

CAREGIVER-CENTERED COMMUNICATION: A NEW TOOL FOR ASSESSMENT OF THE QUALITY OF COMMUNICATION WITH FAMILY CAREGIVERS

George Demiris, *University of Pennsylvania, Philadelphia, Pennsylvania, United States*

Improved communication with caregivers can lead to reduced caregiver anxiety and burden, improved quality of life, and better coping during a stressful time. Even though caregiver communication with the health care team is essential in gerontology, we are lacking standardized instruments to assess quality of communication. We describe the initial development and testing of the Caregiver Centered Communication Questionnaire (CCCQ). The questionnaire has 30 items with 5 subscales: exchange of information, fostering health relationships with team/provider, recognizing and responding to emotions, managing care and decision making. We conducted a cross-sectional survey of 115 family caregivers of older adults in home care and hospice. Cronbach's α for the scale was 0.97. Internal consistencies of subscales were high, ranging from 0.82 to 0.93. Preliminary testing indicates the potential of CCCQ in assessing engagement and quality of communication; further testing is required.

NOT JUST SITTING BY: FAMILY CAREGIVERS' PERSPECTIVES ON TRIADIC COMMUNICATION

Karla Washington, *University of Missouri School of Medicine, Columbia, Missouri, United States*

Most studies of communication in gerontology and palliative care focus on dyadic communication. In reality, encounters in palliative oncology very often involve three or more people: a healthcare professional, a patient, and a family caregiver. This triadic communication differs in important ways from communication involving only two parties. In this secondary analysis of qualitative data collected during a randomized controlled trial of a psychosocial intervention for family caregivers receiving palliative oncology services, researchers explored family caregivers' (n = 63) perspectives on triadic communication encounters involving themselves, the patient and one or more clinicians. Family caregivers tended to appreciate clinicians' efforts to involve them in communication, rather than regarding them as "just sitting by" the patient. Many perceived that their own wishes regarding information provision were often ignored and reported that their own coping and wellbeing were not often assessed outside of encounters with the specialist palliative care team.

DIGITAL TOOLS TO ENHANCE CAREGIVER-CENTERED COMMUNICATION

Debra Parker Oliver, *University of Missouri, Columbia, Missouri, United States*

While it is recognized that caregiver engagement can improve processes and outcomes of care in gerontology, there are barriers to caregiver centered communication, including limited resources for health systems to devote services specifically to families, geographic distance and lack of time. Digital tools such as social media platforms and video-conferencing introduce opportunities for remote and often asynchronous communication. In this presentation, we discuss findings from two randomized clinical trials that explored digital tools to empower family caregivers. In the first we examined

ways to use video-conferencing to enable family caregivers to become virtual team members during hospice interdisciplinary teams, and in the second trial we examine the use of secret Facebook groups to meet informational and emotional needs of family caregivers during episodes of care that are often linked to increased social isolation and loneliness. We discuss challenges and opportunities in designing digital tools to facilitate caregiver engagement and empowerment.

SESSION 5490 (SYMPOSIUM)

CAREGIVING TOGETHER: THE RELATIONSHIP BETWEEN PAID AND FAMILY CAREGIVERS IN THE HOME

Chair: Jennifer Reckrey

Discussant: Robyn Stone

Family caregivers provide the lion's share of care that allows older adults with functional impairment to remain living at home. Yet as care needs grow, many older adults and their families turn to paid caregivers (e.g. home health aides, personal care attendants, and other direct care workers) to provide additional support. While evidence suggests that paid and family caregivers work together to provide increasingly complex care at home, research that describes this important collaboration is limited. In this symposium, we present innovative and interdisciplinary research that highlights the overlap between family caregiving and long-term care workforce research. We begin by presenting two studies that focus on populations where paid caregivers may have outsized impact on family caregivers: Reckrey et al report that receipt of 20+ hours of paid caregiving per week was associated with less caregiver strain among family caregivers of those with advanced dementia and Falzarano et al report that home care hours mediated the association between caregiver stressors and negative effects of caregiving among long-distance family caregivers. Franzosa et al then describe home health aides' perceptions of relationship dynamics as aides and family members negotiate care tasks in the home. Finally, Gallopyn et al explore scenarios where paid and family caregiver roles blur (e.g., family caregivers receiving payment for providing care, paid caregivers with extensive experience as family caregivers). Taken together, these studies describe critical ways paid and family caregiver experiences are intertwined and highlight the importance of ongoing research about this collaboration.

WE TREAT THEM BETTER THAN THE FAMILY THEY HAVE: NEGOTIATING AIDE-FAMILY RELATIONSHIPS IN THE HOME CARE SETTING

Emily Franzosa,¹ and Emma Tsui,² 1. *James J. Peters VA Medical Center, Brooklyn, New York, United States*, 2. *CUNY Graduate School of Public Health & Health Policy, New York, New York, United States*

Unpaid and paid care in the home are closely intertwined, but a lack of outside supervision and support often forces family and non-family caregivers to negotiate care tasks and boundaries alone, leading to role conflict and role ambiguity. This analysis drew on two qualitative studies of home health aides (S1 n = 27, S2 n = 26) to explore 1) aides' perception of their caretaking role; 2) aides' experiences co-producing care with family members; and 3) factors affecting these