MILD BEHAVIORAL IMPAIRMENT AS A PREDICTOR OF COGNITIVE FUNCTIONING IN OLDER ADULTS Hillary J. Rouse,¹ Brent J. Small,¹ and John Schinka¹,

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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