P < .001) and testing for curvilinear effects, we report on the role of temporal direction (past vs. future), temporal distance (1, 5, and 10 years), and demographic factors (i.e., gender, education, and wealth). The present findings add to the literature on adult age differences in self-continuity. Practical implications and directions for future research are discussed.

CONVERGENCE BETWEEN DSM-5 SECTION II AND III MODELS OF PERSONALITY DISORDERS AMONG OLDER ADULTS
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Introduction: The Personality Inventory for DSM-5 (PID-5) is a measure of the alternative model of personality disorders (PDs), proposed in Section III of the DSM-5, but the PID-5 has limited evidence of validity for use among older adults. This study examined the validity of the alternate model through associations with the 10 traditional PDs in DSM-5. It was hypothesized that the PID-5 would relate to the traditional PDs in patterns predicted by the alternate model. Method: Older adults (N = 202) completed the PID-5 and the Coolidge Axis II Inventory (CATI), a measurement of the 10 PDs. Results: Correlations were computed between the PID-5’s 25 facets and the CATI’s 10 PD scales. All facets were found to significantly (p < .001) and positively correlate with all 10 PD scales, with large effect sizes (> .30). Next, regressions were conducted, with the PID-5 facets predicting each PD scale. Overall, across the 10 regression analyses, the PID-5 facets accounted for significant variance in the CATI PD scales, ranging from 64% (Avoidant) to 71% (Obsessive-Compulsive). Discussion: Although some DSM-5 hypothesized facets were significant predictors, many unexpected significant relationships were also detected. Of the 10 PD models, seven models included more unpredicted significant traits than predicted ones; two models included more significant predicted traits than unpredicted ones; one model included an equal number of predicted and unpredicted significant traits. We found substantially more overlap between the PID-5 and CATI than anticipated in unpredicted directions, suggesting that the PID-5 has good specificity but lacks sensitivity.

DOES TRAIT AFFECT IMPACT ACTIVITY ENGAGEMENT?
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Research has shown the amount of effort we expend towards our goals depends on a sense of self-efficacy, perception of task difficulty, and likelihood of achieving our goal. All of these processes are susceptible to the influence of affect. For example, negative moods may impede goal achievement by increasing perceptions of difficulty (Silvestrini & Gendolla, 2019). Negative experiences (such as past failures) can encourage these negative moods and subsequently impact self-efficacy (Esposito, Gendolla, & Van der Linden, 2014). Findings from self-efficacy research (e.g. Esposito et al., 2014) suggest that older adults may be particularly susceptible to the impacts of negative affect on effort mobilization, especially when tasks already seem challenging, with little chance of success. Perception of task difficulty, then, impacts the amount of effort exerted in completing the task. The present study sought to examine the factors that impact perceptions of difficulty and subsequent effort expenditure, represented by systolic blood pressure responsivity (SBP-R). Younger (N = 41) and Older (N = 163) adults completed a difficult cognitive task as part of a larger, longitudinal study, as well as measures of trait affect before study sessions. Our findings indicate younger adults exert less effort overall than older adults; however, when negative trait affect is considered, we find that higher levels of negative affect in older adults reduced task engagement. These results provide support for an effect of negative affect on task appraisals and posited age-related differences in effort mobilization.

PERSONALITY AND WELL-BEING IN OLD AGE
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Personality is a controversial issues in Geropsychology. It is generally accepted that personality is relatively stable through life and plays a relevant role in lifestyle and wellbeing. We assessed Personality with NEO (Neuroticism, Extraversion and Openness) in a community sample of 1322 individuals 55+ years, mean age 70.4 (sd=8.6) years, 71% women. The means were: Neuroticism 34.06(sd 5.1); Extraversion 41.25(sd 4.05), Openness 37.37(sd 3.82), around 10 points higher than the normative Portuguese data. Considering the highest values of the 3th tertile in each domain, women have higher Neuroticism differing from men (p=0.001), and values raise with age along 3 age groups (p=0.001); Neuroticism has significant positive correlations (p<0.01) with loneliness, sleep problems, psychological distress, difficulties in ADL and IADL and self-perception of health, and negative correlations with social network, happiness and cognitive capacity. Extraversion do not differ between gender and varies by age group (p=0.04) in U inverted form. Extraversion is positively correlated with happiness and negatively with loneliness, self-perception of health, psychological distress, difficulties in ADL and IADL. Openness does not differ by gender but differ between age groups (p=0.18) in U shape and correlates negatively with cognitive capacity, and social network. Personality traits appear very relevant for successful aging as facilitators or risk factors of physical and mental health, and should be addressed to foster adaptation in old age.

PERSONALITY TRAITS AND EMOTIONAL SUPPORT EXCHANGES AMONG OLDEST-OLD PARENTS AND OLDER-ADULT CHILDREN IN KOREA
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Previous studies show that personality traits are predictors of individuals’ exchanges (i.e., giving, perceiving, and evoking) in social support in general relationships. Less attention has been paid, however, to the roles of personality traits in parent-child relation, especially in the very old parent-child dyads. Focusing on personality’s effects
on the perception of received support, this study examines 1) whether personality traits are associated with a perception of received emotional support, 2) whether 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 conferrals 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 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, β = .37, p = .006) and social functioning (SAS-SR, β = .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 FRAILTY 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