

that grandparents who continued caregiving had less decline in positive affect than grandparents who transitioned out of caregiving ($b = -0.05$, $SE = 0.02$, $p < 0.01$), adjusting for covariates. But they were not significantly different in negative affect. These findings indicate that older adults may have fewer sources of joy after exiting the role of caregivers of their grandchildren.

SOCIAL STRATIFICATION AND TRAJECTORIES OF LIVING ARRANGEMENTS AMONG OLDER AMERICANS

Jersey Liang,¹ BoRin Kim,² Xiao Xu,³ James Raymo,⁴ Mary Beth Ofstedal,¹ and Qing Zheng⁵, 1. *University of Michigan, Ann Arbor, Michigan, United States*, 2. *University of New Hampshire, Durham, New Hampshire, United States*, 3. *Yale University, New Haven, Connecticut, United States*, 4. *University of Wisconsin-Madison, Madison, Wisconsin, United States*, 5. *Abt Associates, Durham, North Carolina, United States*

Living arrangements are critical to intra-family exchanges that affect older persons' health and well-being. The conventional conceptualization of living arrangements has emphasized coresidence with children, while overlooking proximate residence from children. Additionally, existing research often relied on cross-sectional data which confound intrapersonal differences with interpersonal variations. This study examined the dynamics of living arrangements in old age by depicting their trajectories as a function of social stratification (i.e., age, gender, race/ethnicity, education, income, and wealth). Data came from the Health and Retirement Study and included a national sample of 7,822 older Americans with at least one living child from 1998 to 2014. Multi-level mixed effects models were employed to analyze the trajectories of living arrangements and their key determinants for the young-old and the old-old separately. Among the young-old (age 65-74, $N=4,917$), the probability of coresidence increased slightly over time, whereas the probabilities of proximate residence and distant residence decreased slightly and remained stable respectively, and the risk for institutionalization increased moderately. Similar but more accelerated trajectories were observed among the old-old (age 75+, $N=2,905$). Age, gender, race/ethnicity, education, income, and asset were significantly associated with not only the levels of the probabilities of various living arrangements but also their slopes. For instance, among the old-old, Hispanics had a lower level of nursing home residence as well as a slower rate of increase in the risk of institutionalization than Whites. These findings may inform public policies to strengthen family-based support and long-term care for older people.

AN INTERGENERATIONAL DYADIC APPROACH TO UNDERSTANDING GRANDPARENT DEATH WITHIN A FAMILY SYSTEM

Margaret M. Manoogian,¹ Heidi Igarashi,² and Maggie Leinenweber¹, 1. *Western Oregon University, Monmouth, Oregon, United States*, 2. *Oregon State University, Corvallis, Oregon, United States*

Due to increased longevity and generational location, grandparent death creates new contexts for identity, family culture, and intergenerational relationships. To explore this

loss from two perspectives, we conducted intensive interviews with young adults and their mothers ($N = 16$) who experienced a recent grandparent (parent) death. Guided by the life course perspective, we were interested to learn how grandparent death may shape identity, meaning, and behaviors among family members, and influence their shared parent-child relationship. Findings suggest that the relationship with the grandparent, the diverse expressions of grief, the navigation of family transitions during and after death, and the curation of grandparent memories influenced individual and family outcomes. Implications suggest the need for varied supports that are sensitive to how individual family members approach grief in distinct ways reflective of their developmental positions, past experiences, and relational expectations.

IT MAKES ME FEEL LIKE I'M NOT ALONE: GRANDPARENT CAREGIVERS' DISCUSSIONS OF SOCIAL SUPPORT

Jessica Freeman,¹ and Jessica Elton², 1. *University of Tennessee at Chattanooga, Chattanooga, Tennessee, United States*, 2. *Eastern Michigan University, Ypsilanti, Michigan, United States*

This study investigated skipped-generation "grandfamily" caregivers' sources of social support. Skipped-generation "grandfamilies" are defined as families in which grandparents co-reside with and take on parental responsibilities for grandchildren (Shakya, et al., 2012). Nearly 2.6 million U.S. grandparents are responsible for at least one grandchild (Generations United, 2017). How grandparent caregivers seek social support is an important topic of research because social support has the potential to influence health, personal relationships, and sense of self-worth (Burleson, 1990, 2003; Sarason & Sarason, 2009; Vangelisti, 2009). Thus, this exploratory study looked at if, why/why not, and how skipped-generation grandparents seek social support. The study also elaborated upon which types of social support grandparent caregivers described receiving. Interviews were conducted with grandparents ($N = 21$) who identified as primary caregiver for at least one grandchild. Two independent coders analyzed transcripts, applying Braun and Clarke's (2006) approach to thematic analysis. Results revealed that several grandparent caregivers report a sense of isolation and do not seek out formalized support structures due to lack of time, sense of connection, or interest. On the other hand, others receive social support formally and informally, via a number of channels including support groups (online and in-person), trained professionals, and friends/family. Following Cutrona and Suhr's (1992) social support categorization, the results indicate that grandparent caregivers most often seek support falling into categories ranging from informational/advice, emotional, tangible, and networking.

A MICROLONGITUDINAL APPROACH TO STUDYING GRANDMOTHER-GRANDCHILD DAILY INTERACTIONS

Shelbie Turner,¹ Shannon T. Mejia,² Robert S. Stawski,¹ and Karen Hooker¹, 1. *Oregon State University, Corvallis, Oregon, United States*, 2. *University of Illinois, Urbana-Champaign, Champaign, Illinois, United States*

Research suggests that grandparent-grandchild dyads shift in degree of solidarity over extended periods of time (e.g. Moorman & Stokes, 2016), but no work has considered grandparent-grandchild interactions microlongitudinally. This study utilized microlongitudinal data with an emphasis on intraindividual variability to examine the daily processes associated with relational aspects of grandparenting. Using data from 24 grandmothers in the Personal Understandings of Life and Social Experiences (PULSE) project, we explored how grandmother-reported satisfaction with grandchild interactions impacted grandmothers' same-day positive and negative affect over 100 days. We first justified the need for microlongitudinal analyses by assessing the degree to which there were within-person shifts in interaction satisfaction over time. Intra-class correlations indicated 86% of the variation in interaction satisfaction was within-persons, warranting an intraindividual variability approach. As such, we then employed multi-level models to examine the within-person and between-person effects of interaction satisfaction predicting same day positive and negative affect. At the within-person level, on days when grandmothers reported higher than their average interaction satisfaction, they reported more positive affect (Estimate = 0.09, SE = 0.03, $p = 0.009$) and lower negative affect overall that day (Estimate = -0.08, SE = 0.02, $p = 0.005$). At the between-person level, grandmothers who had, on average, higher interaction satisfaction had more positive affect (Estimate = 0.63, SE = 0.09, $p < .0001$) and lower negative affect on average (Estimate = -0.53, SE = 0.11, $p < .0001$).

MENTAL HEALTH OF GRANDPARENTS RAISING GRANDCHILDREN: UNDERSTANDING PREDICTORS OF GRANDPARENTS' DEPRESSION

Youjung Lee,¹ and Kyeonghee Jang,² 1. *Binghamton University, Binghamton, New York, United States*, 2. *Abilene Christian University, Abilene, Texas, United States*

Grandparents raising grandchildren experience caregiving stress, negatively influencing their mental health. They experience limited social supports and suffer from a lack of respite care and community resources. The present study attempts to explore needs of grandparent-headed families and factors related to grandparents' depression. In 2015-19, surveys with 92 custodial grandparents were conducted in the northeastern U.S. The respondents were primarily white (77%) and 62 years old on average (ranged from 44 through 84) at the time of the interviews. The depressive symptoms ranged from 1 through 45, with the score of 16+ indicating clinical depression (41%). Sixty-three percent of grandparents reported a household income below \$40,000 and 40% of them rated their health as poor or fair. Ninety-five percent reported at least one or more concerns in raising their grandchild (i.e., financial concerns, legal issues, and physical health). A multiple linear regression analysis was performed to examine the contributions of age, ethnicity, duration of care, factors related to multigenerational caregiving, social support from family members, social support from friends, and social support from significant others in accounting for grandparents' depressive symptoms. The model explained 29% of variance in the outcome ($R^2 = .290$; adjusted $R^2 = .231$). Among the predictors, only one factor was significant: social support from family members ($\beta = -.352$, $p = .006$). Grandparents with increased social support from

family members have lower rates of depression. This finding reinforces the importance of familial support for grandparents raising grandchildren, and recommends the development of family-centered programs to offer support for custodial grandparents to promote caregivers' well-being.

BUILDING NETWORKS OF PROFESSIONALS TO SUPPORT KINSHIP CARE FAMILIES

Andrea B. Smith,¹ 1. *Western Michigan University, Kalamazoo, Michigan, United States*

Numbers of American children being raised by relatives continue to rise. Over 7.8 million children, representing 10.5% of American children under age 18, lived in a relative-headed home. Of these, 2.5 million have no parent present in their home (Generations United, 2016). Kinship families' needs are typically complex, needing prompt and sensitive responses. Varied professionals often serve kinship families but the majority report receiving little information or training related to kinship families. (Smith 2017 This pilot project surveyed professionals ($n = 63$) representing varied disciplines in a pre/post-test format to determine change in knowledge and strategies for working with kinship care family members. All respondents were enrolled in graduate courses specifically focused on kinship families. Respondents represented diverse fields including family therapists ($n = 9$), family service workers ($n = 23$), teachers ($n = 16$), school administrators ($n = 4$), child care providers ($n = 2$) and health care professionals ($n = 7$). Respondents completed a 17 question pre/post survey. Results demonstrated the majority ($n = 59$; 93%) had experience with kinship families but most ($n = 47$; 74%) had received little/no targeted professional training. Post-test results strongly indicated that completing any amount of kinship-related coursework positively impacted professionals' knowledge, confidence, and readiness to utilize learned strategies in their work with kinship families. Additionally, post-test results of students completing the entire series of classes (9 credits) revealed significantly greater changes, demonstrating the importance of providing comprehensive information to enhance professional practices for working with kinship families.

SCAFFOLDING PARENTS TO ACCEPT ADULT CHILDREN'S INTERVENTION

Noriko Toyokawa,¹ Nancy Darling,² and Teru Toyokawa,¹ 1. *California State University San Marcos, San Marcos, California, United States*, 2. *Oberlin College, Oberlin, Ohio, United States*

Guided by social-cognitive domain specific theory (Smetana, 1997), this study explored the issue of role reversal in the aging parent-adult child relation when parents are experiencing age-related functional limitations. Data was collected from adult children ($N = 16$, $M_{age} = 53.06$, $SD = 6.08$) with a living parent of 70 years old or older who participated in a focus group and were analyzed by a directed analysis (Potter & Levine-Donnerstein, 1999). Participants legitimated their intervention into parents' autonomy when they perceived a potential risk of parents' health and safety and involvement of those and of others. Eight types of intervention emerged: (1) monitoring and talking with potential risk with parent (2) convincing parents under the name of super power or an authority figure (3) scaffolding parent's task by teaching skills, (4) scaffolding by sharing role, (5) scaffolding by optimizing