



Home Monitor on Psychology 2026 January/Feburary

EMERGING TRENDS

Psychologists are reimagining how society supports children

New models of care, education, and prevention
prioritize mental health across the life span

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Key points

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

[This article is part of the 2026 Trends Report ([/monitor/2026/01-02/nine-trends-to-watch](#))]

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Children and adolescents are growing up in a whirlwind of digital overload, climate anxiety, economic uncertainty, and social instability. In response,

psychologists are leading a paradigm shift toward a preventive, whole-child approach that can better support the mental well-being of today's youth.

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

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

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

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

An early childhood relational focus

For many years, mental health challenges were largely believed to begin during puberty. While children's learning and development were well recognized as

important to early life, the focus was on identifiable behavioral and neurodevelopmental conditions—such as autism and attention-deficit/hyperactivity disorder (ADHD)—rather than on promoting mental health and emotional well-being from day one.

Growing evidence, including emerging neuroscience research, now shows that toxic stress, or severe adversity without adequate support, can disrupt the body's stress response system and change how the brain develops (Shonkoff, J. P., et al., *Pediatrics*, Vol. 149, No. 6, 2022 (<https://doi.org/10.1542/peds.2021-054493>)).

"What we've learned from early childhood brain research is that the first 3 years are critical. That period offers many opportunities to prevent difficulties from becoming more chronic issues," said psychologist Neal Horen, PhD, an associate professor of pediatrics and director of the Infant, Early Childhood, and Relational Health Division at the Thrive Center for Children, Families, and Communities (<https://thrivecenter.georgetown.edu/>) at Georgetown University.

The growing field of infant and early childhood mental health involves supporting parent-infant relationships from birth, including through home visits and in neonatal intensive care units; screening for and treating maternal mood disorders; universally monitoring children's social-emotional development in addition to their cognitive milestones; and offering evidence-based care for trauma when needed, such as child-parent psychotherapy.

Care approaches are increasingly relational in nature, based on clear evidence that safe, stable, and nurturing relationships can counteract childhood adversity. In 2021, the American Academy of Pediatrics issued a policy statement calling for a shift toward relational health (Garner, A., & Yogman, M., *Pediatrics*, Vol. 148, No. 2, 2021 (<https://doi.org/10.1542/peds.2021-052582>)).

Ruth Paris, PhD, LICSW, a professor of clinical practice at the Boston University School of Social Work, and her colleagues developed a therapeutic intervention for children and their mothers in recovery for a substance use disorder, known as Building Resilience through Intervention: Growing Healthier Together

(<https://www.bu.edu/articles/2019/project-bright/>) (BRIGHT). Delivered alongside an addiction treatment program, BRIGHT addresses parental and child trauma and helps parents attune to their child's emotions and respond in healthy ways.

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

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

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

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

(<https://childcareta.acf.hhs.gov/center/national-center-health-behavioral-health-and-safety-partner>) and the Center of Excellence for Infant and Early Childhood Mental Health Consultation (<https://www.iecmhc.org/>), Horen and his team have developed resources for the growing cadre of psychologists who offer mental health consultation to early childhood centers. For example, he and his team created training guidelines to help Head Start programs located within schools conduct lockdown drills in a developmentally appropriate way.

At APA, the Coalition for Psychology in Schools and Education ([/ed/schools/coalition](https://www.apa.org/ed/schools/coalition)) has developed resources for pre-K and K-12 teachers to help them spot signs that children may be struggling emotionally—such as having trouble regulating their emotions—and provide support.

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

Building on positive experiences

Psychologists are advancing the idea that lifelong health is shaped just as much by early positive experiences as it is by adversity. Decades of research on ACEs have revealed how domestic violence, parental substance misuse, and other factors can harm a child's long-term physical and mental health. But that research left one important question unanswered: Why do many people with ACEs have largely positive health outcomes?

"Today's science points to positive childhood experiences as the answer, which are grounded in safe, stable, nurturing relationships," said Christina Bethell, PhD, MPH, MBA, a professor of population, family, and reproductive health and director of the Child and Adolescent Health Measurement Initiative (<https://www.cahmi.org/>) at Johns Hopkins University. Bethell's research has shown that family resilience and parent-child connection can promote positive mental health and flourishing in children and youth, even when they have been exposed to high levels of ACEs (Health Affairs, Vol. 38, No. 5, 2019 (<https://doi.org/10.1377/hlthaff.2018.05425>)).

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

Even a child in very tough circumstances likely has positive experiences to draw on. The benevolent childhood experiences (BCEs) scale, developed by Angela Narayan, PhD, an associate professor of psychology at the University of Denver,

is another tool that assesses early sources of safety, support, and connection. Using the scale, Narayan found that around 95% of young adults surveyed reported having at least one caregiver who made them feel safe growing up. Most people also said they had a teacher who was their champion, at least one close friend, and opportunities to have fun (*Development and Psychopathology*, Vol. 35, No. 5, 2023 (<https://doi.org/10.1017/S0954579423000536>)).

"A lot of parenting programs and community health work focuses on the negative: Reduce your depression, reduce your addiction, learn more skills to be a better parent," Narayan said. "Not a lot has focused on what helped people along the way."

Simply asking about positive experiences can shift parents' focus onto their own strengths. Narayan's research shows that when clinicians and community health workers help parents focus on their own positive childhood experiences, parents report lower post-traumatic stress symptoms and better coping (*Development and Psychopathology*, Vol. 31, No. 1, 2019 (<https://doi.org/10.1017/S0954579418001530>) ; *Clinical Psychology Review*, Vol. 85, 2021 (<https://doi.org/10.1016/j.cpr.2021.101997>)).

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

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

Narayan is now recruiting mothers and their own mothers for a new study on how BCEs may cascade across generations and buffer against trauma. Bethell

and her colleagues are expanding research on PCEs, including estimating the economic benefits of promoting positive experiences regardless of adversity.

More effective integrated care

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

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

Integrating psychological care into primary care improves children's quality of life and behavioral health symptoms and greatly increases their access to care, Hostutler has found (*Journal of Pediatric Psychology*, Vol. 50, No. 7, 2025 (<https://doi.org/10.1093/jpepsy/jsae038>) ; *Pediatrics*, Vol. 156, No. 2, 2025 (<https://doi.org/10.1542/peds.2025-071275>)). The practice isn't new, but recent advances are making it even more effective.

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

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

TEAM UP Scaling & Sustainability Center (<https://www.teamupcenter.org/>), a part of BMC.

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

Research shows that TEAM UP reduces behavioral health symptoms and improves engagement and health care utilization (Kim, J., et al., JAMA Network Open, Vol. 8, No. 9, 2025 (<https://doi.org/10.1001/jamanetworkopen.2025.32020>); Kim, J., et al., JAMA Network Open, Vol. 6, No. 4, 2023 (<https://doi.org/10.1001/jamanetworkopen.2023.9990>)). Since 2024, the TEAM UP Center has helped seven Massachusetts practices adopt the model through clinical training and implementation support. The center also conducts research on the program's outcomes and advocates for policy changes to better support integrated care, including reimbursement for community health workers.

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

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

Physicians who participate are more confident and knowledgeable about behavioral health conditions and about 20% less likely to prescribe three or more psychiatric medications to a single patient ([Hostutler, C., et al., *Clinical Pediatrics*, Vol. 59, No. 12, 2020 \(https://doi.org/10.1177/0009922820927018\)](https://doi.org/10.1177/0009922820927018)).

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

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

Further reading

[Positive childhood experiences and adult health and opportunity outcomes in 4 US states \(https://doi.org/10.1001/jamanetworkopen.2025.24435\)](#)
Sege, R. D., et al., *JAMA Network Open*, 2025

[The family is the patient: Promoting early childhood mental health in pediatric care \(https://doi.org/10.1542/peds.2021-053509L\)](#)

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

[The rise of relational health in early childhood care \(/monitor/2025/11-12/rise-relational-health-early-childhood\)](#)

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

Find this article at:

<https://www.apa.org/monitor/2026/01-02/trends-childhood-lifelong-mental-health>