Heightened isolation during the pandemic has exacerbated the stress, anxiety, and adverse consequences through the loss of family connections, older people experience in LTC. Heavy workload and staffing shortage limit staff's capacity to assist residents in accessing regular virtual visits. Using a Collaborative Action Research (CAR) approach, this project aims to assess the implementation of a telepresence robot, Double 3, to help residents connect with their families. CAR allows careful planning of implementation with stakeholders (patient and family partners, staff, and decision-makers), tailoring adaptation to the complex LTC environment. We will program the robot to allow efficient movement between target destinations (residents' rooms) and the charging dock. For example, the robot will go to a resident's room every morning or evening to help the resident to make a virtual call with family. The project involves three phases: (a) Observe and Reflect, (b) Act and Adapt, (c) Evaluate. We work with two Canadian LTC homes in British Columbia to investigate feasibility and acceptability. CAR emphasizes research with, rather than research on people. Meaningful engagement with the patient, family, staff, and decision-makers at each site throughout the whole project will ensure the project will meet the local needs. Anticipated resident outcomes include improved quality of life, mood, perceived loneliness, perceived social support, and acceptance. Anticipated staff outcomes include perceived ease of use and acceptability.

**ROOM TYPE AND SOCIAL COHESION IN SENIOR-LIVING FACILITIES**

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Private rooms are generally preferred by senior-living residents. However, having roommates may help residents to build and maintain social networks in the facility, leading to promoted social cohesion and mental health. The differences in social cohesion among senior-living residents who resided in private or shared rooms need investigation. This research collected empirical data from eight senior-living facilities in Beijing and Shanghai, China. Focusing on social cohesion, room type, and personal factors, on-site questionnaire surveys recruited 345 residents receiving independent living, assisted living, or nursing care services. Facility environments were measured and rated by researchers through on-site observation. Controlling for personal and facility factors, ANOVA tests were employed to investigate the differences in social cohesion among residents who resided in private, double, or triple rooms. Room type was found significant to the social cohesion in assisted-living and nursing care residents. At the assisted-living level, compared with private and double rooms, triple rooms were more likely to contribute to social cohesion. At the nursing care level, residents with less numbers of roommates (private versus double and double versus triple) had stronger social cohesion. At the independent-living level, no factors significant to social cohesion were found. These findings can be used to guide the new design, renovation, and modification of senior-living environments to promote social cohesion. Recommendations for future research and practice implications for senior-living professionals and facility designers are discussed. Senior-living facilities should be built to be social-friendly through design and planning and within the context of its cultural characteristics.

**THE INFLUENCE OF STAFF-RESIDENT INTERACTIONS ON RESISTIVENESS TO CARE BEHAVIOR IN ASSISTED LIVING**

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Resistiveness to care (RTC) is a behavioral and psychological symptom of dementia that is common among dementia residents in assisted-living facilities. RTC encompasses verbal and nonverbal behaviors that oppose care, such as crying, grabbing, hitting, or yelling, among many other resistive behaviors. The quality of care interactions which can be positive, neutral or negative, have been associated with increased RTC. The purpose of this study was to test the association between quality of care and RTC. This was a secondary data analysis using baseline data from the Function-Focused Care for Assisted Living Using the Evidence Integration Triangle (FFC-AL-EIT) implementation study. Controlling for cognition, age, gender, medication use, and comorbidities, it was hypothesized that quality of care interactions would be associated with resistiveness to care. A linear regression analysis was conducted to test the hypothesis. The sample included 794 participants, the majority of whom were white women with a mean age of 89.48 (SD = 7.61). The mean RTC was 0.9 (SD = .41, range 0-13) and the mean quality of care interactions were 5.96 (SD = 1.44, range 0-7). Based on the regression analysis there was no significant association between quality of care and RTC. These findings may be due to the high quality of care provided and limited RTC in this sample. Ongoing research is needed, however, to continue to explore these relationships and assure that all RTC is being reported among staff and that there is no evidence of negative quality of care interactions in these settings.

**Session 9360 (Poster)**

**MENTAL HEALTH (BSS POSTER)**

**AGE, EMOTION REGULATION, AND WELL-BEING AFTER THE 2016 FLOOD**

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In 2016, catastrophic flooding in south Louisiana claimed 13 lives with billions of dollars in damage to homes and communities in the decade after Hurricanes Katrina and Rita devastated the US Gulf Coast. In this study, we tested the inoculation hypothesis which predicts that older adults will be less distressed than younger adults due to their prior experience with severe weather events. Participants were 218 predominately middle-aged and older adults who varied in current and prior flood experience: less than half (40%) did not flood in 2016, 31% had flood damage, and 29% had relocated permanently inland after catastrophic losses in the
2005 Hurricanes Katrina and Rita and they flooded again in 2016. Depression symptoms were assessed with the 9-item Patient Health Questionnaire (PHQ-9). Emotion regulation strategies were measured using the Cognitive Emotion Regulation Questionnaire-Short Form. Results indicated that the older adults had fewer symptoms of depression and were less likely to report self blame for flood-related adversities compared to younger adults. The two age groups did not differ significantly on the emotion regulation strategies of acceptance, reappraisal, positive refocusing, other blame, and perseveration. Age was inversely associated with symptoms of depression and the maladaptive strategies of self blame for flood-related misfortune and perseveration over losses. These data support the inoculation hypothesis and suggest that prior severe weather experiences, which are likely for older adults living in hurricane prone areas, are important for post-flood resilience. Implications of these findings for disaster planning and age-sensitive interventions to mitigate adversity are considered.

BEST PRACTICES FOR WORKING WITH LATINX OLDER ADULTS IN MENTAL HEALTHCARE

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Background: The number of older adults in the United States is growing rapidly. The percentage of individuals from ethnic minority groups that make up this population is also rapidly increasing, with Latinx older adults comprising the fastest growing subgroup. However, Latinx older adults historically underutilize mental health services, in large part due to the lack of culturally sensitive and informed care provided by mental health professionals (de Guzman et al., 2015). However, to date, comprehensive, evidence-based best practices for mental healthcare for Latinx older adults do not exist.

Method: A literature review was conducted of research on the developmental, social, cognitive, biological, and affective bases of behavior among Latinx older adults.

Results: Taking an integrated, evidence-based psychological approach with cultural considerations, we found that the literature could broadly be organized into six best practice guidelines. We propose assessing for and incorporating the following topics into mental health treatment of Latinx older adults: immigration status, acculturation, attitudes towards mental health, physical and cognitive health disparities, discrimination, and unique preferences for care structure in later life.

Discussion: These guidelines are intended to represent basic principles to incorporate into practice and do not represent an exhaustive list of factors to consider for a heterogenous group of older adults. Instead, the six, empirically-based guidelines proposed in this study can serve as a starting point for increasing mental health providers’ awareness of the unique experiences of Latinx older adults, with the aim of improving the experience of this historically underserved population in mental healthcare treatment.

COGNITIVE CHANGES IN OLDER ADULTS FOLLOWING A STEPPED CARE INTERVENTION FOR LATE-LIFE DEPRESSION

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Older adults with depression may manifest cognitive decline and treating depression may maintain or improve cognition. However, cognitive outcomes could be overlooked in non-pharmacological interventions for depression. This analysis investigated cognitive changes in a stepped-care intervention (Clinical Trial ID: NCT03593889) and the potential association with individual depressive symptom change. The community-dwelling older adults at risk of or with depressive symptoms without significant cognitive impairment (n=802) were assigned to intervention group (n=644) and control group (n=138). Depressive symptoms and cognitive functions were measured using Patient Health Questionnaire-9 and Cognitive Montreal Assessment-5 minutes protocol, respectively. Paired-t-Test showed significant improvements in overall cognition and attention in both intervention and control groups, but the improvements of language fluency (Intervention: MD=-0.51, p<0.01; control: MD=-0.14, p=0.500) and orientation (Intervention: MD=-0.22, p<0.05; control: MD=-0.11, p=0.229) only displayed in intervention group. As control group had better cognition at baseline, linear mixed-effects model analysis was used to compare between-group difference. Intervention group had no significant cognitive improvement after adjusting the covariates but a potential improvement in language fluency (Coef. =0.442, SE=0.247, p=0.074). A linear regression analysis in intervention group indicated that reduction of concentration problem (β=0.106, p<0.05) and retardation (β=0.117, p<0.01) under the symptomatology of depression were associated with the improvement of language fluency. In this group of older persons without significant cognitive impairment, there is no clear evidence of global cognitive benefits in a stepped care depression intervention, although there may be improvements in certain cognitive domains, which may be related to improvements in cognitive aspects of depression.

COMPARING COGNITIVE AND PHYSICAL LIMITATIONS AS PREDICTORS OF DEPRESSION AMONG OLDER ADULTS

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Depression in older adults is associated with loss of functioning and increased mortality. While many factors contribute to depression among this population, activities of daily living (ADL) limitations and cognitive impairment have been identified as key risk factors. However, no study, to our knowledge, has examined the extent to which physical and cognitive limitations independently and jointly contribute