after lighting interventions. Significant improvements in sleep quality and cognitive performance were found for both lighting interventions with better outcomes for L2.

MINDFULNESS AND COGNITIVE FUNCTION IN PATIENTS WITH COGNITIVE IMPAIRMENT
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Mental health benefits of mindfulness, the attribute of being aware and present in the moment, have long been acknowledged. Mindfulness has also been linked to improved cognitive performance and improvements in AD neuropathology (hippocampal atrophy, brain connectivity) in MCI or early-stage AD patients. This study was designed to: investigate the relationship between mindfulness and cognitive function in a patient population with varying degrees of cognitive impairment; identify the specific mindfulness components that provide benefits; and explore differences by sex and disease severity. Patients (N=112; 43% female; 77.0±7.7yrs; 11% cognitively normal, 27% MCI, and 67% dementia) attending a university-based dementia clinic were administered the Applied Mindfulness Process Scale (AMPS) and underwent neuropsychological testing. Cognition was linearly re-gressed on AMPS with adjustment for age, gender, education, and disease stage, in the entire sample and stratified by sex and stage. In fully adjusted models, higher mindfulness was associated with lower AD8 scores (β=-0.05±0.02 (p = 0.003)), better animal naming (AN) (β=0.11±0.04 (p = 0.008)), and faster TMA times (β=-0.72±0.32 (p=0.025)). All three mindfulness factors (F1=decentering; F2=positive emotional regulation; F3=negative emotional regulation) were significantly linked to AD8, while F3 was not predictive of AN, and F1 was not predictive of TMA. In addition, mindfulness significantly predicted subjective cognitive impairment (SCI) (βF2AD8=-0.18±0.07 (p=0.011)) and TMA in men (βTMA=-1.14±0.42 (p=0.011); βF2TMA=-2.63±1.26 (p=0.043); βF3TMA=-2.74±1.12 (p=0.019)) and dementia patients (βF1D8=-0.19±0.08 (p=0.021); βF2D8=-0.14±0.07 (p=0.044); βTMA=-0.09±0.01 (p=0.039)); and AN in women (β=0.12±0.06 (p=0.047); βF2AN=0.34±0.16 (p=0.036)) and MCI patients (βAN=0.13±0.06, p=0.033; βF3AN=0.36±0.16 (p=0.035)). Our findings suggest that effectiveness of mindfulness-based interventions may be enhanced by a focus on emotional regulation and sex- and stage-specific cognitive targets.

THE VALUE OF US: EXPRESSIONS OF TOGETHERNESS IN COUPLES WHERE ONE SPOUSE HAS DEMENTIA
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Background: Living with dementia involves both illness and health and involves self-care and care by others. As most persons with dementia are living in their ordinary housing, dementia affects not only the person with the disease, but also the life of the family, commonly the partner. Research show that spouse carers feel like they are losing their partners due to an inability to share thoughts, feelings and experiences as a couple. Aim: The aim of the study was to describe spouse’s experience of their togetherness when one spouse has dementia. Method: The sample consisted of eighteen recorded conversations between 15 persons with dementia and their spouses. The filmed conversations were transcribed verbatim and then analyzed using qualitative content analysis. Findings: One overarching theme arose from the data “Dementia preserved and challenged the value of “us”. Being a couple trying to preserve a sense of togetherness and have the relationship they wished for could be seen as a challenge when one spouse was living with dementia. Conclusion: Based on our results, we suggest that practitioners should help couples to reinforce or strengthen their bonds as a couple to maintain well-being. Future studies should examine couplehood under differing conditions such as long versus short term relationships. Prior relationship quality may also be a factor influencing the sense of couplehood following a serious health challenge such as dementia.

REAL-WORLD REPRESENTATIVENESS OF CANADIAN RESEARCH SUBJECTS WITH MILD COGNITIVE IMPAIRMENT
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Studies of mild cognitive impairment (MCI) utilize stringent inclusion/exclusion criteria which may impact the generalizability of findings to the broader clinical population. We compared characteristics of MCI patients in a Canadian memory clinic in Calgary to MCI research participants in published Canadian studies to assess the representativeness of research samples. Clinic participants included 555 MCI patients from the Prospective Study for Persons with Memory Symptoms registry. Research participants included 4,981 individuals with MCI retained from a systematic literature review of 112 peer-reviewed empirical Canadian studies. Clinic patients and research participants were diagnosed with MCI using similar diagnostic criteria (i.e., from the NIA-AA, or Petersen criteria). Both samples were compared on baseline demographic variables, medical and psychiatric comorbidities, and global cognitive performance using chi-square tests and t-tests with weighted means. Diverse presumed causes were noted among clinic patients. Clinic patients were younger, more likely to be male, and more educated than research participants (ds: 0.22-0.98). Psychiatric disorders, traumatic brain injury, and sensory impairments were common in clinic patients (up to 83%), but participants with these conditions were excluded from approximately 80% of studies in the systematic review. Clinic patients performed significantly worse on two global cognitive assessments (ds: 0.53 – 1.27). Stringent eligibility...
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**

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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 onset 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**

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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**

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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 (BHET), graduate students are trained to work with older adults in rural communities. The focus of our BHET 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 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, 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 participate. 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**

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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