

acceptability and feasibility. Improvements in care partner psychosocial outcomes signal a promising practice to reduce the burden of caregiving. A major focus of the paper focuses on barriers and facilitators to uptake of the study procedures and intervention with community-based partners. Future work is needed to establish the efficacy of Savvy Express across a longer observation period, and with less educated, low-income participants, and limited English-speaking families.

TRANSITIONS OF FAMILY CAREGIVERS: A CONCEPTUAL FRAMEWORK FOR END-OF-LIFE CAREGIVING

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Increased longevity and a growing aging population have led to rising numbers of informal, family caregivers. Compared to non-caregivers, caregivers are more stressed and depressed, and report lower levels of self-efficacy, physical health, and subjective well-being. Along the caregiving trajectory, end-of-life (EoL) care is emerging as a distinct phase that is not understood and warrants further research. This presentation will include an integrative literature review on EoL caregivers and propose a model for the transition to caregiving at the end-of-life. The review highlights the differences in strengths and needs of EoL caregivers when compared to non-EoL caregivers and age-related non-caregiving peers. For example, family members providing EoL care are more vulnerable to stress and psychological and physical strain, report low preparedness for EoL care, and often indicate they do not have the knowledge or skills needed for providing care at the EoL. The model for the transition to caregiving at the end-of-life presents new approaches to traditional stress and coping models and a conceptual framework for future EoL caregiving research and intervention efforts. The model highlights the need for expanding the theoretical foundations of EoL caregiving research and guides innovative methods of data collection and thoughtful approaches to the timing, recruitment, and utilization efforts of intervention programs. Ultimately, as researchers identify the needs of EoL caregivers, practitioners can improve caregivers health and well-being not only during this stage, but as they follow their own developmental path beyond loss and bereavement.

SUPPORT AND EDUCATION NEED FULFILLMENT IN INFORMAL DEMENTIA CAREGIVERS

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Caregivers vary widely in their need for and utilization of support services, and there are many reasons for this (e.g., time or financial cost, distance, perception of need). This study explored the disparity between services that are desired and those that are utilized, and examined the hypothesis that unmet needs are a determinant of caregiver burden. An online sample of informal caregivers (N=151) responded to a questionnaire containing a list of common caregiver support services: sharing duties, professional transportation, respite care, non-profit community organizations, financial counseling, caregiver education programs, support groups.

Participants were presented with a list of support services and information and asked to indicate A) which they desired and B) which they had received while providing care. Respite care and financial counseling were identified as support that caregivers were unable to obtain, while caregiving education and family/friend support were most commonly fulfilled. A linear regression model controlling for demographic variables was constructed. Unfulfilled support needs accounted for 40.6% of variance in caregiver burden, however the final model included only total ratio of unfulfilled services, transportation services, stress management skills, professional treatment for the caregiver, and behavioral management skills. Results highlight the unique contribution of certain support services in burden reduction. These findings imply a need to improve accessibility to caregiver support, especially those which require payment (e.g., transportation aids and mental healthcare). Further implications and actionable changes related to caregiver support services are discussed.

FACTORS ASSOCIATED WITH CAREGIVER REACTIONS TO PROBLEM BEHAVIORS OF PERSONS WITH ALZHEIMER'S DISEASE

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Problem behaviors among persons with Alzheimer's Disease (AD) can have a major impact on caregivers. However, caregiver's subjective reactions to the problem behaviors have a stronger impact on caregivers than the objective frequency of problem behaviors (Robinson et al., 2001). This study aims to examine the factors associated with caregiver's subjective reactions to problem behaviors. Data were collected from a sample recruited from community agencies served AD caregivers in the southeastern region of the country (N=109). The caregivers' reactions to problem behaviors were measured by the Revised Memory and Behavior Problem Checklist (Teri et al., 1992). Three subscale scores were used to measure the reactions to the behaviors related to memory loss, depression and disruption. Multivariate regression models were conducted including gender, race, employment, living arrangement, knowledge about the disease, resilience for caregivers; and ADL and IADL functioning, and frequency of problem behaviors for care recipients. Race (B=-.162; p<.05) and frequency of care-recipient problem behaviors (B= 0.733; p<.001) were significantly associated with caregiver's reaction to problem behaviors. Caregiver's knowledge about the disease (p<.01) only influence their reactions to memory loss problems but not for disruption and depression problems. African American caregivers had fewer reactions to disruption (p<.01) and more reactions to depression problems (p=0.06) than white caregivers, but no difference between the two groups in their reactions to memory loss problems. Personal resilience was not associated with reactions to any problem behaviors. Intervention should be tailored to the needs of caregivers to deal with behaviors of a person with AD.

RELATIONSHIPS BETWEEN INFORMAL CAREGIVERS' MARITAL SATISFACTION, BURDEN, AND CAREGIVING STRESS

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