

all $P < .05$). Eleven studies used actigraphy to examine sleep measures associated with various mental health states (depression, burden, stress, positive/negative affect) and found significant relationships (All $P < .05$). Findings support that use of actigraphy for dementia family caregivers is a valid measure of sleep parameters when compared with their sleep self-reports. Furthermore, it was found that actigraphy sleep measures were significantly associated with psychological outcomes.

UTILIZATION OF SOCIAL MEDIA PEER SUPPORT GROUPS AMONG FAMILY CAREGIVERS OF PATIENTS WITH DEMENTIA

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Caring for a family member with dementia is particularly challenging. Unpaid family caregivers provide a significant amount of the care for aging relatives, and they provide the vast majority of long-term care. Family caregiving often results in negative effects, which compromises the caregiver's physical and psychosocial health. Social media support groups are an increasingly common venue for family caregivers supporting patients with dementia to exchange emotional, informational, and instrumental support. This study examined the utilization of social media support groups among family caregivers of patients with dementia during the pandemic. Using deductive thematic analysis, the use of social media support groups of family caregivers provide link to social interaction as a means when social distancing is enforced due to the pandemic. Family caregivers use social media support groups to share their personal experience, express their mood and feelings, offer prayers and positive quotes, keep up with the current events, gather information, and share feedback about dementia care services. Awareness of the potential advantages that social media support groups offer, healthcare providers can encourage family caregivers to use social media support groups as an empowering and practical platform. Further research is required about the long term benefit from social media support groups and the reliability and validity of the information that the family caregivers can get from the group.

Family Caregiving During the COVID-19 Pandemic

Session 9275 (Poster)

"LOCKED OUT OF CAREGIVING": A CASE STUDY OF DEMENTIA CAREGIVING DURING THE COVID-19 PANDEMIC

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It is unclear how ambiguous loss in dementia caregiving is impacted by conditions of the Covid-19 pandemic. Ambiguous loss describes situations in which closure is impossible and ambiguities within a family system ensue. Two situations of ambiguous loss exist. In the first type, one is psychologically absent, yet physically present, e.g. when one has dementia. In the second type, one is physically absent

but psychologically present, e.g. moving to a nursing home. Ambiguous loss theory was applied to longitudinal interviews with an adult-child caregiver (age=52) of a mother with dementia, who resided in memory care during the Covid-19 pandemic. Theoretical analysis revealed both types of ambiguous loss were experienced in the dementia caregiving relationship. This was embedded within ambiguous loss type 2 due to the Covid-19 pandemic, e.g. social distancing and quarantine practices led to physical estrangement from others and ambiguity ensued about when, or if, estrangement would end before resulting in death. Further, the coping mechanisms defined in the ambiguous loss framework: restructuring identity, finding meaning, gaining mastery, increasing ambivalence capacity, reframing attachments, and gaining hope, were compromised due to overarching ambiguous loss attributed to the pandemic. Continued panic and frustration regarding lack of communication with and access to the memory care center instilled a sense of being "locked out of caregiving." Findings suggest dementia caregivers may experience both types of ambiguous loss compounded during the Covid-19 pandemic, suspending grief and coping processes, and inciting poorly understood needs and challenges that must be better understood to support dementia caregivers.

A NATURAL EXPERIMENT CREATED BY PANDEMIC RESTRICTION: COMPARING IN-PERSON, HYBRID, & THERAPY FORMATS

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The FL-REACH intervention for families in early stage post-dementia diagnosis was originally adapted from the REACH II program for use in an outpatient clinic. Pandemic restrictions forced an adaptation to a teletherapy format. The timing of changes allowed comparison of caregivers who participated in clinic (n=10), switched modalities mid-treatment (n=7), and participated as teletherapy (n=14). Groups were similar in age range, gender, and relationship, with both spouses and adult children participating. Participants in the fully online group were more likely than others to have high school or trade school education than to have graduated from college. All participants in the in-person and hybrid groups had incomes over \$40,000/year, while 36% of the online sample had less household income, were more likely to be Hispanic-identifying (43% versus 6%), and had higher burden scores (M=41.43 versus M=32.56 in person, M=29.86 hybrid) and lower preparedness scores (M=19.86 versus M=22.90 in person, M=28.14 hybrid) at baseline ($p < .05$). The intervention proceeded with the same intervention dosage (8 hours total), and outcomes were essentially comparable, with all groups showing statistically significant improvement on measures of preparedness, burden, and risk. While in-person intervention helped strengthen relationships with the medical team, inclusion of family via telehealth provided opportunity for a more culturally responsive and inclusive engagement, although there remain questions regarding reasons for differences at baseline. Identification of differences in key outcomes for direct comparisons between in-person, hybrid, and teletherapy interventions are limited