

10 Veterans who received services from the peers in primary care.

### VA PEER PROVIDERS SUPPORTING PHYSICAL HEALTH AND WELLNESS AMONG AGING VETERANS WITH MENTAL HEALTH CONDITIONS

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There is a growing evidence base for the utility of peers in supporting physical health outcomes among aging Veterans with mental illness. This talk will consider two questions: (1) what does it mean to be a “peer” when the focus is improving physical health, and (2) how does peer support promote health behavior change? In considering these questions, select peer-delivered interventions recently or currently being tested in the VA will be discussed. Data from qualitative interviews (N=16; ages 47-75) from a recent RCT of Living Well, a peer co-facilitated group intervention promoting illness self-management, will be presented. These data shed light on the peer role, especially the role of peer self-disclosure in promoting group cohesion, social learning, self-efficacy, and health behavior change. Notably, when physical health is the focus, participants relate to peer providers across diverse characteristics, and not necessarily based on a shared lived experience of mental illness.

### OLDER PEER-DELIVERED AND SMARTPHONE-SUPPORTED INTEGRATED MEDICAL AND PSYCHIATRIC SELF-MANAGEMENT INTERVENTION

Karen Fortuna, *Dartmouth College, Concord, New Hampshire, United States*

PeerTECH is older peer-delivered and technology-support integrated medical and psychiatric self-management intervention developed by older adult peer support specialists. Older adult peer support specialists are older adults with a lived experience of a mental health condition, who are trained and accredited to provide support services to others with similar conditions. A pre/post trial by our group has shown PeerTECH is associated with statistically significant improvements in self-efficacy for managing chronic disease and psychiatric self-management skills. This presentation will discuss the feasibility and potential effectiveness of a 3-month pre/post study with older adults with SMI. We will discuss the potential effectiveness of PeerTECH with older adults with SMI related to loneliness, distress, and medical and psychiatric self-management. In conclusion, we will discuss the main and interactive effects of loneliness and factors linked to mortality.

## SESSION 5805 (SYMPOSIUM)

### TRANSLATING BEHAVIORAL INTERVENTIONS: IT IS MORE THAN JUST LANGUAGE

Chair: Katherine Marx

Co-Chair: Laura Gitlin

In the United States, over 5 million people are living with Alzheimer's disease or a related dementia. Providing care are an estimated 16 million unpaid caregivers and millions of

paid caregivers. Neuro-psychologic symptoms (NPS) such as agitation, aggression, depression, rejection of care, and apathy are almost universal in persons living with dementia (PLwD). Caring for NPS often leads to poor physical, mental and financial outcomes. There have been hundreds of non-pharmacologic interventions tested and found efficacious to help caregivers with NPS and daily care challenges. However, very few of these interventions have been widely adopted in different languages and settings. One promising intervention used in various countries is the Tailored Activity Program (TAP). TAP, delivered by occupational therapists, customizes activities to PLwD's current capabilities and prior roles and interests and instructs caregivers in their use. This session will examine TAP's reach and how it has been translated and adapted. First, Ms. Sokha Koeuth will present modifications needed to the program to facilitate widespread dissemination including placing training in the program online and virtual. The next two presentations will discuss adaptations to TAP in different countries and cultures; Dr. Marcia Novielli will present TAP-Brazil, and Dr. Jean Gajardo Jauregui will present TAP-Chile. Finally, Dr. Katherine Marx will examine the adaptations needed to place TAP into a long-term care setting with both family and paid caregivers. These papers highlight the cross-cultural adaptations that need to be considered in taking a program from research to different real world clinical and community-based settings. Behavioral Interventions for Older Adults Interest Group Sponsored Symposium.

### ADAPTATIONS FOR TAP IN A LONG-TERM CARE SETTING

Katherine Marx,<sup>1</sup> Lauren Parker,<sup>2</sup> and Laura Gitlin,<sup>3</sup> 1. *Johns Hopkins University, Baltimore, Maryland, United States*, 2. *Johns Hopkins Medicine, Baltimore, Maryland, United States*, 3. *Drexel University, Philadelphia, Pennsylvania, United States*

One of the most difficult aspects of caring for people living with dementia is managing neuropsychologic symptoms and functional decline. Although there are hundreds of efficacious non-pharmacologic interventions tested in homes, few are adapted for and tested in long-term care. The purpose of this pilot study was to identify the adaptations needed for the Tailored Activity Program (TAP) to make it feasible and acceptable in a long-term care facility. TAP provides tailored activities matched to interests and abilities to address dementia-related clinical symptoms. Two sites, under the umbrella of one company, participated. A total of five persons living with dementia, their family caregivers, two direct care staff and an interventionist participated, and occupational therapist who contracts with the site on a regular basis. Adaptations included shorter sessions and changes to forms to fit with workflows and documentation. Additional considerations challenging implementation of TAP included staff turn-over and training. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

### SCALING AN EVIDENCE-BASED PROGRAM: THE CASE OF THE TAILORED ACTIVITY PROGRAM

Sokha Koeuth,<sup>1</sup> Katherine Marx,<sup>2</sup> Laura Gitlin,<sup>1</sup> and Catherine Piersol,<sup>3</sup> 1. *Drexel University, Philadelphia, Pennsylvania, United States*, 2. *Johns Hopkins University,*

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The Tailored Activity Program (TAP) is a proven program delivered primarily by occupational therapists addressing dementia-related clinical symptoms including caregiver well-being. Although used in 9 countries including the United States, scaling and widespread dissemination is challenging. We discuss key revisions to TAP to facilitate dissemination including matching assessments to those used in different practice settings, translation of materials into different languages, providing worksheets to help trainees adapt TAP to local contexts and a training/certification online experience using story board, an interactive media integrated onto the Blackboard learn management system, to provide on-demand training modules. The learning platform allows learners to engage with others, preview modules and share experiences. Revisions enable greater flexibility for program adaptation yet adherence to its core principles. With over 150 trainees, we use REAIM to evaluate effectiveness of modifications and to understand implications for its reach. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

#### CROSS-CULTURAL ADAPTATION OF THE TAILORED ACTIVITY PROGRAM FOR BRAZILIAN PORTUGUESE

Marcia Novielli, *University of Sao Paulo, Santos, Sao Paulo, Brazil*

Brazil lacks an Occupational Therapy methodology of action, justifying the cross-cultural adaptation of TAP. Objectives were to adapt TAP reference materials to the Brazilian culture and evaluation of the applicability of the Portuguese version by perceptions of Occupational Therapists (OT) and family caregivers. The methodology used translation, back translation, evaluation of semantic, idiomatic, conceptual and cultural equivalences and pre-test of materials for production in Portuguese. The OT applied the translated version and evaluated its applicability. Caregivers evaluated the social impact of the adapted program. The cross-cultural adaptation process adapted the entire materials program to Portuguese culture. The OT perception is a need to include one session to guide caregivers and to modify the cognitive assessment used. The caregivers pointed out that TAP helps them in understanding and caring for the elderly with dementia. The TAP-BR has been adapted to the Brazilian culture. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

#### CULTURAL ADAPTATION OF THE HOME-BASED TAILORED ACTIVITY PROGRAM IN CHILE

Jean Gajardo,<sup>1</sup> Jose Aravena,<sup>2</sup> Ignacia Navarrete,<sup>3</sup> Andrea Slachevsky,<sup>4</sup> and Laura Gitlin,<sup>5</sup> 1. *Universidad San Sebastián, Santiago, Chile*, 2. *School of Public Health, Yale University, New Haven, Connecticut, United States*, 3. *Universidad de Chile, Santiago, Region Metropolitana, Chile*, 4. *Universidad de Chile, Santiago, Region Metropolitana, Chile*, 5. *Drexel University, Philadelphia, Pennsylvania, United States*

Chile is currently implementing policies addressing dementia care with efforts to translate evidence-based programs towards culturally sensitive models of care. This study describes the cultural adaptation of the Tailored Activity Program (TAP). A complementary mixed-method design

was performed following the 4-phase Dynamic Adaptation Process (DAP) model by Aarons et al, 2012. Ten dyads (family caregivers and people with dementia) completed a regular 8-session home-based TAP intervention during 2017-2018. Qualitative data was collected through interviews and observation with caregivers, and weekly follow-up and a focus group with provider occupational therapists. Quantitative data in pilot testing was obtained through assessments at baseline and after intervention. The TAP was well accepted by family caregivers, and sociocultural adaptations on content, context, target level, and training were identified. Significant reduction of frequency and severity of neuropsychiatric symptoms in individuals with dementia was found, and caregivers reported reduction of depressive symptoms, improved perceived well-being & self-confidence. Part of a symposium sponsored by the Behavioral Interventions for Older Adults Interest Group.

### SESSION 5810 (SYMPOSIUM)

#### UNDERSTANDING HEALTH CONCERNS OF OLDER ADULTS: HEALTH PERSONALITY, HEALTH ACTIVATION, AND WELL-BEING

Chair: Peter Martin

Individuals display different levels of concern about their health. These overall concerns may be a result of health personality dispositions based on the five-factor model of personality. They include health neuroticism, health extraversion, health openness, health agreeableness, and health conscientiousness. Furthermore, whether older adults take active care of their health and how they view their overall physical and emotional well-being may depend on these health personality dispositions. This symposium sheds light on the association between health personality, resilience, activation, and well-being. The first presentation provides an overview of our health personality conceptual model and summarizes measurement properties of the Health Personality Assessment. The second presentation highlights demographic differences in health personality. Gender, age, marital status, and regional differences in health personality are reported. The third presentation links health personality with levels of health activation and resilience. Direct and indirect effects of health personality on resilience and health activation are presented. Finally, we highlight results about the relationship of health personality with physical and emotional well-being in later life. All five health personality dispositions directly related to physical and mental health. Our discussion emphasizes practical implications for health practitioners and outlines future research on health personality and outcomes.

#### HEALTH PERSONALITY AND WELL-BEING: AN OVERVIEW

Peter Martin, Joseph Kim, Rotem Arieli, and Nicholas Cone, *Iowa State University, Ames, Iowa, United States*

It is well established that there are interindividual differences in many areas of well-being. Based on previous segmentation research and work connecting personality traits to health outcomes, we developed the health personality segmentation model. The health personality segmentation