

($N = 2276$). On average, these participants were age 71.44 ($SD = 7.35$) and reported 2.40 chronic conditions. In unadjusted models, both the number of chronic conditions ($\beta = -.21$) and resilience ($\beta = .09$) were related to changes in well-being ($R^2 = .32$). When covariates were added, these values were attenuated but remained statistically significant. The interaction between resilience and chronic health conditions was not statistically significant. Though the number of chronic health conditions and resilience play an important role in well-being for older adults, high resilience does not moderate the relationship between the number of chronic health conditions and changes in well-being. Further investigations using longitudinal data are needed to understand the relationship between resilience and well-being for those with chronic health conditions.

ASSOCIATION BETWEEN QUALITY OF LIFE AND DEPRESSION IN DYADS OF OLDER PRIMARY CARE PATIENTS AND FAMILY MEMBERS

Nicole Fowler¹, Anthony Perkins¹, Seho Park¹, Matthew Schroeder², and Malaz Boustani³, 1. *Indiana University School of Medicine, Indianapolis, Indiana, United States*, 2. *Regenstrief Institute, Inc., Indianapolis, Indiana, United States*, 3. *Indiana University School of Medicine, IU Center for Aging Research, Indianapolis, Indiana, United States*

Familial dyads experience illness as an interdependent unit. We evaluate the association of quality of life (QOL), as measured by physical (PCS) and mental health component (MCS) scores, with depression in dyads of older primary care patients and a family member. This is a cross sectional, descriptive study where QOL and depression were measured concurrently in the dyad using baseline data from 1809 dyads enrolled in a trial testing the benefits and harms of Alzheimer's disease and related dementias (ADRD) screening. QOL was measured with the SF-36, depression was measured with the PHQ-9, and the association of depression with QOL was examined using an actor-partner interdependence model with distinguishable dyads. Patient mean (SD) age was 73.7 (5.7) years; 53.1% women; 85.1% white; 13.4% black. Family member mean (SD) age was 64.2 (13) years; 67.7% women; 13.4% black. A patient's spouse/partner were 64.8% of family members. After controlling for dyadic relationship and gender, significant actor effects of depression on PCS for patient ($\beta = -1.39$; $p < 0.001$) and family member ($\beta = -0.954$; $p < 0.001$), and significant partner effects of depression on PCS for patient ($\beta = -0.15$, $p < 0.05$) and family member ($\beta = -0.18$; $p < 0.01$). There were significant actor effects of depression on MCS for patient ($\beta = -1.2$; $p < 0.001$) and family member ($\beta = -1.2$; $p < 0.001$), but depression had a significant partner effect on MCS only for patient ($\beta = -0.08$; $p < 0.05$). Among dyads participating in an ADRD screening trial, dyads with higher depression had lower QOL. Family member depression was associated with decreased family member and patient QOL.

INTERPERSONAL DYSFUNCTION PREDICTS SUBSEQUENT FINANCIAL EXPLOITATION VULNERABILITY IN OLDER ADULTS

Duke Han¹, Aaron Lim¹, Laura Mosqueda¹, Annie Nguyen¹, Tyler Mason², Gali Weissberger³,

Laura Fenton¹, and Peter Lichtenberg⁴, 1. *University of Southern California, Alhambra, California, United States*, 2. *University of Southern California, Los Angeles, California, United States*, 3. *Bar Ilan University, Ramat Gan, HaMerkaz, Israel*, 4. *Wayne State University, Detroit, Michigan, United States*

The goal of this study was to test whether interpersonal dysfunction, characterized by loneliness and/or dissatisfaction with relationships, is an imminent predictor of financial exploitation vulnerability (FEV) among older adults within a 6-month observation period. This study also tests whether FEV prospectively predicts interpersonal dysfunction. Twenty-six adults aged 50 or older completed a study involving baseline data collection and 13 follow-ups over 6 months. Linear mixed models were used for primary analyses. After adjustment for demographic, psychological, and cognitive covariates, there were between-person effects of FEV and interpersonal dysfunction across follow-ups, suggesting that those with generally higher interpersonal dysfunction compared to other participants also reported greater FEV ($B(SE) = 1.09(.33)$, $p = .003$). There was a within-person effect ($B(SE) = .08(.03)$, $p = .007$) of elevated interpersonal dysfunction predicting greater FEV two weeks later across all follow-ups. Within-person effect of FEV was not predictive of interpersonal dysfunction ($B(SE) = .25(.15)$, $p = .10$). Among older adults, individuals with higher interpersonal dysfunction relative to others in the study reported greater FEV throughout the 6-month observation period. Increased loneliness and social dissatisfaction, relative to one's average level, predicts subsequent increases in FEV, and may be an imminent risk factor for exploitation.

GIVING BACK TO FEEL GOOD? SOCIAL RESPONSIBILITY, AGE, AND NEGATIVE AFFECT

Madeline Nichols¹, Dakota Witzel², and Robert Stawski¹, 1. *Oregon State University, Corvallis, Oregon, United States*, 2. *Penn State University, State College, Pennsylvania, United States*

Developmental theories suggest that midlife and older adulthood are stages in which individuals may begin to focus their time on contributing to society (Erikson, 1969). During these stages, individuals may engage in socially responsible behaviors that protect against negative affect resulting from a lower sense of purpose in later life (Greenfield & Marks, 2004). Social responsibility includes both subjective measures of an individual's felt contribution to society (i.e., generativity) and objective measures reporting actual time volunteering in different settings (Rossi, 2001). We utilized data from the Midlife in the United States Refresher survey study and Biomarker Project ($N = 735$, $MeanAge = 51.56$, $SD = 13.59$, 50.20% Male) to explore how self-perceptions of generativity and time spent volunteering predicted negative affect for individuals in midlife and older adulthood. Preliminary analyses indicate that higher generativity ($p < .001$) and older age ($p < .001$), but not average time spent volunteering, were associated with higher negative affect. Further, we considered age as a potential moderator for the associations between generativity, volunteering, and negative affect. Age significantly interacted with generativity ($p < .01$), such that the effects of generativity on reducing negative affect decrease with age. Age did not significantly interact with

time spent volunteering. Discussion will focus on how actual engagement in socially responsible behaviors and perceived societal contributions might yield different outcomes regarding protection against negative affect in mid- and later-life. Future directions may include exploring daily indicators of time spent volunteering, generative beliefs, and affect.

MODERATION OF CUSTODIAL GRANDPARENT'S WELLNESS AND GRANDCHILD'S BEHAVIOR BY RELATIONSHIP QUALITY

Marin Olson¹, Karly Pyles¹, Acacia Lopez², Rachel Scott², and Danielle Nadorff¹, 1. *Mississippi State University, Mississippi State, Mississippi, United States*, 2. *Mississippi State University, Starkville, Mississippi, United States*

A growing number of grandparents are assuming care of their grandchildren, and both grandparents and children report higher levels of stress than their peers, although the source of this stress remains largely unexplored. In Conger & Donnellan's Family Stress Model, a parent's distress can impact the levels of distress experienced by their child, and previous research indicates that parent/child relationship quality impacts children's mental health. This study extended this to custodial grandfamilies, by investigating whether the relationship quality of custodial grandparents (GP) and grandchildren (GC) would moderate the relation between the health of GC and the wellness of their GP. Participants include 322 custodial grandparents within the United States recruited via Qualtrics Research Panel Survey (m age = 55.66 yr., 86.1% female). Measures included the Achenbach Child Behavior Checklist, Kivnick's Grandparent Meaning Scale, and grandparents' wellness. Moderation of relationship quality on the relation between the GP's wellness and internalizing behaviors of the GC was tested using SPSS' Process macro. A significant interaction was found ($t = 2.31, p = .02$) wherein GP's wellness was not predictive of changes in GC's behavior for the group with high relationship quality, but greater GP wellness was associated with less GC internalizing behaviors when relationship quality was low ($p < .001$). These findings indicate that when a GP feels that they have a more positive relationship with their GC, there is a greater likelihood that they will report fewer health concerns and fewer GC's internalizing behavior symptoms.

OLDER ADULTS' RESILIENT IDENTITY APPRAISALS: WHO AM I COMPARED TO MYSELF AND OTHERS?

Lauren Bouchard¹, and Lydia Manning², 1. *Portland State University, Portland, Oregon, United States*, 2. *Dele Health Tech, Naperville, Illinois, United States*

Resilience is the adaptation of bouncing back from adverse life events. Older adults provide rich and varied resilience narratives of personal growth across the life course, especially related to others. Many people describe resilience as part of their identity, formed in childhood and maintained throughout adulthood. As adults age, they continually integrate new information into their identity, and aging presents long-term adversity and new life course challenges that older people must navigate. This qualitative study explored how older adults describe their sense of resilient identity compared to their younger selves and other older adults in their lives. Our narrative findings indicate resilience narratives often include comparative appraisals to the strengths

and weaknesses of younger selves (e.g., "I am more emotionally resilient, but not as physically strong as I used to be"). Additionally, our findings show older adults comparing their resilience to others in a similar age category (e.g., "I do not complain like my friends"). Comparisons to other older adults fit two themes: empathic and connected and judgmental and distanced. We conclude the participants who view other older adults in an empathic and connected way maintained solid social connections and a general sense of interconnectedness, while those in the judgmental and distanced category might be reacting to internalized ageism. The social implications of these findings will be discussed in detail. In addition to specific examples, our study also provides limitations and future directions in resilient identity and resilience appraisals.

THE PROTECTIVE EFFECT OF RESILIENCE ON SHRINKAGE OF FRIENDSHIP IN LATER LIFE

Ikuko Sugawara¹, Midori Takayama², and Yoshiko Ishioka³, 1. *Bunri University of Hospitality, Suginami-ku, Tokyo, Japan*, 2. *Keio University, Yokohama, Kanagawa, Japan*, 3. *O.P. Jindal Global University, Sonipat, Haryana, India*

The purpose of this study was to examine the protective effect of trait resilience, a positive personality characteristic that enhances individual adaptation to life events and adversity, in the face of declining social relationships in later life. Social relations have a significant effect on our development and well-being throughout life. However, it is known that a decline in physical, cognitive, and mental functioning makes it difficult to maintain active participation in society and leads to shrinking social networks in later life. Therefore, it is important to identify protective factors that enable people to maintain positive social relations when functioning in daily life declines in old age. We analyzed longitudinal survey data from a representative sample of older Japanese adults aged 74 to 86 years ($N=1064$). The interaction effect of resilience in the relationship between functions (physical, cognitive, and mental) and relationships with friends (social support exchange and companionship) was examined using multi-group Structured Equation Modeling (SEM). Respondents were divided into upper quartile and lower quartile groups according to their Resilience Scale (RS-14) scores. The results showed significant group differences for the effect of cognitive function on friendship. The positive correlation between cognitive functioning and friendship was stronger among respondents with low resilience. For high resilience participants, cognitive functioning was not associated with friendship. The results suggest that resilient older adults cope well with poor cognitive health and maintain positive social relationships in very late life.

INCREASING THE SENSE OF IDENTITY AND INTEGRITY: AN INTERVENTION STUDY OF ACTIVE AGING AND AUTOBIOGRAPHY WORKSHOPS

Tomoko Ikeuchi¹, Mayuko Ono¹, Sachiko Yamazaki², Cullen Hayashida³, Michiyo Tomioka³, Chiho Shimada⁴, and Hisao Osada⁵, 1. *Tokyo Metropolitan Institute of Gerontology, Tokyo, Tokyo, Japan*, 2. *Bunkyo Gakuin University, Fujimino, Saitama, Japan*, 3. *University of Hawaii, Honolulu, Hawaii, United States*, 4. *Saku*