FUNCTION-FOCUSED CARE IN THE DUTCH NURSING HOME SETTING: PAST AND CURRENT PRACTICES
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In recent years, Function Focused Care (FFC) interventions have been developed and implemented in Dutch home care, nursing homes and acute care. These interventions aimed to train nursing staff to adapt their level of support to the capabilities of elderly and to maintain/optimize their self-reliance and physical functioning. After synthesizing knowledge and experiences from the existing FFC-interventions, an advanced FFC-intervention was developed for application in long-term care: ‘SELF’. SELF comprises seven interactive sessions, is theoretically grounded, primarily focuses on behavior change in nursing staff, is tailored to the ward’s needs, is multidisciplinary in nature, and focuses on all care interactions. Currently, SELF is pilot-tested in one psycho-geriatric ward with 17 nursing staff members. Questionnaires on outcome-expectations, self-efficacy and intention to stimulate elderly are assessed at baseline and after 3 months. Field notes and interviews are used to assess its feasibility and acceptability. Experiences will guide the further refinement of ‘SELF’. Part of a symposium sponsored by Nursing Care of Older Adults Interest Group.

OPTIMIZING PHYSICAL ACTIVITY AND DECREASING CARE-RESISTANT BEHAVIORS AMONG NURSING HOME RESIDENTS WITH DEMENTIA
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The purpose of this study was to test the effectiveness of the Function and Behavior Focused Care (FBFC) intervention on function, physical activity and behavioral symptoms among nursing home residents with dementia. This study was a clustered, randomized controlled trial with a repeated measures design in 12 nursing homes. The participants (N=336) were 82.6 (SD=10.1) years of age, mostly female and were moderate to severely cognitively impaired (MMSE of 7.8, SD=5.1). There were a statistically significant improvements in time spent in light, moderate and overall physical activity based on actigraphy and a decrease in resistiveness to care at 6 months among participants in the treatment group. There was no change in mood, agitation, and the use of psychotropic medications. This study provides some support for the use of the FBFC intervention to increase time spent in physical activity and decrease resistive behaviors during care among nursing home residents with dementia. Part of a symposium sponsored by Nursing Care of Older Adults Interest Group.

SESSION 5795 (SYMPOSIUM)

THE ROLE OF PEER SPECIALISTS IN ENGAGING AGING ADULTS IN RECOVERY AND WELLNESS BEHAVIORS
Chair: Amanda Peeples
Discussant: Laura Wray

Peer specialists are individuals who have a lived experience with a mental health condition and who have received formal training to provide peer support and services to others. This symposium will examine the role of peer specialists in supporting aging adults’ recovery, quality of life, health behaviors, and health outcomes. Peer specialists have increasingly been integrated as formal service providers in health care systems in a wide variety of settings. In the Veterans Health Administration (VHA), over 1,110 Veterans work as peer specialists across the country. Findings from both VHA and community studies will be presented. First, Amanda Peeples will present findings from a mixed-methods evaluation study on the implementation of peer specialists to primary care teams in the VHA. Next, Anjana Muralidharan will present on the role of peer specialists in promoting health and wellness among aging veterans with serious mental illness using data from three VHA studies on peer-led interventions. Finally, Karen Fortuna will present on PeerTECH, a digital peer support self-management intervention that teaches older adults with mental health conditions how to co-manage psychiatric illness and chronic health conditions. Together, these three presentations will explore the ways in which “peerness” is defined in different populations and in diverse contexts. Laura Wray, geropsychologist and Executive Director of the VHA Center for Integrated Healthcare, will serve as discussant. She will comment on the role of peer specialists in supporting the recovery and wellness of aging persons in VHA and beyond.

PEERS IN PRIMARY CARE: HOW PEER SPECIALISTS SUPPORT AGING VETERANS
Amanda Peeples,1 Anjana Muralidharan,2 Lorriane Kuykendall,1 Richard Goldberg,1 and Matthew Chinman,1 1. US Department of Veterans Affairs, Baltimore, Maryland, United States, 2. VA Capitol Healthcare Network, Baltimore, Maryland, United States, 3. Veterans Affairs Capital Healthcare Network, Baltimore, Maryland, United States, 4. US Department of Veterans Affairs, Pittsburgh, Pennsylvania, United States

Most of the more than 1,100 peer specialists (“peers”) in the Veterans Health Administration (VHA) work in mental healthcare settings. These peers provide a variety of services to Veterans such as facilitating groups, teaching recovery and coping skills, connecting Veterans with VHA and community services, and helping Veterans navigate VHA care. In 2014 the White House issued an Executive Action mandating the reassignment of peers from mental health to primary care settings in 25 VHA locations nationwide. This paper presents qualitative findings from a mixed-methods study evaluating this implementation of peers in VHA primary care. We found that peers assisted aging Veterans in primary care through activities such as providing health coaching, facilitating health education groups, connecting Veterans with services, and providing general peer support. Findings are drawn from semi-structured interviews with 27 peers, 25 supervisors, and...
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
Anjana Muralidharan,1 Amanda Peeples,2 Alicia Lucksted,1 and Richard Goldberg,3 1. VA Capitol Healthcare Network, Baltimore, Maryland, United States, 2. US Department of Veterans Affairs, Baltimore, Maryland, United States, 3. Veterans Affairs Capitol Healthcare Network, Baltimore, Maryland, United States

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
Karen Fortuna, Dartmouth College, Concord, New Hampshire, United States

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
Katherine Marx,1 Lauren Parker,2 and Laura Gitlin,1 1. Johns Hopkins University, Baltimore, Maryland, United States, 2. Johns Hopkins Medicine, Baltimore, Maryland, United States, 3. Drexel University, Philadelphia, Pennsylvania, United States

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
Sokha Koeuth,1 Katherine Marx,2 Laura Gitlin,1 and Catherine Piersol,3 1. Drexel University, Philadelphia, Pennsylvania, United States, 2. Johns Hopkins University, 3. Drexel University, Philadelphia, Pennsylvania, United States

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.