

their older adult partner and at the end of the project) revealed that the Instapals project helped students challenge ageist attitudes and stereotypes and was perceived to be a positive experience overall. Implications suggest that positive intergenerational contact can be facilitated and enhanced through the use of technology. Future research should explore whether attitudes, stereotypes, and self-perceptions of aging changed among older adults as well as other technological mechanisms for facilitating intergenerational contact.

MECHANISM OF ACTION: AGE DIFFERENCES IN RESPONSE TO ACCEPTANCE AND COMMITMENT THERAPY FOR CHRONIC PAIN

Julie L. Wetherell,¹ Matthew Herbert,¹ and Niloofar Afari¹,
1. VA San Diego Healthcare System, San Diego, California, United States

A recent randomized comparison of Acceptance and Commitment Therapy (ACT) vs. Cognitive-Behavioral Therapy for chronic pain found a clear age interaction effect, such that older adults benefitted more from ACT. In a subsequent study comparing ACT delivered in person to ACT delivered via telehealth to a sample of veterans (N=128, mean age 51.9, SD 13.3, range 25-89), we found no significant age by modality interactions, suggesting that older veterans responded as well as younger people did to telehealth delivery. Consistent with our previous findings, we found a trend for older adults to experience greater reduction in pain interference ($p = .051$) and significantly greater reduction in pain severity ($p = .001$) than younger adults following ACT. In younger veterans, change in pain acceptance from baseline to posttreatment was related to change in pain interference from baseline to 6-month follow-up ($r = -.38$), but change in pain interference from baseline to posttreatment was not related to change in pain acceptance from baseline to follow-up ($r = .14$), suggesting that, consistent with the ACT model, increased pain acceptance at posttreatment was related to reduced pain interference at follow-up. By contrast, in older veterans, both correlations were significant and of comparable magnitude ($r_s = -.43$ and $-.46$, respectively), providing no support for the idea that change in pain acceptance drove change in pain interference. Overall, our findings suggest that ACT may work better in older adults with chronic pain than in younger adults, but via a different mechanism.

SHINGLES VACCINE UPTAKE AMONG OLDER ADULTS: IDENTIFYING EARLY, LATE, AND NON-ADOPTERS

Hyewon Kang,¹ Eileen Crimmins,² and Jennifer A. Ailshire¹, 1. University of Southern California, Los Angeles, California, United States, 2. Davis School of Gerontology, University of Southern California, Los Angeles, California, United States

Although a shingles vaccine (Zostavax) has been available since 2006, vaccination uptake has been slow. As a newly approved shingles vaccine (Shingrix) became available in 2018, understanding factors affecting acceptance and timing of the original vaccine would be useful in establishing effective strategies for greater immunization. Using the Health and Retirement study, we examined individual-level and area-level characteristics of early and late vaccine adopters, and those who were not vaccinated between 2006 and 2016.

Early adopters were those who got vaccinated during the four year window after the approval of the vaccine; late vaccine adopters were those who got vaccinated from 2010 to 2016. Early adopters (13.5%) and late adopters (18.5%) comprised 32% of the sample, leaving two-thirds unvaccinated. Regression results suggest that those who received the vaccine were more likely to be socioeconomically advantaged, covered by insurance, socially active, healthy, to use other preventive vaccines, and to live in a region with more vaccinated people. Early adopters were more likely to be highly educated, affluent, and more conscientious compared to late adopters. Utilization of influenza vaccine and living in the region with the highest level of vaccination were found to be significant factors predicting early vaccine uptake. Our findings highlight the importance of outreach efforts and health care access in increasing vaccination rates.

WHAT DETERMINES THE USE OF MEANING FOCUSED COPING IN DEMENTIA CAREGIVING?

Doris Yu,¹ and Sheung Tak cheng¹, 1. The Education University of Hong Kong, Hong Kong, Hong Kong

Meaning-focused coping has been identified as an important factor contributing to more positive adjustment and health outcomes for family caregivers of persons with dementia. Yet, there is less evidence about what determines the use of this coping strategy. Based on the Meaning Making Model, this quantitative exploratory study identified the relationship between meaning focused coping and intrinsic motivation towards caregiving, quality of relationship between the care dyads and level of religiosity. Two hundreds and five family caregivers of PWD were recruited from a geriatric clinic from March 2018 – Feb 2019. A battery of questionnaires including the Meaning-Focused Coping Scale, Relationship Quality Scale, the Duke University Religion Index and Intrinsic Motivations to Care was administered in face-to-face interview. By using hierarchical regression analysis to control the effects of caregivers' demographic profile, caregiving history, clinical severity of dementia, and level of neuro-psychiatric symptoms, the results indicated that a higher intrinsic motivation to caregiving ($\beta = 1.457$, $p = 0.044$), better dyadic relationship quality ($\beta = 0.768$, $p = 0.004$) and a higher level of religiosity ($\beta = 0.969$, $p = 0.001$) are independently related to a higher likelihood of using meaning-focused coping. The findings shift the paradigm of caregiver support from a deficit model to helping them to appraise the meaning of caregiving in dyadic relational, spiritual and motivational perspectives. The application of strength-based and person-centered approach to caregiver supportive program will be discussed.

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USING MOBILE TECHNOLOGY TO ELUCIDATE PSYCHOSOCIAL AND COGNITIVE FUNCTION IN OLDER ADULTS

Chair: Nelson A. Roque, Pennsylvania State University, Center for Healthy Aging, University Park, Pennsylvania, United States

Co-Chair: Jinshil Hyun, Albert Einstein College of Medicine, Bronx, New York, United States