

IMPROV FOR CARE: TEACHING CAREGIVERS IMPROVISATION IMPROVES MOOD AND SENSE OF BURDEN

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There is a growing need for novel intervention for caregivers of family members with dementia. Improv for Care is a six-week program designed to teach improvisation (“improv”) skills to caregivers to practice flexible communication, build social support, and process the demands of caregiving through humor and play. This study aimed to examine changes in caregiver depression (Beck Depression Inventory-II), perception of burden (Zarit Burden Interview), qualitative experiences related to caregiving, and their cared-for person’s neuropsychiatric symptoms (Neuropsychiatric Inventory Questionnaire). Fifteen caregivers completed questionnaires before and after the Improv for Care program. Wilcoxon signed rank tests for related samples revealed significant declines in both caregivers’ depressive symptoms, $Z = -2.64$, $p = .008$, and sense of burden, $Z = -2.16$, $p = .031$, after completing the program. Caregivers reported that their loved ones’ neuropsychiatric symptoms increased during the course of the intervention, $Z = -2.10$, $p = .036$, though associated distress did not also increase, $Z = -1.12$, $p = .265$. Of the 15 caregivers, 12 completed follow up questionnaires three months after course completion, which showed that their post-intervention reduction in depressive symptoms remained stable, $Z = -1.02$, $p = .306$. The Improv for Care program shows promise as an intervention for caregivers to improve stress, mood, and coping skills.

YOU DON’T KNOW WHAT YOU DON’T KNOW: A SURVEY OF CAREER MENTORING NEEDS IN CLINICAL GEROPSYCHOLOGY

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Mentorship carries the potential to improve the placement, persistence, and success of those working in geriatric mental health. We sought to explore the career preferences and perceived barriers to obtaining desired jobs in the field of clinical geropsychology using an online survey of trainees and established professional geropsychologists. This cross-sectional observational cohort study recruited 96 respondents. Both trainees ($n = 42$) and professional geropsychologists ($n = 54$) completed an online survey. Trainees endorsed a variety of characteristics to describe their ideal jobs in geropsychology; particularly interdisciplinary teamwork and jobs in medical settings, palliative/hospice care facilities, long-term care, and geriatric outpatient care. The most commonly endorsed perceived barrier to trainees’ ideal jobs was the location of the position. Responses from professional geropsychologists elucidated factors that influenced their first job and resources that were

helpful, or would have been helpful, during their job search process. The majority of respondents described the role of mentoring in career development, specifically with skill development, decision-making assistance, and personal support. Mentorship is instrumental throughout one’s training and career and offers instrumental and emotional support in job-searching and defining one’s career. Results should be considered with respect to training and retention of clinical geropsychologists given the workforce shortage, particularly in academia.

THE EFFECT OF COGNITIVE TRAINING AND PHYSICAL ACTIVITY PROGRAM IN COGNITIVE FUNCTION OF ELDERLY FACILITY RESIDENTS

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This study evaluated the effectiveness of a combined cognitive training (CT) and physical activity (PA) intervention in improving cognitive function for institutionalized older residents with cognitive impairment. An experimental design with pre/post-test evaluations in a double-blind assessments at three points (baseline, T0; post-treatment, T1; 8-weeks-follow-up, T2), conducted an 8-week-CTPA intervention. Participants ($N=134$) were recruited from 12 institutions. Centers were randomly assigned into wait-list control, treatment I or treatment II groups. Treatment I group (low frequency) underwent combined 30-minutes sessions of individual-non-computer-based multi-domain CT (twice a week) with 30-minutes-group-chair-based PA (3 times a week). Treatment II group underwent the same protocol as Treatment I group, but with high frequency, 5 days per week for both CT and PA. The primary outcome, Cognitive Assessment Screening Instrument (CASI) total scores showed significant improvement in the treatment I and treatment II groups at T1-T0 and T2-T0, compared to the wait-list control group (10.55 ± 9.60 , 12.75 ± 11.64 , -8.01 ± 6.61 , $p=0.000$; 8.32 ± 7.81 , 11.75 ± 10.19 , -7.11 ± 5.78 , $p=0.000$), however there were no significant differences between two treatment groups. In CASI’s nine sub-domains, all the mean difference between groups were also significant at T1-T0 and T2-T0 (all $p < 0.05$). The two treatment groups only significantly differ on CASI-ORIENT domain at T2-T0 ($p=0.02$). The findings revealed that a combined CT-and-PA intervention have positive immediate (T1-T0) and delayed (T2-T0) effects in cognitive function for older institutional residents with cognition-impairment. The two treatment groups did not show dose-response relationship. Even more, the low frequency intervention was more effective on several domains than high frequency intervention did.

FROM PERSONAL TO GLOBAL: CULTIVATING YOUR GERONTOLOGICAL VOICE

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From intro-level undergraduates to advanced graduate students in gerontology, understanding and developing a “gerontological voice” is often an elusive concept and challenging process to articulate. How we view, understand, and give voice to aging-related issues is influenced by a number of different factors: Micro-level factors (e.g., personality, personal experiences with older adults, and personal interests