

criteria such as used in Canadian MCI research studies would exclude a considerable subset of MCI patients seen in our referral clinic. This may have contributed to the disparities between the clinical and research cohorts in the cognitive measures examined. The implications of these findings will be discussed.

BILINGUAL SPEAKERS POSTPONE SYMPTOMS OF COGNITIVE DEFICIT IN PARKINSON'S DISEASE

Ladan Ghazi Saidi¹, *1. University of Nebraska at Kearney, Kearney, Nebraska, United States*

Maintaining cognitive abilities despite healthy aging, neurodegeneration or acute damage is known as cognitive reserve (Stern, 2002; Stern, et. al., 2018). There is evidence for a higher cognitive reserve in bilingual speakers (Kavé, et. al., 2008), mainly due to their improved executive functioning and attention. Thus, I hypothesized that patients with Parkinson's disease would manifest PD related cognitive symptoms later than monolinguals as a result of better compensation. The aim of this study is to explore how bilingualism affects cognitive abilities in PD patients with cognitive deficit. QPN publicly available database was used to analyze the data on PD patients with (PD-CD) and without (PD) cognitive deficit and their demographic information including the number of spoken languages. Monolingual PD and PD-CD patients were compared to their bi- and multilingual peers on their age of on-set of their cognitive decline as well as descriptive demographic information. The results showed that PD-CD patients who speak more than one language manifest symptoms of cognitive impairment at least three years later than their monolingual peers. These results bring evidence that life-long bilingualism contributes to a stronger cognitive reserve and better compensation in case of a neurodegenerative disorder such as PD.

STORY CIRCLES AS A METHODOLOGY: A PILOT STUDY EXPLORING COGNITIVE PROBLEMS IN AGING

Logan A. Sweeder,¹ Nikki Hill,¹ Emily Whitaker,¹ Anushka Tiwari,¹ and William Doan¹, *1. The Pennsylvania State University, University Park, Pennsylvania, United States*

A Story Circle refers to a group of individuals in a comfortable social environment sharing personal experiences through stories to explore problems shared by a community and facilitate artistic representation of experiences of interest. In this pilot study, we examined the feasibility of Story Circles to facilitate qualitative inquiry of the experience of cognitive problems among older adults. A convenience sample of six cognitively intact, community-dwelling older adults (M=72.5; SD=5.09 years; 83% female) with self-reported cognitive complaints participated in a 90-minute Story Circle as well as a follow-up phone call. Each shared a personal story of experiencing a cognitive complaint and related these experiences to those shared by others in relation to a prompt provided by the group facilitator. Participants reported enjoying the Story Circle experience (M=8.5/10; 10 = extremely positive) and interest in participating in future Story Circles (M=9.3/10; 10 = extremely likely). Common themes included a sense of community established during the

group that persisted after its conclusion as well as a normalization of the experience of occasional cognitive problems. Story Circles may be a useful data collection method to enhance understanding of complex phenomena within a social context.

SESSION 3300 (POSTER)

EDUCATION AND TRAINING

THE IMPACT OF PARTICIPATION IN SOCIAL HEALTH NETWORKS

Anna Faul,¹ Mona Huff,¹ Samantha G. Cotton,¹ Pamela Yankeelov,¹ Joe D'Ambrosio,¹ and Megan Austin¹, *1. University of Louisville, Louisville, Kentucky, United States*

Stress and compassionate fatigue are common among graduate level students working in healthcare professions, however, few studies focus on preventative self-care and its' impact on these learners. As part the University of Louisville's Behavioral Health Workforce Enhancement Training Program (BHWET), graduate students are trained to work with older adults in rural communities. The focus of our BHWET program is to provide holistic, behavioral health care through our FlourishCare Network. As part of the student's weekly curriculum, an interdisciplinary group of learners from counseling psychology, social work and psychiatric nursing were invited to the attend the sessions were invited to participate in a 2-semester Microclinics and Health Matters course that was designed to promote self-care and harness the power of social networks to promote health. A total of 15 students completed the program. Biomarkers including BMI, Cholesterol, A1C, Blood Pressure were taken every week time the course was offered. Cortisol levels were taken every 4 months to measure stress levels. Across the initial 12 weeks of programming, there were positive outcomes for the participants in terms of either maintenance of healthy goals or biomarkers. Additionally, the program had an impact on the older adult clients that were being served by the students compared to students that did not participant. In a review of the plan of care items, which is central to our work with FlourishCare clients, plan of care items showed a stronger focus on connecting clients to social health interventions and a stronger connection to education about health-related content.

FACTORS PROMOTING CONTINUED LIFELONG LEARNING: FOCUS ON THE PERSON-ENVIRONMENT FIT IN JAPAN

Chiharu Yasuzato,¹ and Keiko Katagiri¹, *1. Graduate School of Human Development and Environment, Kobe University, Kobe, Hyogo, Japan*

Lifelong learning of older people is categorized as social participation. Most studies on social participation have examined the motivation to start; however, those on continuing participation are few. This study aimed to identify the factors promoting continued lifelong learning among older adults, focusing on both personal and socio-relational factors. To do this, in-depth semi-structured interviews were