

on the perception of received support, this study examines 1) whether personality traits are associated with a perception of received emotional support, 2) which personality traits work as a predictor of support perception, and 3) whether the similarity between parent and children exist in the patterns of personality-support relationships among Korean very old parent-child dyads. A total of 105 dyads of very old parents, 81 to 97 years old ( $M = 87.9$ ,  $SD = 2.8$ ), and their older-adult children, 65 to 72 years old ( $M = 65.9$ ,  $SD = 1.2$ ), participated in the study. The results of the actor-partner interdependence model reveal that less neurotic and more agreeable parents perceived more emotional support from children(actor-effects); parents with more agreeable children perceived more support from children(partner-effect). There was no actor- and partner effects of personality traits on the emotional support children perceived. Our findings show that children, as compared to their parents, are maybe less affected by parents' personality traits reflected by parents' interaction behaviors. We further provide explanations of each path from the personality traits to emotional support.

#### PERSONALITY, DEPRESSION, SOCIAL FUNCTIONING, AND SUICIDAL BEHAVIOR IN DEPRESSED OLDER ADULT INPATIENTS

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Older adults are at higher risk for completed suicide. However, research in late-life suicide for high-risk populations remains a neglected topic, with some researchers suggesting that our knowledge of risk factors and risk conferral remains incomplete and insufficient in their predictive ability. Personality processes, in the context of interpersonal problems, have been associated with suicidal behavior, depression, and social functioning, but have rarely been evaluated in samples of older adults during periods of highest risk. This study examined factors underlying the relationship between personality processes, depression, social role functioning, and suicidal behavior in older adult inpatients. It also examined the additive effect of personality processes, social adjustment, and depression on suicidal behavior. Depressed middle aged and older adult inpatients ( $N=52$ ; Age  $M= 66.88$ ,  $SD= 8.76$ ) completed self-report measures of personality pathology (IIP-PD-25), depression (GDS-30), social functioning (SAS-SR), and recent suicidal behavior (SIB). Our research found that while interpersonal pathology was positively associated with depression ( $GDS-30$ ,  $\beta = .37$ ,  $p = .006$ ) and social functioning ( $SAS-SR$ ,  $\beta = .384$ ,  $p = .003$ ), it was not associated with

suicidal behavior. The combined model of social functioning and depression displayed a trend toward significance, but neither variable was robust enough to emerge as an independent predictor of suicidal behavior. However, bivariate analyses found moderate effect sizes between depression or social functioning and suicidal behavior. Risk for suicidal behavior likely involves dynamic, complex, and interrelated relationships with clinical implications regarding assessment within this population.

#### SELF-EFFICACY PROXY PREDICTS PHYSICAL FRAILITY INCIDENCE OVER 8 YEARS IN NON-INSTITUTIONALIZED OLDER ADULTS

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Physical frailty is defined as a syndrome of decreased physiologic reserve conferring vulnerability to functional decline, mortality and other adverse outcomes in response to a stressor. One potential modifiable risk factor of frailty is self-efficacy, which is confidence in one's ability to perform well at a task or domain in life. Self-efficacy is associated with improved health behavior and decreased chronic disease burden but has not been studied extensively in frailty research. Therefore, the purpose of this study was to evaluate a general self-efficacy proxy measure's ability to predict frailty in a nationally representative sample of older adults using data from the National Health and Aging Trends Study (NHATS) collected from 2011-2018. 4,835 older adults (65+) were dichotomized into low and high self-efficacy groups using the one-item self-efficacy proxy measure in NHATS. The Physical Frailty Phenotype was used to assess frailty. A discrete time hazard model was used to obtain incident hazard ratios of frailty in two models. Model 1 was adjusted for age, race, sex, education and income. Model 2 contained Model 1 covariates and activities of daily living and co-morbidities. We found that low self-efficacy predicted a 41% increased risk of developing frailty over 8 years after adjustment for socio-demographics ( $P<0.0001$ ) and a 27% risk of incident frailty after further adjustment for activities of daily living and co-morbidities ( $P=0.004$ ). This study provides preliminary evidence that self-efficacy may be a key modifiable element to incorporate into multi-modal frailty interventions.

#### THE ASSOCIATION BETWEEN PERSONALITY TRAITS AND DEPRESSIVE SYMPTOMS IN U.S. CHINESE OLDER ADULTS

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Depressive symptoms are prevalent in the aging population and can negatively impact the health and well-being of older adults. Personality traits may interact with depressive symptoms, but there is currently limited knowledge regarding