

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

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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

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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

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