

MILD BEHAVIORAL IMPAIRMENT AS A PREDICTOR OF COGNITIVE FUNCTIONING IN OLDER ADULTS

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Background: Mild behavioral impairment (MBI) is considered to be a late life transitional state between normal aging and dementia that describes individuals who have persistent behavioral changes and/or psychiatric symptoms. Individuals with MBI are found to be at greater risk of dementia compared to those without these symptoms. Identifying how MBI might relate to different domains of cognition is of key importance, as it could be an early indicator of a future dementia diagnoses. **Method:** Secondary data analysis of a sample (n=512) of older adults from the Florida Alzheimer's Disease Research Center who were either cognitively healthy or presenting with mild cognitive impairment (MCI). Some individuals presented with MBI, as defined by decreased motivation, affective dysregulation, impulse dyscontrol, social inappropriateness, or abnormal perception/thought content. Executive function, attention, short-term memory, and episodic memory, were compared using a battery of neuropsychological assessments. **Results:** Individuals with MCI performed worse on all tasks across all cognitive domains, where individuals with MBI performed worse on several tasks associated with executive function, attention, and episodic memory. Compared to individuals with only MCI, individuals with MCI and MBI performed significantly worse on tasks associated with executive function and episodic memory. **Conclusion:** The present study found evidence that individuals with MBI will perform worse on tasks of executive function, attention, and episodic memory. Further, those with MCI and MBI will perform significantly worse on executive function and episodic memory tasks. Future research should explore if these findings can help to predict specific dementia diagnoses.

TASKS AND EDUCATION RESOURCES OF ADOLESCENTS WHO ASSIST WITH CAREGIVING FOR A FAMILY MEMBER WITH DEMENTIA

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An abundance of research involving adults who care for family members with dementia has guided the creation of supportive programs/services. Much less is known about adolescents who are dementia caregivers. This descriptive secondary analysis utilized data collected during a qualitative examination into the psychological well-being of adolescent dementia caregivers. Eleven adolescent/adult dyads who provided dementia care for a family member completed surveys prior to the adolescents' participation in focus groups. Five male and six female adolescents ages 12 to 17 and eleven female adults were asked similar questions about caregiving tasks, education resources, and demographic information. Using descriptive statistics, the results of the surveys provide a snapshot of caregiving among a group of adolescents living in northwest Ohio and highlight differences reported by the dyads. Adult accounts of adolescent preparatory education were incongruent with the adolescents' and did not report their use of books or online caregiving resources. Conversely, three adults (27%), but no adolescents, identified hands-on and

observational opportunities as education resources. Adults reported greater adolescent involvement in ten activities of daily living (71%), especially related to bathing, shopping, transportation, and managing medication and finances. Adolescents reported helping with tasks such as eating and laundry more often than adults. While the sample size was small, these findings suggest a need for triangulation when seeking knowledge about adolescent caregiving. These results may inform researchers wishing to investigate the role of adolescent caregivers, as well as guide supportive agencies who provide education materials to families caring for individuals with dementia.

DEVELOPMENT, RELIABILITY, AND VALIDITY OF THE CAREGIVER MEALTIME ENGAGEMENT SCALE IN NURSING HOMES

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Persons with dementia commonly experience mealtime challenging behaviors resulting in negative outcomes. Appropriate caregiver engagement is critical in engaging residents in eating. Current caregiver behavior measures are neither validated nor specific for mealtime care. A feasible and reliable measure to evaluate caregiver engagement during mealtimes is needed. Our team developed the Caregiver Mealtime Engagement Scale (CMES), a 29-item observational measure with good content validity (Content Validity Index = 1.00). The CMES includes 24 positive behaviors (e.g., position resident upright) and 5 negative behaviors (e.g., interrupt resident). Each item is scored by frequency on a 0 (never) – 3 (always) scale. Total score ranges from 0-87; higher score indicates better engagement. This study aimed to test the CMES' reliability and validity through a secondary analysis of 87 mealtime video-recorded observations from a hand feeding trial (P30). The sample included 7 residents and 25 staff from 2 nursing homes. The CMES has good internal consistency (Cronbach's $\alpha = .775$). Inter-rater reliability was good ($r = .861$, $p < .001$) based on ratings of 20 videos by two independent trained coders. Intra-rater reliability was excellent ($r = .905$, $p < .001$) based on ratings of 20 videos by one trained coder at two times (2-3 weeks apart). The CMES demonstrated good convergent validity based on association with the Relational Behavior Scale ($r = .822$, $p < .001$) and Mealtime Relational Care Checklist ($r = .324$, $p = .002$). Findings support the CMES' reliability and validity. Future research is needed to test CMES among a larger diverse sample of caregivers in different settings.

EMPOWERMENT AMONG FORMAL CAREGIVERS WORKING WITH PERSONS WITH DEMENTIA IN HOME CARE

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There is significant literature on workplace empowerment that focuses on individuals in positions of power rather than those who lack it. However, there is limited research on

empowerment of home care workers, such as personal support workers (PSW) who work in dementia care. Empowerment is an active process based on a multifaceted model consisting of four components: meaning, self-determination, impact and competence. This study explored the roles of education and employer support in empowering PSWs to care for persons with dementia who live at home. Empowerment was investigated using semi-structured interviews with PSWs (N=15). A phenomenological approach was to understand the lived experiences of home-care based PSWs who work with persons with dementia. Components of empowerment were reflected through five emerging themes: “providing best care”, “autonomy”, “employer support”, “career long learning”, and “experiential learning”. The theme “providing best care possible” support the component of meaning, which included the motivation for training among PSWs and their value of aging in place. The theme “autonomy” supported the component of self-determination, which focused on PSW workload and feelings regarding their control working in home care versus long term care. The theme “employer support” supported the component impact, which included both PSW compensation and their perceived lack of emotional support. Finally, the themes “career-long learning” and “experiential learning”, were linked with impact and competence components, respectively. Overall, these findings support relationships between education and employer support in empowering PSWs who care for persons with dementia who live at home.

FOSTERING COMPASSIONATE CARE FOR PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

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The aim of this study was to examine the impact of the implementation of a new Compassionate Care (CC) curriculum, designed by social workers, on the quality of care provided by Certified Nursing Assistants (CNAs) to residents with Alzheimer's disease (AD). Additionally, the purpose was to create a collaborative network of CNAs that supported each other. The sample included residents and CNAs from an experimental nursing facility and a control nursing facility. At baseline and 12-weeks, data were collected on AD knowledge, self-efficacy, caregiving satisfaction, and affiliate stigma. CNA changes in terms of their knowledge of AD, self-efficacy, caregiving satisfaction and affiliate stigma were analyzed using a two-way mixed method MANOVA. The stress levels of the residents, specifically agitation and salivary cortisol levels, was examined by testing a hybrid multilevel growth model. The final models were able to show how the changes in the CNAs specifically affected these positive outcomes. CNA knowledge and self-efficacy had the most impact on changing agitation levels, and CNA knowledge and agitation levels had the most impact on salivary cortisol levels. The results of this study showed that integrating a compassionate care curriculum into the work that CNAs perform can lead to positive outcomes on knowledge, self-efficacy, caregiving satisfaction, affiliate stigma and a reduction of agitation and cortisol levels in persons with AD.

DEVELOPING A CONCEPTUAL MODEL OF FAMILY PREPAREDNESS FOR FUTURE DEMENTIA CAREGIVING IN CHINESE FAMILIES

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Dementia is a growing health challenge that demands better public preparedness. Persons with dementia often lack the capacity to make and execute plans such that family involvement in care preparation becomes necessary. It is commonly observed in Chinese societies that there are more than one family members involved in the taking care of the person with dementia. The current qualitative study aims to understand preparedness for dementia caregiving of a family as unit in a Chinese society. In-depth interviews with 10 family units of dementia caregivers were conducted. Participants (4 spousal caregivers; 44 to 80 years old; mean years of caregiving: 3.3) reflected on how prepared their families were before the caregiving began. Thematic analysis was applied to examine the family preparedness and the family dynamics throughout the caregiving journey. As opposed to a crisis-driven involvement, involvement of more family members before crisis was helpful for reducing the damage brought to the family. Furthermore, families that could align their expectation and understanding of the situation, share knowledge and resources, negotiate the allocation of caregiving duties, and provide emotional support among family members were more likely to provide proper care with minimal sacrifice in family wellbeing. Chinese families often worked as a caregiving team, yet, with uneven distribution of caregiving duties and a lack of proper communication to sustain their caregiving role healthily. Timing and quality of family involvement were more influential factors than family resources to successful adaptation to caregiving.

PERSONHOOD-BASED KNOWLEDGE: A NEW CONSTRUCT PREDICTING PERSONAL DEMENTIA FEAR

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Perhaps because the public is not well-versed on the biological and medical facts of dementia (biomedical knowledge; BK), or the life experiences and capabilities of persons living with dementia (personhood-based knowledge; PBK), dementia is one the most feared and stigmatized terminal illnesses (Alzheimer's Society, 2007), typically resulting in social isolation (George, 2010). Similar to personal dementia fear (fear of developing dementia; PDF), dementia worry has been associated with suicide ideation (Cui et al., under review), which is a predictor of accepting attitudes toward physician-assisted suicide (Wolfgang, 2017). Findings from the development and testing of a conceptual model of social comfort indicated that people with higher levels of PBK had higher levels of social comfort towards persons with dementia (Ebert, Kulibert, & McFadden, 2019). The present study is a secondary analysis of data obtained from Wisconsin residents through an online platform and community