these sessions. Although the cause of such behavior problems was unclear, we noted that most patients were very concentrated on Pepper during the sessions, which may have resulted in higher levels of stimulation of the patients. These results demonstrate potential benefits of utilizing a social robot in dementia care in hospital settings. However, a follow-up process may be necessary to undertake in the operation, such as including a short closing activity in order to unwind and ease the stimulation of the patients with dementia.

VALIDATION OF THE PAULSON-LICHTENBERG FRAILTY INDEX AGAINST THE DEFICIT ACCUMULATION MODEL
R. Scott, D. Paulson, S. Camacho, University of Central Florida

Despite an increase in frailty research in recent years, there is a lack of consensus regarding the approach to, and instrument used for, frailty measurement. Frailty measurement approaches include deficit accumulation models and frailty phenotypes. The current study evaluates a brief, self-report phenotypic frailty instrument, the Paulson-Lichtenberg Frailty Index (PLFI), against the deficit accumulation frailty index proposed by Mitnitski, Song, and Rockwood in 2004. The sample included 51 individuals over age 70 from the Vascular Aging Study. The PLFI consisted of 5 items: wasting, weakness, slowness, falls, and fatigue; frailty criteria was met if a participant endorsed three or more items. Bivariate correlation and receiver operating characteristic curve analyses were employed to compare the PLFI to a deficit accumulation frailty index, which included 40 self-reported health and health-attitude related items. Rate of frailty based on the PLFI was 14%. Mean score on the deficit accumulation model was 5.61 (SD = 4.36), and significantly varied between (t=-4.12, p<.001) non-frail (mean=4.76, SD=3.57) and frail (mean=11.18, SD=5.36) participants. PLFI scores significantly correlated with deficit accumulation frailty index scores (r = .61, p < .001). Area under the receiver operating characteristic curve = .846 (p=.004), indicating good discrimination with the PLFI between those who meet the frailty criteria and those who do not, based on items endorsed on the deficit accumulation frailty index. In sum, results suggest that the PLFI is a valid phenotypic assessment of frailty with high clinical utility given its brevity and ease of administration.

WHAT ARE THEY LEARNING? USING STUDENT EXPERIENCES TO INFORM SUCCESSFUL GERONTOLOGY PROGRAM DEVELOPMENT
E. Rozek, E. Srinivasan, University of Wisconsin-La Crosse

In 2013, new gerontology faculty were hired and tasked with leading the University of Wisconsin - La Crosse Gerontology Emphasis which had dwindled to a single declared undergraduate student. Within four years, the emphasis had grown to 54 students. The Emphasis co-chairs determined a need for a systematic assessment of the first wave of new students in Spring 2017. This was an important opportunity to continue the successful emphasis development based off specific student feedback. A Qualtrics survey was distributed to all gerontology emphasis students. The assessment included questions about the strengths and weaknesses of the program; the content across courses; the coverage of the Association of Gerontology in Higher Education (AGHE) core competencies; and ways to improve the emphasis. Qualitative analysis of the comments and quantitative assessments of the ratings were conducted. A follow-up survey conducted in Spring 2018 included an updated set of questions regarding hands-on experiences with older adults. Data revealed that respondents were primarily psychology majors and therapeutic recreation majors, which is representative of the emphasis. For each of the 10 AGHE competencies, 65% or more of the respondents reported each competency was successfully reflected in the emphasis coursework. Research trends across the surveys will be discussed. By maintaining a strong Gerontology Emphasis, University of Wisconsin - La Crosse can provide students a unique supplemental layer to their education which will serve them well, personally and professionally. The findings of these surveys are being used to make adjustments to our future program planning.

WHY DON’T YOU WANT TO WORK WITH OLDER ADULTS? COMPARING STUDENTS WITH AND WITHOUT AN INTEREST IN GEROPSYCHOLOGY
K. King, William James College

Geropsychology recruitment efforts might be facilitated or impeded by the aging-related beliefs, attitudes and life experiences of students. This exploratory study consisted of an online survey comparing students who reported having an interest in treating older adults (“Interested”) to those with little to no interest (“Uninterested”). Respondents (n=47) were graduate students enrolled in a counseling program, 98% female, with a mean age of 36.38 (SD=9.61). Interested students (n=25) were more racially and ethnically diverse (56% African American, Latinx, Asian or other, and 44% Caucasian students). Uninterested students (n=19) were 68% Caucasian and 32% African American, Latinx, or other. T-tests revealed several significant differences between groups. The Uninterested were significantly more likely to endorse a desire to avoid sick or dying clients (p=0.0001), a belief that work with older adults would be depressing (p=0.001) or challenging (p=0.003), and a belief that they lacked sufficient life experience to treat this population (p=0.03). Further, 32% (n=8) of Interested students had experienced the death of a parent, compared to only 11% (n=2) of Uninterested students. Results suggest that Uninterested students may carry misconceptions about clinical work with older adults. Through targeted education, mentorship, and field experience, such beliefs might be malleable. Differences in beliefs about aging across racial and ethnic groups, and how this may influence interest in geropsychology, warrants further investigation. Lastly, future research may also explore if certain life experiences sensitize and inspire individuals to enter this field.

SESSION 2260 (POSTER)

DEATH, DISASTER, AND ADVERSITY

A STUDY ON THE INFLUENCE FACTORS OF SUICIDE IDEATION AMONG ELDERLY RESIDENTS IN URBAN AND RURAL AREAS
K. Jeong, S. Shin, Yonsei University

South Korea’s suicide rate among OECD countries is a very serious level, the suicide rate among the elderly has been growing constantly have two to three times more
emerging as the severity of elderly suicide and social problems than other age groups. In this study, Korean welfare panel data from 2012 (7th) to 2016 (11th) were analyzed. The final analysis included 2983 cases (Urban = 2164 cases, rural = 819 cases). Data were analyzed using Stata 14.0 program. To investigate the demographic characteristics of the subjects, frequency analysis was performed. Chi-test was used to examine differences in suicide ideation. The factors that affect suicidal ideation (personal factors, family factors, and community factors) A panel logit model was performed to see the results. As a result of the chi-square test to confirm the difference of suicidal ideation, the rate of suicide thought of urban elderly people was significantly higher than that of rural elderly people. Panel logit analysis showed that age, chronic illness, depression, public pension receipt, income, family relationship satisfaction, and marital violence affect the suicidal ideation in urban elderly people. In the rural elderly, age, subjective health status, depression, and marital violence were found to affect suicidal ideation. This study is expected to clarify the relationship between urban and rural elderly suicide ideation and influential factors and to provide basic data on policies that can consider regional characteristics in the policies related to suicide of the elderly.

LESSONS LEARNED FROM TESTIMONIES OF WORLD WAR II VETERANS

H. Ulatowska, D. Walsh, T. Santos, The University of Texas at Dallas

This paper presents a closer look at the components involved in a semi-structured interview designed to gather testimonial language of American veterans of World War II. This type of qualitative data collection was motivated by the great need to understand the war from the perception of the last living witnesses and their contributions to build it into collective memory for future generations. Gathered over five years, data includes testimonies of 70 healthy veterans and 5 individuals with dementia aged 86–100 of the European & Pacific theatres. This paper contributes lessons learned in constructing an ‘optimal environment’ for conducting semi-structured interviews with the old elderly. Authors examine successful prompts that obtained veterans’ motivation, evaluation and judgments of war experiences and the impact war had on their later lives. Modifications to support memory loss and failures in eliciting responses will also be discussed. Further variables discussed in data collection are the interviewer’s personal and professional background, cultural factors, rapport building, and previously rehearsed narratives. This study highlights the nature of semi-structured interview questions in contrast to historical or clinical based interviews. The semi-structured interview tool furthers understanding of this unique self-selected cohort of veterans, including themes of generativity, positivity, and gratitude for the GI Bill. While trends of the cohort emerged, there was also individual identity fostered by communication style, privacy, and upbringing. This study contributes to methodological discussions in collecting testimonial language of old elderly and the investigation of life history, identity, and generativity of World War II veterans.

LIFETIME ADVERSITY AND PROSOCIALNESS: EVIDENCE OF ADVERSITY-DERIVED PROSOCIAL ATTITUDE AND BEHAVIOR

N. Fraire, M. Gardner, F. Infurna, K. Grimm, S. Luthar, Arizona State University

Although much is known about the detrimental effects that adversity and trauma can have on people’s psychological, social, and physical functioning, much less is known about the potential benefits of experiencing negative life events. Research on so-called post-traumatic growth (PTG)—i.e., positive psychological change experienced as a result of life challenges (Jayawickreme & Blackie, 2014; Tedeschi & Calhoun, 2004)—is still in its infancy. In this study, we examined whether lifetime adversity is associated with an enduring propensity for empathy-mediated prosocial attitude and behavior. Prosocial attitude was measured through self-report; prosocial behavior was measured through two objective indicators: charitable donation and frequency of volunteering. Using a cross-sectional sample of individuals in midlife (ages 50–65, N = 326), regression analyses revealed that individuals who reported more lifetime adversities were more likely to exhibit prosocialness (β = .120, p < .05) as well as to donate to charitable causes (β = .122, p < .05) and to engage in volunteer activities (β = .173, p < .005). Mediation analyses, using self-reports of perspective-taking as our measure of empathy, revealed no evidence of an empathy-mediated effect of lifetime adversity on prosocial attitude and behavior. The results held when controlling for socio-demographic, personality and other individual difference variables, including known correlates of prosocial attitude and behavior, such as being female, agreeableness, extraversion, and religiosity. Findings are interpreted as indicating adversity-derived prosocial attitude and behavior, thus adding to the emerging body of evidence in support of post-traumatic growth.

MULTIMORBIDITY, DISABILITY, AND MORTALITY: MODERATION BY POSITIVE RELATIONS WITH OTHERS

E. Friedman, M. Franks, J. Rector, P. Thomas, Purdue University

Most adults over age 60 have multiple chronic medical conditions (multimorbidity), and higher rates of multimorbidity put older adults at increased risk for disability and mortality. Further, disability is hypothesized to explain the link between multimorbidity and increased mortality risk, although empirical support for this mediating pathway is limited. The current study examined the degree with which disability – assessed by functional limitations – accounted for the link between multimorbidity and mortality using data from the longitudinal Survey of Midlife Development in the United States (MIDUS; N = 3,929). We also examined the extent to which social resources moderated the longitudinal relationships among multimorbidity, functional capacity, and mortality. Multimorbidity was determined from a set of self-reported chronic conditions. Functional limitations were assessed using 9 items from the SF-36. The eudaemonic well-being domain of Positive Relations with Others (Ryff, 1989, 1995) was used to assess social resources. In generalized structural equation models (GSEM) adjusted