

This study expanded on the limited psychometric testing of the Neuropsychiatric Inventory-Questionnaire (NPI-Q), and extended testing to include hospitalized persons with dementia upon admission to the hospital, with reports from family caregivers. Using data from 318 dyads in the ongoing Fam-FFC trial, a Rasch analysis was conducted. Most patients were female (62%), non-Hispanic (98%), and Black (50%) with a mean age of 81.62 (SD=8.43). There was evidence of internal consistency for all subscales (behavior, severity, caregiver distress); a DIF analysis showed invariance across race and gender. The items on the NPI-Q fit with each subscale. Hypothesis testing showed a significant association between the AD8 ( $F=30.04$ ,  $p=.001$ ) and MoCA ( $F=5.05$ ,  $p=.03$ ) with behaviors; the AD8 ( $F=27.91$ ,  $p=.001$ ) and MoCA ( $F=6.65$ ,  $p=.01$ ) with severity; and the AD8 ( $F=29.23$ ,  $p=.001$ ) with caregiver distress. Findings provide support for the NPI-Q use in persons with dementia during acute illness.

## Session 3450 (Symposium)

### PROMOTING SELF-CARE IN CAREGIVERS OF OLDER ADULTS LIVING WITH CHRONIC ILLNESS: THE ICARE4ME STUDY

Chair: Lauren Massimo

Co-Chair: Karen Hirschman

Discussant: Harleah Buck

Informal caregivers provide a substantial amount of social support to older adults which can be stressful and lead to poor self-care. When stressed, caregivers of persons living with chronic illness are less vigilant and less motivated to engage in self-care behaviors that are important for maintaining their own physical and emotional health. Support interventions can encourage self-care by helping caregivers to focus on values, solve problems, and transform their goals into action. In this symposium, we will discuss the iCareMe study, a randomized controlled trial (RCT) (NCT03988621) that tests a virtual support intervention which utilizes health coaching to increase self-care behaviors in caregivers of older adults living with chronic illnesses, such as heart failure and dementia. The first session will discuss the translation of self-care theory to the basis for the "Virtual Caregiver Coach for You" (ViCCY) intervention and will provide an overview of the iCare4Me randomized control trial designed for caregivers of persons living with advanced heart failure. The second session will describe the adaptation of the iCare4Me RCT to caregivers of persons living with dementia. The third session will highlight findings from a qualitative descriptive study examining the characteristics of effective health coaching used in these two RCTs. Finally, the last session will share findings from a cross-sectional analysis examining moderators of self-care in heart failure caregivers. Together, these presentations will illustrate the unique and innovative approach that iCare4Me has taken to improve self-care in caregivers of older adults living with chronic illness.

### SELF-CARE THEORY AND TRANSLATION TO INTERVENTION

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Self-care is defined as a process of maintaining health through health promoting practices and managing illness

when it occurs. Self-care is integral in the management of chronic conditions, but even those without illness engage in some level of self-care daily. In our on-going study we promote self-care as a means to control the stress associated with caregiving. We acknowledge the burden of caregiving for a loved one experiencing a serious chronic illness. That responsibility is typically associated with significant stress for the caregiver. We use stress theory to address the caregivers' appraisal of events and coping responses. Three experienced health coaches were hired to provide 10 sessions of coaching over a 6-month period to each of the caregivers randomized to the intervention group. The emphasis of the iCare4Me coaching sessions is to address primary and secondary appraisal and coping as a means to improve self-care and thereby decrease stress.

### IMPROVING SELF-CARE OF INFORMAL CAREGIVERS OF ADULTS WITH FRONTOTEMPORAL DEGENERATION

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Frontotemporal degeneration (FTD) is a common cause of young-onset dementia that results in progressive deterioration in executive functioning and social comportment. A tremendous burden is placed on young caregivers, typically spouses, who often sacrifice their own self-care needs in order to manage the cognitive decline and subsequent functional impairments of their loved one, contributing to extraordinarily high levels of stress and depression in caregivers of individuals with FTD. Very few interventions have been tested specifically in FTD caregivers, and those that exist have generally focused on education around patient behavior management. In this session, we will discuss how we adapted the iCare4Me study, originally designed for heart failure caregivers, for caregivers of persons with FTD and we will share initial findings from iCare4Me for FTD, a randomized controlled trial which evaluates the efficacy of a virtual health coach intervention aimed at increasing self-care behaviors and reducing stress in FTD caregivers.

### A QUALITATIVE STUDY OF CHARACTERISTICS OF AN EFFECTIVE HEALTH COACH: PERSONAL, PROFESSIONAL, AND PROGRAM BASED

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Health coaching continues to grow in popularity as an effective intervention to empower and engage patients and their caregivers. However, little is known about what characteristics contribute to the success of health coaches in implementing evidence-based interventions. This study examines the characteristics that contribute to effective health coaches. Semi-structured interviews were conducted with health coaches and an interdisciplinary research team of an ongoing study examining a virtual health coaching intervention. Interviewees identified three discrete themes of characteristics that contribute to the success of health coaches: personal (e.g. compassion), professional (e.g. transferability