

nutrition services (NS) volunteers may be well-positioned to identify suicide warning signs and respond accordingly. Unfortunately, there is a lack of systematic, empirically-tested evaluations of the effectiveness of community-based strategies to prevent older adult suicide, including the use of NS volunteers. To remedy this, the authors partnered with several home- and community-based service organizations to measure the impact of training nutrition services volunteers in suicide prevention skills. The authors will present preliminary findings from this federally-funded randomized, controlled trial of suicide prevention training (i.e., ASIST; safeTALK) on late-life suicidality and its correlates.

#### SUICIDE RISK ASSESSMENT AND MANAGEMENT IN THE CONTEXT OF TRANSITION TO LONG-TERM CARE

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The transition from independent living to living in a supported care facility can create significant emotional stress for the older person undergoing the move. From the perspective of suicide risk management, it is vital to appreciate the potential increase in risk associated with this period of adjustment. In this case-based talk, we will discuss key issues in assessing and managing suicide risk in this context. Factors in risk management to be discussed include the person's social/family context, baseline psychological status, coping assets, and intraindividual values and diversity characteristics. Emphasis will be placed on the need for active assessment, mobilization of resiliency factors, and monitoring during the phase of adjustment. The need to ensure coordination of care across settings will be discussed as well. Finally, we will identify the ways in which the transition can be undermined by ageism on the part of professionals and/or the person's loved ones.

#### CHANGES IN FUNCTIONAL DISABILITY AND SUICIDAL IDEATION ASSOCIATED WITH PSYCHOTHERAPY FOR DEPRESSION

Julie Lutz,<sup>1</sup> Sherry Beaudreau,<sup>2</sup> Ruth Morin,<sup>3</sup> David Bickford,<sup>4</sup> J. Craig Nelson,<sup>4</sup> and Scott Mackin<sup>4</sup>, 1. *West Virginia University, Morgantown, West Virginia, United States*, 2. *Sierra Pacific Mental Illness Research Education and Clinical Center, VA Palo Alto Health Care System, Palo Alto, California, United States*, 3. *San Francisco VA Medical Center, San Francisco, California, United States*, 4. *University of California, San Francisco Department of Psychiatry, San Francisco, California, United States*

Given the association between functional disability and suicidal ideation (SI) in late life (Lutz & Fiske, 2017), this study examined associations between functional disability and SI among older adults receiving problem solving therapy (PST) for depression. PST is a promising intervention for SI (e.g., Gustavson et al., 2016) and has been shown to be effective in reducing functional disability among older adults with depression (e.g., Choi et al., 2014). Regression analyses with adults age 65-91 (n=65) found that level of SI (Geriatric Suicide Ideation Scale) at baseline was not significantly associated with change in SI from pre- to post-treatment. However,

lower baseline disability (WHODAS-II;  $\Delta R^2=.08$ ,  $p=.022$ ) and greater reduction in disability ( $\Delta R^2=.12$ ,  $p=.004$ ) were significantly associated with greater reduction in SI after controlling for age and baseline SI. These results suggest that treatments that decrease disability may be particularly advantageous for reducing SI in older depressed adults.

### SESSION 4145 (PAPER)

#### LIFE COURSE AND DEVELOPMENTAL CHANGE IN MIDDLE AND LATE LIFE

#### CHANGES IN OLDER ADULTS' INFORMAL CARE NETWORKS

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Many older adults rely on informal care networks to overcome challenges in life and maintain well-being. The composition and function of the informal care network may change as existing caregivers leave and new caregivers join the network over time. The majority of prior studies on caregiving to older adults are based on cross-sectional data and thus cannot examine changes in older adults' informal care networks. Although some have followed older adults' informal caregivers over time, they usually focus on primary caregivers, rather than the entire informal care network longitudinally. The newly available panel data on a nationally representative sample of caregivers from the National Study of Caregiving (NSOC) provide an excellent opportunity for researchers to understand how older adults' informal care networks change over time and what factors relate to discontinuation of care. Using the NSOC 2015 and 2017, we found that 70% of older adults (N = 1,395) experienced changes in informal care networks within two years. Only a small portion of spouses (6%) discontinued giving care to older adults, whereas 21% adult children, 56% other kin, and 77% nonkin stopped caregiving by 2017. We further examined how older adults' needs for support, caregivers' resources and constraints, and caregiving experiences were associated with discontinuation of care. This study is expected to advance gerontological research by broadening our understanding of informal caregiving in late life and providing practical implications on how to sustain informal care.

#### CUMULATIVE DIS/ADVANTAGE AND HEALTH TRAJECTORY IN LATE LIFE: A COMPARISON BETWEEN FOUR COUNTRIES

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Cumulative Dis/Advantage (CDA) theory concerns how societal structure influences individual developmental and health trajectory across the life span, but few studies have applied CDA in the international setting with gender comparisons. This study provides a cross-national perspective to test CDA in explaining health inequality between developing and developed countries. Cross-sectional harmonized data from the international Health Retirement Study-series (United States, China, Mexico, and England) in 2013-2014 were used (n=97,978). Four health indicators were included: self-reported health, depressive symptoms, functional ability, and