This system has persisted, with little federal oversight or uniformity. In turn, little systematic information exists about the structure and process of the APS system nationwide. This poster presents an effort to construct a logic model for APS in the U.S., compiled jointly by researchers and practitioners under the auspices of the National APS Technical Assistance Resource Center. The process included initial drafting by six experts from various backgrounds and was reviewed by diverse stakeholders in three iterative rounds of review. Because of the unique nature of APS, the product has a partially non-traditional structure for a logic model, plotting context, inputs/resources, activities, activity metrics, and results. Inputs/resources are plotted across various sources: APS staff, consultative experts, community partners, operational supports, funding for services, and legal and ethical processes. Activities, activity metrics, and results are mapped across three stages of service provision—intake, investigation, and post-investigation services—and at the quality assurance level. The resultant logic model can be used at the national level to drive system change and evaluation; alternatively, it can be customized to specific state/local contexts to enable quality improvement and evaluation efforts. The pursuit of these efforts, coupled with existing national strategies, can contribute to continued system change and evolution within APS.

SESSION 2390 (POSTER)

LONG TERM CARE

FACTORS INFLUENCING STAFF-RESIDENT INTERACTIONS IN NURSING HOMES

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Staff-resident interaction is an integral part of daily life of nursing home residents and has an influence on residents' well-being. However, less is known about the factors that influence these interactions. The purpose of this study was to describe the quality of interaction between staff and residents with dementia in nursing homes, and explore the factors associated with 'positive' and 'negative/neutral' interactions. This cross-sectional analysis utilized baseline data from the first two cohorts in a randomized clinical trial, EIT-4-BPSD, including 338 residents from 35 nursing homes. Generalized linear mixed model (GLMM) was used to explore the factors associated with interactions. It was hypothesized that the resident factors (age, gender, race, marital status, cognition, comorbidities, depressive symptoms, agitation, functional status) and facility factors (facility ownership, facility size, RN hours, LPN hours, CNA hours, and star rating) would be associated with staff-resident interactions. The staff-resident interactions were mostly positive. Overall, the models for 'positive interactions' and 'negative/neutral interactions' correctly classified 82.8% and 85.3% of the cases respectively. Both 'positive' and 'negative/neutral' interactions were significantly associated with marital status, and profit status of the facility. Being married and living in a not for profit facility was associated with lower odds of positive interaction and higher odds of negative/neutral interaction. There is some evidence that marital status

influences staff-resident interactions and that profit status of facilities are associated with staff resident interactions. Future studies could explore staff factors such as consistent assignment, job satisfaction, staff characteristics, and training.

EXPLORING RELATIONSHIPS BETWEEN RELIGIOUS COPING AND GENERAL COPING STRATEGIES IN OLDER LONG-TERM CARE RESIDENTS

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Aging long-term care residents utilize a variety of coping strategies to manage stressors. While many older adults report religious faith is important in the coping process, it is unclear how religious coping appraisals and religious coping styles fit within a broader coping framework. This poster explores relationships between religious coping and general coping strategies in a convenience sample of older nursing home and assisted living residents (median age = 71.5). In this cross-sectional study, we interviewed residents (N = 102) from long-term care facilities (N = 11) in the Louisville metropolitan area and southern Indiana. Participants responded to questions about religious practices, religious coping, general coping, stress, life satisfaction, psychological distress, and health. The present analyses examined correlations between religious coping appraisals/styles and general coping strategies. We found: 1) small to moderate associations between theoretically adaptive religious coping appraisals/styles (e.g., positive appraisals, collaborative/deferring styles) and theoretically adaptive general coping strategies (e.g., positive reframing, instrumental support), and 2) small to moderate associations between theoretically maladaptive religious coping appraisals/styles (e.g., negative appraisals, self-directing styles) and theoretically maladaptive general coping strategies (e.g., denial, behavioral disengagement). Our results identify interesting conceptual relationships suggesting residents who report positive religious coping appraisals and less independent religious coping styles use adaptive coping strategies more frequently. These constructs may be explored in future research through examining their theoretical uniqueness and whether they independently account for variance in clinically-relevant outcomes. Further study of religious coping in these settings may help promote resilience and optimal aging for long-term care residents.

TECHNOLOGY REDUCES DISTRESS IN A GERIATRIC COHORT WITH DEPRESSION AND NEUROCOGNITIVE IMPAIRMENTS

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Many older adult Veterans with Depression and superimposed Neurocognitive Impairments may demonstrate behavioral agitation. To buffer patient agitation seen within a Veteran's Affairs residential extended care facility, psychological services were expanded to include the use of mobile technologies. To evaluate the effectiveness of adding technology supported psychological services, outcomes were gathered as part of continuous process improvement efforts. 28

Veterans with Depression and NCI who received technology enhanced services were rated by staff on observed agitation behaviors prior and following clinical encounters. In addition, a subset of 17 Veterans also provided subjective unit of distress (SUD's) ratings based on the Brief Interview for Mental Status inclusion criteria. Paired sample T-Tests were completed to assess if technology-enhanced interventions resulted in average reductions of clinician rated observations of Veteran agitation behaviors. Significant differences were found in observations of Veteran facial tension (t(27)=3.722, p=.001), agitated body movement (t(14)=2.020, p=.053), and threatening posture (t(27)=2.243, p=.044). Evaluation of a subset of those residents who also provided SUD's ratings show a significant change in self-reported distress after intervention (t(16)=4.3, p=.001). Effect size for this difference was large (d=1.042). These results suggest that mobile technologies can help reduce agitation and Veteran self-reported distress among older Veterans with Depression and superimposed Neurocognitive Impairments.

TECHNOLOGY-ENHANCED PSYCHOTHERAPY IMPROVES LIFE SATISFACTION AMONG OLDER ADULT VETERANS IN LONG-TERM CARE

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To buffer the risk of declining life satisfaction among a Veteran cohort residing within a Veteran's Affairs long term care facility, a new model of care called Individualized Non-Pharmacological Services Integrating Geriatric Health and Technology (INSIGHT) therapy was developed and evaluated. Consistent with the INSIGHT therapy model, traditional psychotherapy interventions including reminiscence, behavioral activation, and relaxation exercises were modified such that they could be delivered on a digital platform. A paired sample T-test was performed to identify the effects INSIGHT Therapy had on Veteran satisfaction with life. Findings indicated that Veteran life satisfaction ratings the month prior (M= 19.6522) to the initiation of INSIGHT intervention and the month following three months of INSIGHT intervention (M=22.4783) show that the satisfaction with life increased among residents (t(22)=-2.334, p=.028). Effect size = 0.489. These results suggest that INSIGHT therapy interventions help to contribute to an increase in life satisfaction among an older adult Veteran cohort residing within a Veteran's Affairs long term care facility.

NURSING HOME ADMINISTRATOR STRESS, SATISFACTION, AND INTENTIONS TO LEAVE

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Previous studies reported that high Nursing Home Administrator (NHA) turnover correlates with low staff morale and poorer care outcomes. The purpose of this study was to assess how NHA job satisfaction (JS) (in five subscales: job content, coworkers, work demands, work load, work skills, and rewards) interacts with role conflict and ambiguity, autonomy, work conflict, and influence and to estimate the odds of having NHA's intent to quit by degree of job satisfaction. A total 208 responses were collected from the online survey in 2017 among NHAs currently working in nursing homes in 5 states. We analyzed the data using descriptive statistics and ordinal logistic regression models. The findings suggested that NHAs were generally satisfied in all JS subscales and expressed moderately high levels of autonomy, neutral levels of work conflict, role conflict and role ambiguity. NHAs with good coworker relations (adjusted odds ratio [AOR]=0.67), fair job demands (AOR=0.68) and rewards (A0R=0.8), were less likely to harbor quitting intents. Interestingly, NHAs reporting higher job skills were more likely to consider leaving nursing homes (AOR=1.46). Overall, study findings are consistent with previous JS research with the exception that higher perceived skill efficacy was found to be associated with greater likelihood of quitting in the near future. This suggests perhaps that more highly skilled NHAs may now have less tolerance for work discomfort. These findings are presented in the context of earlier studies on NHA turnover as well as likely implications of changing market conditions.

THE STRUCTURE OF CARE MANAGERS' PRACTICE RESPECTING THE AUTONOMY OF THE FRAIL ELDERLY IN JAPAN

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The objectives of current study are to clarify the structure of practice respecting the autonomy of the frail elderly under the Long-Term Care Insurance system in Japan and to discuss the related factors to the practice. The mailed self-administered questionnaire survey was conducted on 1398 care managers who working in In-Home Long-Term Care Support Providers in A City in Osaka with the condition that "office with multiple care managers engaged and one care manager with more than 5 years' experience". The response rate was 51.0% (713persons) and no missing data 615 (44.0%) was analyzed. Analysis was carried out using Mplus.ver8. The structure of practice respecting the autonomy of the frail elderly and the rerated factors were examined as a causal model using structural equation modeling. As the result, it was confirmed the goodness of fit to the data (RMSEA=0.049, CFI=0.927). By the confirmatory factor analysis, the care manager's practice respecting the autonomy of the elderly was confirmed associating with three-factors structure; (1)data collection and assessment, (2) strength perspective and (3) professional relationship. Furthermore the practice was significantly affected by self-esteem of care-managers performance (β=0.494) and self-reflection to own work (β=0.269). In conclusion, the current study supported the hypothetical consideration in which self-esteem and self-reflection in care manager's practice significantly affected the practice respecting the autonomy of the frail elderly.

GENDER DIFFERENCES IN NURSING HOME RESIDENT QUALITY OF LIFE: WHY WOMEN DO BETTER

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Despite research documenting gender differences in numerous outcomes in later life, we know little about gender differences in quality of life (QoL) for older adults who