

BRIEF REPORT

Comparative Favorability in Clinical Practice: Psychologists' Ratings of Their Work With Older Adults Versus Other Ages

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Many health care professionals assume that clinical work with adults aged 65 and older is more difficult or less pleasant compared to working with other age groups. Given the urgent need to enhance the too-small geropsychological workforce, it is critical for assumptions such as these to be scrutinized because they contribute to the widespread lack of interest in serving the older adult (OA) population. In this brief report, we use survey data from a sample of randomly selected and ethnically diverse licensed psychologists ($N = 237$) to compare favorability ratings of clinical work with older adults to ratings for other age groups. Results indicate that psychologists view their work with adults aged 65+ as equally positive as with adults of other ages and more favorably than child and adolescent clients. Additionally, psychotherapists who work with older adults report more positive experiences than clinicians providing other services such as assessment to the same age group. These findings challenge stereotypes about the drawbacks of working with older adults in psychotherapeutic settings and provide valuable insight into psychologists' readiness to meet the demands of our rapidly aging society.

Public Significance Statement

It is often assumed that working with older clients in a therapeutic setting is less rewarding than working with younger adults and children. In this brief report, we use survey data from licensed psychologists and compare their subjective favorability ratings of clients from across the lifespan. Older adult clients were rated as equally favorable as the other adult ages and more favorable than child and adolescent clients. Additionally, psychologists who delivered psychotherapy to older adults had higher favorability ratings of their older clients compared to psychologists who provided other services besides psychotherapy. Together, these findings suggest that there are many benefits to engaging in clinical work with older adults.

Keywords: psychotherapy, geriatrics, gerontology, professional training

Increasing attention is being paid to ways that psychologists can either contribute to or help counter societal ageism, defined as discrimination or unjust treatment of older people based on stereotypes (American Psychological Association, 2020). Ageism is extremely prominent in the United States, with approximately 77%–93% of older adults (OAs) reporting personal experiences of age-related oppression and discrimination (Allen et al., 2022; Wilson et

al., 2019). Negative portrayals of older adults as incompetent and sickly (B. R. Levy, 2022) have far-reaching implications, including psychologists' interest in serving this population (Garrison-Diehn et al., 2022; S. R. Levy, 2018). Although many psychotherapists indicate that they see older clients, only 1.2% reported specializing in geropsychology in the latest American Psychological Association's (APA) workforce study (Moye et al., 2019). This suggests that most

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older adults receiving psychological services will be seen by generalists, heightening the call for aging-related continuing education aimed at a broad spectrum of psychologists (Hinrichsen et al., 2018).

It is important for the field of psychology to understand shifting attitudes of psychologists regarding their clinical work with older adults. With the population of adults aged 85 years or older expected to triple in the United States by the year 2060 (Vespa et al., 2020), there is an urgent need for psychologists to be both interested in and prepared for this work. Negative views of clinical practice with older adults may interfere with providing high-quality services. Ubiquitous societal ageism may discourage psychological trainees and licensed psychologists from working with older adults and from recognizing aging as a facet of cultural diversity that requires specialized knowledge and skills (Graham & Moye, 2023; Ma et al., 2023). In contrast, enjoying clinical work with older adults may promote psychologists' attention to and adoption of current best practices, as articulated in the recent revision of the *Guidelines for the Practice of Psychology with Older Adults* (American Psychological Association, 2024).

Existing qualitative studies of mental health professionals engaged in clinical practice with older adults reveal both benefits and drawbacks to this work. According to psychotherapists who provide services to older adults, perceived challenges include concerns regarding older clients' ability to change, addressing cognitive and physical limitations when they arise, setting personal boundaries, coping with a client's death, and facing ethical challenges relating to elder abuse and end-of-life issues (Boschann et al., 2022; Demmerle et al., 2023; Kapeloni & Glover, 2022; Lederman & Shefler, 2023; Morante et al., 2020). Providing psychotherapy to older clients has unique benefits for psychotherapists as well. Through working with older adults, some psychotherapists have reported increased appreciation for the lifelong impact of meaningful roles and relationships, learning about different historical periods, revised aging attitudes, and a new sense of optimism toward their own aging (Boschann et al., 2022; Kapeloni & Glover, 2022; Morante et al., 2020).

These qualitative findings suggest psychotherapy with older adults is complex and presents its own set of challenges while also being rich in benefits to practitioners. Although these studies offer a valuable in-depth look at clinicians' perspectives regarding their work with aging clients, there are added benefits to quantitative approaches. One such study examined whether treatment attitudes and expectations differed when psychotherapists were presented with a case vignette of either a middle-aged client or an older adult client (Kessler & Schneider, 2019). With case vignettes that were identical in all aspects except the fictional client's age, there were no significant differences in treatment attitudes and expectations for successful outcomes between therapists

randomly assigned the middle-aged case vignette and those assigned the older adult case vignette. These findings suggest that contrary to negative expectations for clinical work with older individuals, psychotherapists' views and expectations for older adult clients may be quite similar to their attitudes toward work with other aged adults.

Although helpful, this study by Kessler and Schneider (2019) is limited in that it uses case vignettes rather than psychotherapists' real-life clinical experience. Additionally, the authors compared therapists' attitudes toward older adult clients to attitudes toward middle-aged adults only, rather than exploring more disparate client age groups such as young adults and children. In this brief report, we examine psychologists' subjective ratings of their actual work with various age groups of clients. Due to the paucity of quantitative research on this topic, we did not propose a priori hypotheses. In our exploratory analyses, we compared psychologists' subjective ratings for their work with older adult clients to favorability ratings of their clinical work with other adult age groups and children/adolescents. Additionally, we examine whether the nature of services provided influences favorability ratings, comparing ratings of psychologists who provide psychotherapy to older adults to those of psychologists who provide other services to older adults such as assessment and case management.

Method

Participants

Data from a larger survey study of licensed psychologists, Latino cultural identity, and knowledge and experiences with older adults were used for the current analysis. Licensed psychologists were randomly selected from California and Texas state professional registries for counties with designated Hispanic populations of 50% or greater according to the 2020 U.S. Census. Because state registries of psychologists do not include racial or ethnic demographic information, the decision to sample from predominantly Hispanic counties in Texas and California (i.e., two of the states with the highest Hispanic population in the United States) was an attempt at maximizing the representation of Latino-identifying psychologists to answer the larger study's main research question related to Latino identity and interest in older adults. Fifteen counties from Texas and 12 counties from California met this criterion. In Texas, 400 participants were randomly selected from a pool of 630 potential participants. In California, 400 participants were randomly selected from a pool of 1,642 potential participants. Of the 800 mailed survey packets, 28 were returned as undeliverable, resulting in 772 delivered surveys. Of these, 261 surveys were at least partially completed, yielding an initial response rate of 33.8%. Eight

Readers are welcome to contact the corresponding author, Ann M. Steffen (steffena@umsystem.edu), for access to study materials and data. Data were based on Amy E. Band's thesis project.

The authors' positionality statements follow: A scientist's identity has a significant impact on the findings and interpretations that they produce and disseminate and, thus, should be considered when consuming their work. All three contributing authors identify as White, cisgender women. With regard to age, a facet of diversity relevant to the present study, two authors (Amy E. Band and Julia A. Fitzpatrick) are in their mid-20s, and one author (Ann M. Steffen) is in her early 60s.

Amy E. Band played a lead role in conceptualization, data curation,

formal analysis, and writing—original draft and an equal role in investigation, methodology, and project administration. Julia A. Fitzpatrick played a supporting role in conceptualization, investigation, writing—original draft, and writing—review and editing. Ann M. Steffen played a lead role in funding acquisition and supervision and a supporting role in conceptualization, data curation, project administration, writing—original draft, and writing—review and editing.

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individuals began the survey and stopped after the first several questions, and 16 participants completed most items but entirely skipped one or more scales used in this study. Thus, the final sample for this study was 237, which is 30.7% of the population of randomly selected psychologists, and includes 41 participants who responded to all survey items except one asking for their own age.

Of the participants, $n = 50$ (21.1%) identified as Hispanic, $n = 198$ (83.5%) identified as White, $n = 18$ (7.6%) identified as Asian, $n = 15$ (6.3%) reported their race as not listed, $n = 12$ (5.1%) identified as Black, $n = 7$ (3.0%) identified as Native or Indigenous American, and $n = 1$ (.04%) identified as Native Hawaiian or Pacific Islander. In total, $n = 80$ (33.8%) of the psychologists self-identified as being racially or ethnically diverse. Participants were majority female ($n = 146$, 61.6%), followed by male ($n = 87$, 36.7%) and genderqueer or gender nonconforming ($n = 1$, .04%). Respondents' ages were fairly evenly distributed across the adult lifespan. Demographic information is summarized in Table 1.

Procedure

Data collection began in late 2023 and finished in early 2024. All participants received the invitation to participate, consent form, survey, and stamped return envelope in the mail through the U.S. Postal Service. Participants had the option of completing the survey on paper and mailing it in or completing it online using a link provided in the mailed materials. A postcard reminder with the survey link for completing via the internet was sent 2 weeks and 4 weeks after the

initial mailings to each participant, for a total of three mailings. All individuals invited to participate received a \$5 Starbucks gift card within the initial mailing as a noncontingent incentive to participate. The cover letter and informed consent were provided in both English and Spanish, and participants were given the option to complete the online survey in either English or Spanish.

Measures

Favorability Ratings for Different Aged Client Groups

Participants were asked "In 2022, what proportion of your practice was spent working with the following age groups?" The age group options were children/adolescents (ages 0–17) with custodial parents (or guardians of parents' age), children/adolescents (ages 0–17) with custodial grandparents (or guardians of grandparents' age), adults aged 18–34, adults aged 35–49, adults aged 50–64, and adults aged 65+. The year 2022 was used to reflect the last full year of work prior to survey completion. In the online survey, if participants' answers to these questions were equal to or greater than 1%, they were then prompted to "Please rate your experience with this population" on a 1–5 scale, with 1 being *extremely negative* and 5 being *extremely positive*. Participants who completed the mail-in version of the survey were given the option of "NA" if they did not work with clients from that age group in 2022. Because of the low rates of responses for children/adolescents with custodial grandparents, the two child/adolescent categories were averaged to create a new category for the current analysis. For the participants with only one child/adolescent category reported, their single rating was used for their overall child/adolescent rating.

Table 1
Participant Characteristics

Participant characteristic	<i>n</i>	%
Race (select all that apply)		
Asian	15	6.3
Black	12	5.1
Native American	7	3
Native Hawaiian/Pacific Islander	1	.04
White	198	83.5
Not listed	6.3	15
Hispanic/Latino/Spanish origin	50	21.1
Gender		
Female	146	61.6
Genderqueer/gender nonconforming	1	.4
Male	87	36.7
Missing	3	1.3
Age		
34 or younger	16	6.8
35–49	76	38.8
50–64	50	21.1
65 or older	54	22.8
Missing	41	17.3
Services provided to older adults in 2022		
Assessment	91	38.4
Psychotherapy	124	52.3
Care management	23	9.7
Medication management	6	2.5
Not listed	8	3.4
None	75	31.7
Missing	3	1.3
Services to older adults other than psychotherapy	35	14.8
Provided psychotherapy to older adults	124	52.3

Note. $N = 237$.

Older Adult Service Provision

A question was adapted from APA's workforce analysis survey (American Psychological Association, 2016; Moye et al., 2019) to obtain information on participants' clinical service provision to older adults. Participants were asked "In 2022, if you provided or supervised direct clinical services to older adults (ages 65+), which of the following services did you provide? (Select all that apply)" The options listed were "assessment," "psychotherapy," "care management," "medication management," "not listed (please specify)," and "I did not provide or supervise direct clinical services to older adults." For the purposes of the current analyses, participants were placed into three groups based on their response: missing data and those who did not provide or supervise direct clinical services to older adults; those who did not report psychotherapy but reported either assessment, care management, medication management, or any combination thereof; and those who reported psychotherapy, regardless of whether they reported any other type of service.

Descriptive Characteristics

Participants were also asked to describe themselves on the demographic variables of native/first language(s), language(s) of clinical practice, race and ethnicity (i.e., with multiple responses allowed), age (reported as year of birth), gender, sexuality, highest degree awarded, the year of the highest degree awarded, and zip code of principal employment setting.

Results

A summary of the favorability ratings for service provision to different aged client groups can be found in Table 2, including the frequency with which participants worked with that demographic in 2022. Children/adolescents were served least frequently by psychologists ($n = 113$, 47.7%), followed by adults aged 65+ ($n = 152$, 64.1%), adults aged 50–64 ($n = 197$, 83.1%), adults aged 35–49 ($n = 207$, 87.3%), and adults aged 18–34 received the highest frequency of clinical service ($n = 215$, 90.7%). Average ratings for each client age group, although universally in the positive direction, increased incrementally with each client age group; children/adolescent clients received the lowest average favorability rating ($M = 3.88$, $SD = 0.86$), and adults aged 65+ received the highest favorability rating ($M = 4.37$, $SD = 0.71$).

The most common direct clinical service provided to older adults was psychotherapy ($n = 124$, 52.3%), followed by assessment ($n = 91$, 38.4%), care management ($n = 23$, 9.7%), and medication management ($n = 6$, 2.5%). There were 75 (31.6%) psychologists who reported no direct clinical services with older adults. Missing data were minimal, with only $n = 3$ participants not responding to this question. As described in the *Measures* section, $n = 35$ participants (14.8%) were coded as having provided services but not psychotherapy, $n = 124$ (52.3%) as having provided services including psychotherapy, and $n = 78$ (32.9%) as having not provided services to older adults or did not respond to that question. A summary of older adult service provision can be found in Table 1.

A series of paired-samples t tests were conducted to compare participants' favorability ratings of their client interactions with older adults to the other age groups. The results as shown in Table 3 indicate that participants rated their clinical work with older adults ($M = 4.35$, $SD = 0.73$) significantly more positively than their work with children ($M = 3.80$, $SD = 0.87$), $t(65) = 4.44$, $p < .001$, Cohen's $d = .55$, reflecting a moderate effect. The differences between ratings of experiences with older adult clients compared to experiences with adults aged 35–49 and adults aged 50–64 were nonsignificant. Participants rated their clinical work with older adults ($M = 4.34$, $SD = 0.78$) marginally more positively than their work with clients aged 18–34 ($M = 4.21$, $SD = 0.73$), $t(140) = 1.96$, $p = .05$. Cohen's d was .17, indicating a small effect.

Among psychologists who reported working with older adults in 2022, there was a modest but significant positive correlation between participants' age and their favorability ratings for clinical practice with older adult clients, $r(140) = .201$, $p = .016$. Using only those psychologists who reported working with older adults in 2022, an independent-means t test was also conducted to compare the ratings by psychologists who provided psychotherapy

to older adults and psychologists who provided other services to older adults. Although both were in the positive direction, psychotherapists working with older adults ($M = 4.43$, $SD = 0.67$) had rated this work more positively than psychologists solely providing other services such as assessment and/or case management ($M = 4.15$, $SD = 0.78$), $t(150) = 2.10$, $p = .038$, Cohen's $d = .41$, approaching a medium effect size.

In an otherwise relatively complete data set with minimal missing data, 17.3% ($n = 41$) of participants completed every survey item yet omitted their own birth year. Several t tests were conducted to identify how, if at all, these 41 participants differed from those who disclosed their birth year, with the assumptions that those who did not report their age would be female, older in age, and have less positivity ratings toward older adults. Results revealed no differences between the birth year missing versus reported groups in self-reported gender identity, length of time since graduation or licensure, or positivity ratings for children and most adult client categories. There was a significant one-tailed difference in positivity rating for work with older adult clients, such that those who omitted their birth year had lower favorability ratings ($M = 4.08$, $SD = 0.97$) than those who disclosed their age ($M = 4.38$, $SD = 0.72$), $t(164) = 1.77$, $p = .04$, Cohen's $d = .39$, approaching a medium effect size.

Discussion

This brief report documents that, contrary to popular misconceptions, working with older adult clients is perceived by randomly selected psychologists to be equally positive as clinical work with other aged adults and more positive than clinical work with children and adolescents. The marginal significance in the difference between the older adult ratings and the ratings for adults ages 18–24 is interesting, yet will require further studies to replicate these findings. In the present study, psychotherapists had significantly more positive ratings of older clients than psychologists who worked with older adults in other ways (e.g., assessment, case management). This suggests psychotherapy may be a particularly enjoyable mode of clinical interaction with older adults and runs counter to some views that clinicians experience significant personal challenges (e.g., fear of aging, death anxiety) when working with older therapy clients (Lederman & Shefler, 2023).

Given that client age is the focal variable of the current report, participant age is likewise relevant to the interpretation of our findings. We found a small yet significant correlation between psychologists' age and older client favorability ratings, which may in part be explained by social identity theory and in-group bias such that older psychologists demonstrated more favorable perceptions of older clients because they belong to the same in-group (i.e., age cohort;

Table 2
Experience Favorability Ratings by Client Age Group

Client age	0–17	18–34	35–49	50–64	65+
<i>n</i> (%)	113 (48%)	215 (91%)	207 (87%)	197 (83%)	152 (64%)
<i>M</i>	3.88	4.20	4.30	4.31	4.37
<i>SD</i>	0.86	0.73	0.65	0.67	0.71
Minimum	1.00	2.00	3.00	2.00	2.00
Maximum	5.00	5.00	5.00	5.00	5.00

Note. $N = 237$.

Table 3
Age Group Comparisons of Favorability Ratings and by Type of Clinical Services

Comparator group	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	Significance (two-tailed)	Cohen's <i>d</i>
Paired-samples <i>t</i> test						
Adults ≥65 years	4.40	0.73	65	4.44	<.001	.55
Children	3.81	0.87				
Adults ≥65 years	4.34	0.78	140	1.96	.05	.17
Adults 18–34	4.21	0.73				
Adults ≥65 years	4.35	0.71	146	.36	.72	.03
Adults 35–49	4.33	0.64				
Adults ≥65 years	4.39	0.68	148	.56	.57	.05
Adults 50–64	4.35	0.67				
Independent-means <i>t</i> test						
Psychotherapy (≥65 years)	4.43	0.67	150	2.11	.04	.41
Other services (≥65 years)	4.15	0.78				

Note. Data in bold indicate statistically significant comparisons.

Tajfel & Turner, 1979). This correlation, however, was small and only accounted for 4% of the total variance in older adult client ratings and, as such, should not be interpreted as a major contributor to the relatively favorable ratings of clinical work with older adults. Additionally, we were surprised at the number of participants who did not disclose their year of birth yet completed the remainder of the survey with minimal missing data. In exploring this, we expected that omitters would be more likely to be older (measured by year graduated with highest degree) and female relative to those who disclosed their birth year. This prediction was made on the basis of the cultural emphasis society places on a woman's youth, yet not supported by our analyses. Individuals who omitted their birth year did, however, rate their work with older adult clients as less favorable compared to those who reported, suggesting that the birth year omission may be an indicator of less positive attitudes toward older adults. Because we did not include any explicit or implicit measures of aging attitudes, we are unable to explore this finding any further. If replicated by other studies, this is an important phenomenon to document in aging-related research.

Relative strengths of this brief report include randomized sampling from state license registries, multiple means of survey completion, and concerted efforts to recruit ethnically diverse psychologists (despite ethnicity being unavailable from state registries). The psychologists in this study were randomly selected from counties in both California and Texas that were at least 50% Hispanic in the 2020 Census. Our participants were thus more ethnically diverse than the population of licensed psychologists in the United States (91% White, 67% female, 88% heterosexual, 6% Latino; Lin et al., 2022), with our study's total of 80 (33.8%) psychologists identifying as nonmajority in terms of their ethnicity and race. This raises questions about how this sampling strategy may limit the generalizability of these findings. The proportions of older adults in both Texas (13.2%) and California (15.2%) are lower than the overall U.S. population (16.8%), and the psychologists in this study may have been living and working in counties with even lower proportions. It is possible that having lower levels of community contact with older adults raises the degree of favorability, yet that runs counter to theories about ageism (S. R. Levy, 2018). These findings would benefit from replication with psychologists from a broader range of states across the United States. Additional limitations of this study include a smaller response rate (30%) than we

had hoped to achieve, although this was double the response rate for the 2015 APA Workforce Survey (14.5%).

In light of the ongoing demographic changes in the United States, we can clearly expect that most psychologists will work with older adults in their clinical practice (Carpenter et al., 2022; Ma et al., 2023). Because specialized interest and training are falling behind for both trainees and already licensed clinicians (Hinrichsen et al., 2018; Moye et al., 2019), dissemination of research-supported practices will need to include postlicensure training for nonspecialist providers (Washburn et al., 2019). A growing number of opportunities exist for licensed clinicians to develop competencies for work with older adults. The field of clinical geropsychology has developed resources for psychologists, including the recent revision of APA's guidelines for psychological practice with older adults (American Psychological Association, 2024) and psychotherapy tools for older clients (Steffen, Dick-Siskin, et al., 2021; Steffen, Thompson, & Gallagher-Thompson, 2021). A special issue intended for nonspecialist psychologists who see older adults in clinical practice (Hinrichsen & Emery-Tiburcio, 2022) organized information by five key knowledge domains of (a) attitudes toward older adults (Garrison-Diehn et al., 2022), (b) adult development and aging (Woodhead & Yochim, 2022), (c) clinical practice (Jacobs & Bamonti, 2022), (d) assessment (Mast et al., 2022), and (e) intervention, consultation, and other service provision (Lind et al., 2022). The results of this study suggest that psychologists are well-primed to take advantage of such resources.

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