced much higher rates of substance use in their youth than previous generations,” said Wilson Compton, MD, deputy director of the National Institute on Drug Abuse (NIDA) of the National Institutes of Health. “In some cases, they’re bringing those habits with them, either continuing their use or starting up again in their later adult years.”

But older adults struggling with substance use are often overlooked and undertreated, despite the serious mental and physical health risks those habits pose. Physiological changes, including decreases in muscle mass and liver function, alter the way the body processes alcohol and drugs as we age. That can, in turn, increase the risk of medication interactions, falls, and vehicle accidents, and may even exacerbate cognitive decline (*Treating Substance Use Disorder in Older Adults*, SAMHSA, 2020).

“Smaller amounts of substances have bigger effects in older individuals because of changes in absorption and metabolism. Even low levels of use—one or two drinks, for example—can have a big impact on everyday functioning,” said psychologist Frederic C. Blow, PhD, a professor of psychiatry and director of the U-M Addiction Center at the University of Michigan who has overseen the development of national consensus statements for treating substance misuse in older adults.

Fortunately, research shows that this group can be well served by substance use treatment programs, especially when interventions are adapted for their stage of life. By routinely screening for problematic substance use and learning to recognize risk factors, such as retirement or the death of a spouse, mental health professionals can prevent a problem from starting or intervene before it causes harm.

“A lot of the change in later life is thematic of loss, and we know that loss can contribute to all kinds of mental health challenges, including substance use,” said Kimberly Burton, a peer recovery educator and the retired director of older adult programs for the *Mental Health Association of Maryland* who herself has been sober for more than 30 years. “So how can we be proactive about keeping people connected to the things they really care about?”

## PATTERNS OF USE

Substance use is highest in young adults, ages 18 to 25, but older adults today are using more substances than did people of the same age group from past generations. Most experts attribute the shift to changing attitudes toward heavy drinking, cannabis, and other substances over the past few decades.

Nearly 13% of older adults from SAMSHA’s latest National Survey on Drug Use and Health (NSDUH) reported binge drinking in the past month. About 10% used cannabis and 2.3% misused opioids. Of those who needed treatment, fewer than 1 in 3 received it (*Behavioral Health Among Older Adults: Results From the 2021 and 2022 NSDUH*, SAMHSA, 2024).

“The media has attended to other substances, but alcohol is by far the most common among older adults,” said clinical psychologist Erin Woodhead, PhD, an associate professor of psychology at San José State University who studies substance use treatment for older adults.

Alcohol and other substances can be seen as a way to cope with later in life challenges, including the death of a spouse or the onset of a chronic health problem. They may also be used as a pastime or a way to enhance social outings. For example, happy hours and other alcohol-centered events are regular programming in many senior living communities.

Problematic substance use in this group can fit a few different profiles. Some people may start using substances for the first time to deal with a change or loss; others have a decades-long history of use and tend to be harder to treat. Still others used substances at a low level

## Key Points

1

One in 11 adults over 60 had a substance use disorder in 2022, and the prevalence is expected to continue increasing.

2

Alcohol is the most misused substance, followed by cannabis.

3

Common risk factors for substance use conditions in this population include bereavement, forced retirement, and health problems.

4

Evidence-based interventions, including cognitive behavioral therapy and motivational interviewing, are highly effective at reducing misuse.

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throughout their life, with that use rising to a problematic level as they age.

“No matter how well we’re doing with aging, we’re all going to have physiological shifts that will make it harder for our body to process alcohol and other substances,” Woodhead said.

Experts say mental health professionals need training to recognize the different risk factors and complications related to substance use in older adulthood, compared with the circumstances younger adults face.

“Older people are not just aged young people. They have different issues and different concerns,” Blow said.

Physical health is one factor to consider, though significant variability among this group means there is no one-size-fits-all solution. For people diagnosed with a chronic medical condition, taking multi-

ple medications, or experiencing cognitive impairment, any amount of alcohol poses risks, said clinical psychologist Derek Satre, PhD, a professor of psychiatry at the University of California, San Francisco Weill Institute for Neurosciences who works to improve mental health services for underserved older adults.

“Partner drinking is also an issue for this age group, and sometimes a person can develop or sustain an alcohol problem if their partner is also drinking,” Satre said.

Other risk factors for substance misuse include financial stress, social isolation, bereavement, forced retirement, a change in living situation, and a past substance use disorder (*Treating Substance Use Disorder in Older Adults*, SAMHSA, 2020).

In older adults, substance use conditions are often missed. These individuals may lack the common

checkpoints that younger adults have, such as an employer who pressures them to seek care, Blow said. Symptoms of substance misuse can also be mistaken for medical problems, medication interactions, or age-related shifts, such as balance issues, fatigue, or cognitive changes, said Lisa Lind, PhD, a geropsychologist and chief clinical officer at Deer Oaks, a behavioral health care provider for people who live in long-term care facilities.

“Misuse may often go undetected if mental health professionals aren’t routinely screening for substance use problems using screening instruments designed to detect misuse in older adults,” Lind said.

### CANNABIS AND OTHER DRUGS

Behind these missed cases are often assumptions about older adults that may not hold true.

“Among clinicians, there can be a naïve assumption that if a person

is 70 years old, they couldn't possibly be using heroin, opioids, or even cannabis," Compton said.

In fact, the prevalence of cannabis use in adults 65 and older rose 75% (from 2.4% to 4.2%) between 2015 and 2018 and continues to increase, according to analyses of NSDUH data led by Benjamin H. Han, MD, of the University of California, San Diego (*JAMA Internal Medicine*, Vol. 180, No. 4, 2020; Kapner, W. E., et al., *Alcohol*, Vol. 107, 2023).

In a separate study, Han and his colleagues also surveyed 568 adults ages 65 and older on their cannabis use habits, finding physical and mental health concerns to be the primary reason for use, including to reduce pain, arthritis symptoms, sleep disturbances, anxiety, and depression (*Journal of the American Geriatrics Society*, Vol. 69, No. 1, 2021). Clinical psychologist Claudia Padula, PhD, an assistant professor of psychiatry and behavioral sciences at Stanford University, found a similar pattern when she and her colleagues studied motivations to use cannabis by age group (*Addictive Behaviors*, Vol. 72, 2017).

"We found that older adults were most motivated to use cannabis for chronic medical conditions, including to address pain concerns or stimulate appetite," compared with younger adults who were more likely to report using cannabis for social reasons, Padula said.

Cannabis may be more widely accepted today, but the substance is not without its dangers. Han and his colleagues analyzed cannabis-related California emergency room visits, including cannabis poisoning or symptoms linked to overuse that required urgent medical attention, in adults 65 and older. They found an overall 1,804% relative increase in visits, with the highest jumps in older men and older Black adults (*Journal of the American Geriatrics Society*, Vol. 71, No. 4, 2023).

That increase is likely linked to the higher levels of the psychoactive compound tetrahydrocannabinol (THC) in today's cannabis strains—typically 20% or more compared with 2% or less before 1990 (Stuyt, E., *Missouri Medicine*, Vol. 115, No. 6, 2018).

In other words, people whose most recent cannabis use was decades ago may accidentally overdose on today's stronger versions. "The THC content across these different modes has increased dramatically," Blow said. "This is not the Woodstock generation's cannabis."

Education is an important first step. Cannabis can have medical utility for managing chronic pain and other health concerns in older adults (Abuhasira, R., et al., *Journal of Clinical Medicine*, Vol. 8, No. 11, 2019). However, it is not always a safe or advisable remedy for daily problems such as anxiety or sleep, Burton said.

"Older adults need accurate information about vulnerabilities, and we just don't know yet what cannabis does in aging bodies," she said.

Compared with cannabis and alcohol use, opioid use is uncommon among adults over 65. But some groups face a higher risk, including people with a history of opioid use disorder who receive a prescription for painkillers following a medical procedure. Asking about medical history and offering alternatives for pain control can minimize the risk of relapse in such patients, Compton said.

Compared with other racial groups, older Black men are also particularly vulnerable to opioid overdose, a pattern that requires urgent attention and research (Volkow, N., *NIDA*, Aug. 30, 2024).

"We should really be concerned about those disparities," Blow said.

## HOW TO HELP

First and foremost, both primary care and mental health care providers should routinely ask patients of all ages about their substance use. Burton suggests taking a nonconfrontational approach, for example: "You're talking about your health issues, which makes me wonder about medications. A lot of people are unaware that their medications make them more vulnerable to the effects of alcohol."

That could lead to an educational conversation about alcohol metabolism—or it could alert the provider to a mental health emergency. Suicide rates are highest among adults ages 75 and older, and alcohol use is a key risk factor.

## Further Resources

*Substance use disorder in older adults: Mini review*  
Jaqua, E. E., et al.  
*Addiction & Health*, 2022

*Medical cannabis use among older adults in Canada: Self-reported data on types and amount used, and perceived effects*  
Tumati, S., et al.  
*Drugs & Aging*, 2022

*How does marijuana affect the brain? Psychological researchers examine impact on different age groups over time*  
Stringer, H.  
*Monitor on Psychology*, June 2023

## Resources

*Treatment Improvement Protocol (TIP) 26: Treating substance use disorder in older adults*  
SAMHSA, 2020

*Guidelines for psychological practice with older adults*  
APA, 2024

*E4 Center of Excellence for Behavioral Health Disparities in Aging*  
Rush University

“If we see someone with increased drinking who also has a constellation of losses, we need to do what we know reduces suicide risk,” including connecting people to services and prioritizing firearm safety, Blow said.

For most older patients dealing with substance use challenges, the prospects are good. Large-scale reviews of treatment for substance use disorders, including alcohol use disorder and opioid use disorder, have found that older adults achieve equivalent or better treatment outcomes compared with their younger counterparts (Sahker, E., et al., *Journal of the American Geriatrics Society*, Vol. 63, No. 11, 2015; Carew, A. M., & Comiskey, C., *Drug and Alcohol Dependence*, Vol. 182, 2018).

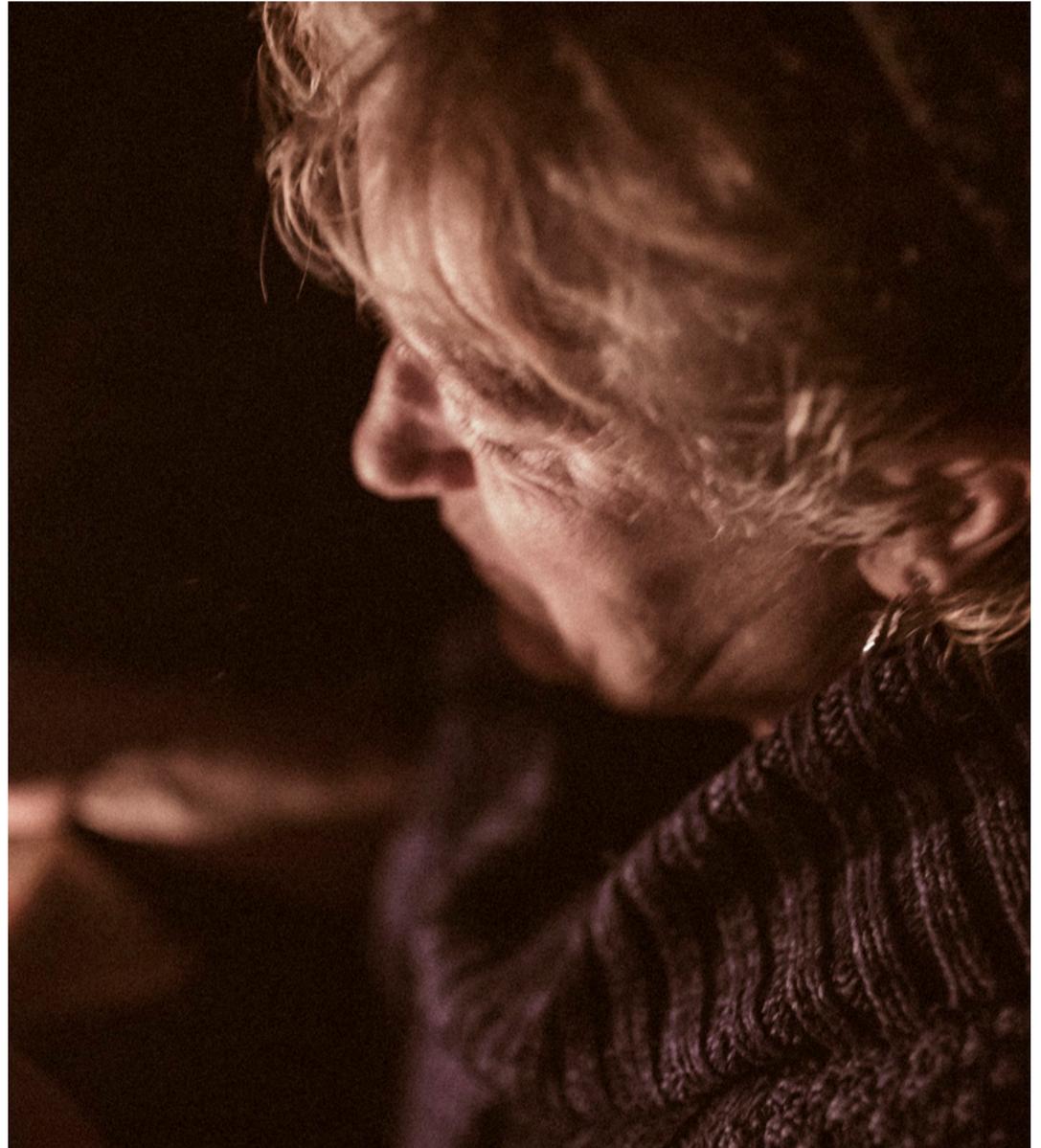
“Particularly for those who start using these substances later in life, when they do enter a formal treatment program, the success rate is overwhelmingly positive,” Padula said.

SAMHSA’s *Treatment Improvement Protocol (TIP) 26, Treating Substance Use Disorder in Older Adults*, provides detailed guidance on evidence-based ways to address substance misuse in older adults, including brief interventions, inpatient programs, sleep and pain support, medications, cognitive behavioral therapy, skills-based approaches, and motivational interviewing (MI).

Adapting programs so they are relevant for this age group may include respecting certain social conventions, such as conversing more formally than practitioners may act with younger patients. Providers should also adopt a supportive, nonjudgmental approach that recognizes a person’s wisdom gained from lived experience, builds their sense of worth and value, and helps them set and meet treatment goals.

“The MI model in particular seems to fit really well with older adults because it supports autonomy in decision-making, something that is often ignored among older adults seeking health care,” Woodhead said, adding that the intervention can be effective in just a few sessions in a primary or integrated care setting.

Working with families can be a key part of the solution because well-meaning adult children often make decisions that rob older adults of their dignity and autonomy, Burton said. Keeping people engaged in their communities—for example, empowering dad to take a woodworking class, even if there’s some risk involved—is a healthy way to offer meaning and entertainment that can take the place of substances.



That individualized approach requires persistence and creativity on the part of families and providers, but experts say it is worth the effort. When Burton’s grandmother, a lifelong painter, lost her vision, she became addicted to alcohol and pain medication.

“Had I known then what I do now, I would have said, ‘I get that this macular degeneration really sucks, but we need to find a way to keep you connected with art,’” for instance, by volunteering to teach children about the joy and mechanics of painting, Burton said.

**In older adults, substance use conditions are often missed because of a lack of common checkpoints, such as accountability to employers, and symptoms can be mistaken for medical issues, medication interactions, or age-related changes.**



Studies show that for substance use disorders, including alcohol and opioid use disorders, older adults achieve equivalent or better treatment outcomes compared with their younger counterparts.

### NEW RESEARCH INSIGHTS

Adapting proven interventions for substance misuse can help older adults, but emerging research also points to additional ways to support this group. Using alcohol and other drugs can increase the risk of cognitive problems, including spurring the transition from mild cognitive impairment to Alzheimer’s disease (Xue, H., et al., *Comprehensive Psychiatry*, Vol. 78, 2017). Padula, who studies the neurocircuitry of substance use, is applying for funding to explore the brain circuits that underlie the link between alcohol use and dementia.

“Most older adults are concerned about their attention, memory, and cognitive function,” Padula said. “If we can demonstrate that removing alcohol and substances might actually protect your brain, that would be a really impactful intervention.”

More research is also needed to explore the neurological effects of cannabis in older adults and to determine what interventions can help reduce problematic cannabis use, Satre said. Clinical researchers can also help identify substance use interventions that work best with various subgroups, such as women versus men.

“We really want to encourage researchers to bring us their best ideas on how to fine-tune treatment,” Compton said, emphasizing that preventing and treating substance use in older adults is an important topic for research.

Ultimately, treatment that respects the autonomy of older individuals while supporting them in making healthy choices based on scientific evidence is what is likely to succeed.

“We should be paying attention to any substance use as people get older, especially drinking, where the risks clearly outweigh the benefits,” Blow said. “That’s a message, supported by literally thousands of studies, that clinicians and the public need to understand.” ■

# 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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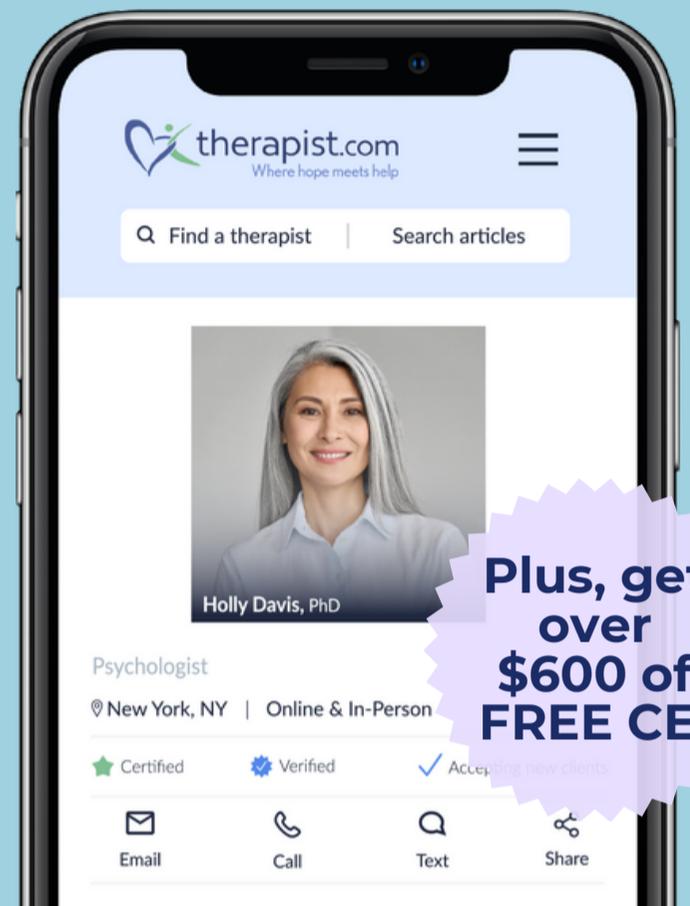
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Even so, psychologists can still boost their expertise years after graduate school, Carpenter says. A good first move, he says, is to assess competencies through the [Pikes Peak Evaluation Tool](#) that's been developed by CoPGTP. The council of training 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." ■

# Navigating the Retirement Transition

By Charlotte Huff

## NAVIGATING THE RETIREMENT TRANSITION

Most people adjust to retirement without a notable hit to their well-being, says Mo Wang, PhD, an industrial-organizational and lifespan development psychologist who studies retirement. But for roughly a quarter of workers, “their psychological well-being is going to suffer a little bit,” with dips in mood and more depressive symptoms, says Wang, chair of the Warrington College of Business at the University of Florida.

Those who struggle tend to have retired earlier than planned, experienced recent health declines, or described unhappy marriages. “It will take them more than two years to recover—to adjust to retirement,” Wang says.

Retirement has long been considered a significant life transition, one that can bring financial strain, a loss of daily structure, and questions about identity—which can come as a shock to some people, say psychologists.

“When you don’t do that [job] anymore, who are you?” says Vanessa Schaeffer, PsyD, a geropsychologist in Gainesville, Georgia. “And for a lot of people, and particularly men, their greatest social interactions outside of their marriage or family come through work.”

## RETIREMENT BY THE NUMBERS

Twenty-eight percent of retirees experience depression, according to a [meta-analysis](#) of 11 studies. The symptoms are more common among workers who retired involuntarily or for health reasons, researchers found.

But Wang’s research, published in the *Journal of Applied Psychology*, found that a two-year dip in mood was limited—and was one of three emotional trajectories. The largest group experienced no emotional change. They often took on a “bridge job,” were more likely to be happily married, and had planned well for retirement.

A small third group—about 5%—reported an immediate boost in well-being. They tended to have had physically demanding or high-stress jobs, or they simply disliked their work. “For them, retirement was an escape,” Wang says.

[Although the study came out in 2007, Wang reanalyzed national data in 2023 and says the broad patterns still hold.]

## THE RESILIENCY FACTOR

Some retirees embrace the transition, itching to dive into long-standing hobbies or other interests, Schaeffer says. In other situations, psychologists may have to help patients think through how to build more structure and purpose into this next life stage.

She describes one client who can’t have pets in her residence but volunteers daily at a humane society, walking dogs and socializing puppies. Another is learning Italian simply because “it sounds beautiful,” despite never having traveled abroad.

Wang says his research shows that even retirees who experience a temporary dip in well-being typically regain their psychological footing within five to six years, often matching or exceeding pre-retirement levels. “We’re very resilient to the stressors in our life, and retirement is a stressful life event,” he says. “But then, after retirement, people usually can restructure their life. And they can actually figure out what to do, to better adjust.” ■





Psychologists are working to solve pressing problems such as loneliness and climate change by bridging generational divides and combining the strengths of older and younger people

By Heather Stringer

From *Monitor On Psychology*, March 2025

In the summer of 2022, 17-year-old Jaan Rothschild jumped at an opportunity to partner with a retiree to mentor a preschooler. He recognized that most of his daily interactions were with teenagers, and “I wanted to get outside of my shell and gain some new perspectives,” said Rothschild, who lived in New York City at the time. He joined a new program, Sesame 3G Mentoring, founded by a former Sesame Workshop executive who wanted to spark empathy and joy by creating three-generational trios. Rothschild would lead a Zoom discussion with a preschooler about a Sesame Street segment, and his older mentor would debrief with him after each session.

**JOINING THE GENERATIONS  
TO CHANGE THE WORLD**

Rothschild and his mentor, Melvin Ming, 79, a former CEO of Sesame Workshop, talked for two and a half hours at their first meeting. “We were both interested in each other’s stories,” said Rothschild, who learned about Ming’s history immigrating from Bermuda and navigating a career in the United States. Ming said he rarely interacted with teenagers and enjoyed seeing Rothschild build confidence in drawing out a preschooler who was initially shy and quiet.

The Sesame Workshop Alumni Network launched the three-generational program in response to the crisis of loneliness and depression in the United States, particularly among older adults and teenagers. Researchers at Stanford University are studying the Sesame 3G program to test the effects on emotional well-being, confidence, development of a growth mindset, and feelings of intergenerational connectedness.

Interactions between the older and younger generations are far less common today than in previous periods of history, but increasing those connections has the potential to impact some of society’s most intractable problems, said Marc Freedman, founder of CoGenerate, an organization dedicated to bridging generational divides. “In the early part of the 20th century, we reorganized society to make it more efficient by creating laws and institutions that moved young people into educational institutions, middle-age people



Student Jaan Rothschild (left) and former Sesame Workshop CEO Melvin Ming mentored a preschooler together through a program the Sesame Workshop Alumni Network created to spark joy and empathy by connecting people from different generations.

**Data from a recent CoGenerate survey revealed the pent-up demand for intergenerational action, with more than 96% of respondents agreeing that they want to work with other generations to help America better solve its problems.**

into workplaces, and older people into retirement communities and nursing homes,” said Freedman. “But the end result was that the generational twains stopped meeting and we created a nation that has largely lost a sense of the wholeness of life.”

For some, the feeling of threat created by the COVID-19 pandemic further inflamed intergenerational tensions (Drury, L., *Journal of Social Issues*, Vol. 78, No. 4, 2022). “Younger people were vilified as reckless, while protecting older people from infection was viewed as unnecessarily curtailing others’ freedoms and damaging to the economy,” said Dominic Abrams, PhD, a professor of social psychology at the University of Kent in the United Kingdom who studies age-based stereotypes.

This era of age segregation coincides with unprecedented age diversity in the United States because of declining birth rates and increasing life expectancy. In 1900, when people lived to an average age of 47 in the United States, about 40% of Americans were under the age of 20 and 6% were over age 60. Today, there are relatively equal numbers of people in every age group. “It’s important not to sleepwalk through this opportunity to put teams of people together that combine the skills of young people who are ambitious and energetic with older people who are experienced and motivated to address societal needs to solve today’s pressing problems,” said Laura Carstensen, PhD, a psychology professor at Stanford University and founding director of the Stanford Center on Longevity. “Rather than seeing older adults as a burden on society, we should be really excited about the possibilities that age diversity creates.”

She and other psychologists are among those pioneering a multigenerational movement that connects age groups in work,

communities, and schools. These efforts have the potential not only to improve the nation's mental and physical health but also to tackle societal issues such as climate change.

Data from a recent [CoGenerate survey](#) revealed the pent-up demand for intergenerational action, with more than 96% of respondents agreeing that they want to work with other generations to help America better solve its problems.

The environment was the highest priority issue for older generations, while mental health topped the list for Gen Zers, millennials, and Gen Xers. Education was the only issue that all generations included in their top five. "We live in a society with so much polarization and division," Freedman said. "Problems like climate change are not something that any one generation can solve."

### THE CONSEQUENCES OF ISOLATION

In May 2023, the U.S. Surgeon General released an advisory announcing the public health crisis of loneliness and isolation—an epidemic that can [increase](#) the risk of mortality as much as smoking up to 15 cigarettes a day. Given these consequences, the Surgeon General said the nation has an obligation to make investments in addressing social connection. Multigenerational relationships are an important aspect of "social fitness," or the ability to make healthy, lasting connections, said Marc Schulz, PhD, a psychology professor at Bryn Mawr College and director of the Harvard Study of Adult Development. Data from the study, which has followed participants for 85 years, has shown that satisfaction with relationships is the best predictor of a happy and healthy life—even more than cholesterol level (Waldinger, R., & Schulz, M., [The Good Life: Lessons from the World's Longest Scientific Study of Happiness](#), Simon and Schuster, 2023). These relationships can include intimate partners, friends, relatives, neighbors, and coworkers across generations.

Although it can be uncomfortable to cross the generational divide amid ageist stereotypes, overcoming these barriers "makes the connection that much more energizing," said Schulz.

To help people from different stages of life connect and learn from one another, in 2020 he and Robert Waldinger, MD, a clinical professor of psychiatry at Harvard Medical School, launched [Road Maps for Life](#). In the program, participants meet for five 90-minute sessions on Zoom or in person at community centers,

classrooms, senior facilities, or other locations and respond to prompts that facilitate discussions. During one session, they share photos of themselves from earlier in their lives and talk about how their perspectives have changed since then. In a later session, they fill out a diagram that maps key relationships in their lives and describe the importance and frequency of these connections.

"Young people benefit from hearing how older people navigated challenges, and older participants learn about the issues younger people are facing," Schulz said. For example, younger people have shared the difficulty of finding a meaningful job and their anxiety about committing to one path. Older participants often describe how they have had many jobs, most of which were not what they envisioned when they were in their 20s, said Schulz.

Researchers are finding evidence that every age group benefits when people participate in intergenerational programs, such as mentoring, community service, or workforce development. Elementary school children who are partnered with an older adult, for example, experience improvements in reading and socio-emotional learning. Middle school students experience benefits in academic performance, peer relationships, and family dynamics in

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**We live in a society with so much polarization and division. Problems like climate change are not something that any one generation can solve.**

Marc Freedman, CEO of Cogenerated

”

addition to decreased depressive symptoms, reduced bullying, and higher levels of empathy. Older volunteers in these programs also reap benefits, including decreased social isolation and depression, greater life satisfaction and cognitive functioning, and reductions in falls and frailty ([Making the Case for Intergenerational Programs](#), Generations United, 2021).

Creating spaces for multigenerational connection is particularly important in marginalized communities because the trans-

mission of wisdom can help with navigating life at the edges of society, said Nic Weststrate, PhD, an assistant professor of educational psychology at the University of Illinois Chicago. In 2019, Weststrate and his colleagues launched *The LGBTQ+ Intergenerational Dialogue Project*, a group that includes 15 elders and 15 college students, all from the LGBTQ+ community, who meet biweekly in Chicago during the school year. In the meetings, several members share stories from their lives related to topics such as HIV/AIDS, ageism, or media representation, and others are invited to respond. “Many of the young people have never connected with an elder because many elders have only recently

social identity (*Journal of Homosexuality*, 2023). “Psychologists need to get out into the community and create these intergenerational experiences,” Weststrate said. “It has been healing to both talk about difficult things and laugh together.”

### ‘GENERATIONAL INTELLIGENCE’ AT WORK

The workplace is one setting where the generations are less segregated in modern American society because 20-somethings may regularly interact and collaborate with Gen Xers and boomers. Megan Gerhardt, PhD, a professor of management at Miami University in Ohio, noticed early in her career that colleagues

were often irritated by generational differences. “I knew we needed to be smarter about how workers thought about these differences,” she said. “Rather than seeing them as a hindrance, they could be an asset.”

She discovered that most of the generational resources available to companies played into tired tropes: The Silent Generation (born 1925–45) was loyal but traditional; baby boomers (1946–64) were collaborative but averse to change; Generation X (1965–80) was independent but bleak; millennials (1981–96) were driven but entitled; and Generation Z

(1997–2012) was progressive but disloyal.

To help leaders foster productive intergenerational conversations, Gerhardt now teaches workers how to cultivate generational intelligence, or “Gentelligence” as she calls it. During keynote addresses at organizations such as Chubb and the National Conflict Resolution Center, she helps people learn to identify assumptions about younger or older colleagues and take time to be curious rather than judgmental (Gerhardt, M., et al., *Gentelligence: The Revolutionary Approach to Leading an Intergenerational Workforce*, Rowman and Littlefield, 2021). For example, a recent college graduate who was hired during the pandemic may assume a flexible workplace includes the freedom to work anywhere most or all of the time, while someone who has commuted to the office for 30 years may consider just one day a week at home to be “flexible,” Gerhardt said.



Attorney W. Amon Burton (left), who participated as a fellow in Stanford’s Distinguished Careers Institute intergenerational learning program, works with students on a design school challenge.

felt comfortable coming out,” Weststrate said. “Elders are sometimes afraid to interact with youth because they have falsely been characterized as groomers, recruiters, or predators.”

During the COVID-19 pandemic, group members were concerned because queer people were disproportionately affected by the virus. “The youth were not used to living in fear, and the elders reminded them that they were part of a resilient community that had survived the AIDS crisis,” said Weststrate. He also teaches participants that conflict is essential for learning from one another, and this truth surfaced when younger members described themselves as “queer.” This term felt shameful for several older members, and the group took the opportunity to ask questions and understand different perspectives. Weststrate’s studies have shown that valuing intergenerational storytelling is associated with positive psycho-

Taking time to understand different age groups will help workers accept one another and generate creative solutions to problems. Gerhardt also teaches the value of “reverse mentoring,” or fostering a company culture in which older workers are encouraged to learn from younger ones, and vice versa (Stockkamp, M., & Godshalk, V. M., *Mentoring & Tutoring: Partnership in Learning*, Vol. 30, No. 2, 2022). Since the publication of her book in 2021, the demand for keynote addresses has tripled, and she’s spoken to media, technology, restaurant, sports, financial, and other types of organizations throughout the country.

Lisbeth Drury, PhD, an associate professor at Birkbeck, University of London, who studies stereotypes in the workplace, urges organizational leaders to design assignments and projects that showcase the attributes of different age groups to help workers develop appreciation for the skills of different generations. In a recent study currently under review, Drury found that good-quality, age-diverse contact at work was related to both reduced relationship conflict and reduced task conflict, or disagreements about how to tackle a project.

### WELCOMING RETIREES ON CAMPUS

College campuses are also creating new opportunities for older generations to mix with undergraduate and graduate students. In 2020, Arizona State University opened a new intergenerational complex called Mirabella that houses residents 62 or older who can take classes and access campus activities. Younger students who are studying music, art, nursing, and computer science provide support in their areas of expertise to the residents, and four students studying music or dance live in Mirabella each year.

### Further Reading

*The New Map of Life*

Stanford Center on Longevity, 2022

*The CoGenerate Innovation Fellowship: Supporting leaders of intergenerational initiatives*

Halvorsen, C. J., et al.

*Journal of Intergenerational Relationships*, 2023

*Theoretical orientations to intergenerational home sharing: Implications for direct social work practice on addressing student debt and aging-in-community*

Gonzales, E., et al.

*Clinical Social Work Journal*, 2020



Ali Kelling and Marti Smith at an informal gathering of the LGBTQ+ Intergenerational Dialogue Project.

At Stanford University, the Distinguished Careers Institute (DCI) invites retired leaders—the majority of whom are not alums of the university—to return to a college campus to explore options for the next stage of life. The DCI fellows, who are an average age of 60, participate in classes, partner with students on class projects, and join clubs and organizations related to their interests. Though the fellows typically have extensive work and leadership experience, they are encouraged to learn from the younger students.

“We coach them not to be the first person to raise their hand in class and to let the students be leaders on the group projects,” said Katherine Connor, MS, MBA, executive director of Stanford’s DCI. The experience has led many fellows to launch programs that address local, national, or global problems, such as the need for more leadership training for girls and women in Africa and the challenges involved in establishing a new life after incarceration. One DCI fellow founded a company that produces a natural seaweed supplement for cattle that reduces methane, a greenhouse gas emission. Carstensen and Claire Growney, PhD, a postdoctoral fellow at the Stanford Center on Longevity, are launching a study to explore whether learning outcomes and attitudes toward people from other generations improve when DCI fellows are in the classroom.

### MOVING FROM ANXIETY TO ACTION

Advocates of co-generational innovation agree that different age groups will more likely enjoy the connection if they share a purpose. Aware of the fact that climate change is a common

concern for the young and old, Mick Smyer, PhD, an emeritus professor of psychology at Bucknell University, started leading multigenerational groups in discussions about how they could take action to combat this problem. “There is a belief that older people don’t care about this issue, but this is a myth,” said Smyer. He also knew research showed that roughly half of young people feel ignored or dismissed when they try to talk about climate change. “I wanted to create an opportunity for intergenerational connection about this issue,” said Smyer, who founded a nonprofit called *Growing Greener* that helps individuals and organizations develop clear next steps to take action to reduce climate change.

Drawing on principles of psychology and human-centered design, Smyer started leading 40-minute sessions that included participants of multiple generations, who began to view themselves as potential leaders in climate



Donald Bell and Lawson at an event for the LGBTQ+ Intergenerational Dialogue Project, a group that includes 15 seniors and 15 college students from the LGBTQ+ community who meet bi-weekly in Chicago during the school year to share their experiences.

action. He invites participants to imagine a place they care about, picture it in 50 years, and decide on a positive step they could take to protect this place. “People quickly realize that they can make a bigger impact by doing something together,” Smyer said. Groups have organized projects such as a recycled clothing drive and solar panel installations. Smyer also trains people to lead sessions in their communities, schools, workplaces, and other settings, and several thousand have participated.

## TRYING SIMPLE SOLUTIONS

Although the multigenerational movement has started to gain traction, pioneers in these efforts agree more innovators and funding are needed. Data from the CoGenerate survey suggest that recruiting leaders in Black and Hispanic communities could be an important step forward: About 33% of Black and Hispanic respondents reported that the opportunity to work across generations makes them “much more likely” to get involved, compared with 16% of White respondents. Though the researchers did not study the reason for the discrepancy, one cause could be the higher rates of multigenerational households in Black and Hispanic families in the United States, said Cal Halvorsen, PhD, MSW, an assistant professor at the Boston College School of Social Work who studies intergenerational initiatives. “People living in multigenerational households have likely experienced social and financial benefits from that arrangement and felt a sense of intergenerational cohesion, which could lead them to see the potential benefits of intergenerational programs,” he said.

Although the CoGenerate survey revealed that many people share an interest in working with other generations to solve America’s problems, most reported at least one obstacle to doing so, such as difficulty finding opportunities to undertake this type of work. Research shows that intergenerational programs can be highly effective in improving mental and behavioral health even when they are low-cost and relatively small in scale (Canedo-Garcia, A., et al., *Frontiers in Psychology*, Vol. 8, 2017). Adapting existing modalities or interventions to include different generations can be one low-budget strategy to accelerate the pace of social change, said Halvorsen. One of his students demonstrated the power of valuing age diversity when she started leading group support sessions that included students and retirees. Participants talked about challenges they were facing with dating, stress, jobs, depression, and other topics. “At first the college students were leery to talk about topics like dating with retirees, but everyone ended up loving the experience,” Halvorsen said. “The students reported that they enjoyed the group explicitly because older adults were part of it.” ■

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