

fluctuations of caregivers' stress have used a daily diary approach. This approach involves creating multiple daily reports, making it possible to examine between-person differences and within-person processes of change. However, only few studies used this approach for family caregivers in Asian countries. Therefore, this study examines the applicability of a daily diary approach for Japanese family caregivers and the effects of formal care services on their stress and depression. Methods: Participants were 13 family caregivers of individuals with dementia using formal care services in a rural area in Japan. They were assessed through self-administered questionnaires including use or nonuse of formal care services, caregiving stressors (DASC-8), depressive symptoms (K-6), and caregiving stress for 7 days. Generalized linear mixed models (GLMM) with data nested within persons were used to examine the effects of formal services on stress and depression. Results: For the GLMM procedure, this study used caregiving stressors and stress variables as fixed effects and participants as random effects. Results indicated that use of formal services significantly lowered caregivers' stress and depression. Conclusion: The findings demonstrate the applicability of a daily diary approach and the effectiveness of formal services on the stress of Japanese family caregivers.

ASSESSING THE IMPACT OF OLDER AMERICANS ACT-FUNDED SERVICES ON CAREGIVER STRESS

Racheal Chubb,¹ and Janet Wilmoth,² 1. *Syracuse University, Felts Mills, New York, United States*, 2. *Syracuse University, Syracuse, New York, United States*

Funding for OAA programs that support caregivers and care recipients has steeply declined since 2010. This is potentially problematic given these programs provide services that may reduce caregiver stress. To better understand what and for whom caregiving services reduces stress, we used data from the National Survey of Older Americans Act Participants (NSOAAP) to estimate logistic regression models predicting caregiver stress. These models include the following measures: services provided to the care recipient, services received by the caregiver, and caregiver satisfaction with services received; caregiver health, age, race, and gender; and care recipient health, age, gender, relationship to the caregiver, and coresidence with the caregiver. The results indicate that caregivers who were satisfied with services were less likely to be stressed compared to those who are not satisfied with services. Those who received respite care and counseling services were less likely to be stressed than those who attended classes and training. Consistent with the literature, caregivers who reported better health or cared for someone in better health were less likely to be stressed. Caregivers were also more likely to be stressed if they provided help with medical care compared to ADLs or if they lived with the care recipient. Overall, the results underscore the importance of continued, and possibly expanded, OAA funding for caregiver support services, especially those that provide respite and counseling to individuals who are providing care to frail and co-residential older adults.

CAREGIVER KNOWLEDGE OF LONG-TERM SERVICES AND SUPPORTS: EFFECTS OF RURALITY AND SUPPORT

Lauren Stratton, Nichole Richter, Mack Shelley, and Jennifer Margrett, *Iowa State University, Ames, Iowa, United States*

Caregivers often lack knowledge regarding available long-term services and supports (LTSS). Certain barriers, such as rurality and levels of social support, may contribute to a lack of knowledge and accessibility of LTSS. The Caregiver Beginnings Workshop, held in 12 communities throughout 11 counties in Iowa, was a one-time educational session created to increase knowledge and awareness of LTSS. Data were collected from pre- and post-tests completed during the workshop (N = 98). To assess caregivers' initial knowledge of LTSS, a hierarchical regression model was estimated to examine knowledge of LTSS in caregivers as predicted by caregiver education, number of health problems in care recipient, relationship type, feelings of social support, and rurality. Results showed that rurality ($\beta = 0.33$, $p = 0.047$) and infrequent or no support ($\beta = -0.30$, $p = 0.02$) were significant predictors ($R^2 = 0.21$), indicating that caregivers living in rural areas reported higher knowledge of LTSS and those who reported infrequent or no support reported less knowledge. Additional analyses examined county-level data to better understand the availability of community resources in rural areas. County-level variables (e.g., number of home healthcare services, education level, income, health status) were included in a regression model to predict knowledge of LTSS. The results indicated that median income ($\beta = -0.32$, $p = 0.002$) and an educational attainment of an associate's level degree or higher ($\beta = -0.30$, $p = 0.004$) were significant predictors. Discussion focuses on the importance of support and accessible resources for caregivers in all geographic areas.

CHALLENGES OF RECRUITING CAREGIVER AND CARE RECEIVER DYADS FOR A RANDOMIZED CLINICAL TRIAL

Christine Fruhauf,¹ Arlene Schmid,² Neha Prabhu,¹ Laura Swink,³ Jennifer Portz,⁴ Heather Leach,¹ Mary Hidde,¹ and Marieke Van Puymbroeck,⁵ 1. *Colorado State University, Fort Collins, Colorado, United States*, 2. *Colorado State University, Fort Collins, Colorado, United States*, 3. *UCHealth Anschutz, Denver, Colorado, United States*, 4. *University of Colorado Anschutz, Aurora, Colorado, United States*, 5. *Clemson University, Clemson, South Carolina, United States*

The recruitment of participants for chronic disease clinical trial research is often challenging. Further complicating participant recruitment occurs when the intervention is dyadic (i.e., simultaneously includes both care receivers and caregivers or recruiting pairs of people). Despite the strong support in favor of dyadic interventions for certain chronic diseases (e.g., among cancer and stroke survivors and their caregivers), researchers have not systematically shared challenges and opportunities for dyadic recruitment. During the recruitment for a yoga and self-management education intervention for people with chronic pain and their caregivers,

several steps were taken to recruit and screen potential participants for the study. In this presentation, we will provide an overview of common recruitment challenges for physical activity and chronic disease self-management studies as well as the actual challenges encountered and our procedures for overcoming these obstacles. We will present our consort figure with attention toward inclusion and exclusion criteria of both care receivers and caregivers. Additional discussion will include specific challenges encountered when recruiting and screening caregivers (i.e., after the care receiver has been screened). The need for innovative clinical trial research with caregivers and care recipient dyads is essential as new care practices continue to evolve and demands on health care utilization increase. Lessons learned from this study may prove useful for future researchers as they embark on developing and testing dyadic interventions among adults with chronic disease and their caregivers.

DEVELOPMENT OF AN INNOVATIVE FINANCIAL LITERACY AND PREPAREDNESS PROGRAM FOR FAMILY CAREGIVERS

Katherine Judge,¹ and Sam Fazio,² 1. *Cleveland State University, Cleveland, Ohio, United States*, 2. *Alzheimer's Association, Chicago, Illinois, United States*

Informal caregivers provide the bulk of daily care and assistance to older adults needing help. Tasks range from assisting with transportation, coordinating care and appointments, household tasks, emotional and social support, and personal care. Caregivers also assist with financial care-related issues. This assistance ranges from helping pay bills, making health-care decisions, to paying out-of-pocket care expenses. Research on financial care-related issues greatly lags behind other areas of caregiving. Additionally, few programs have been developed that specifically address these financial issues and how best to provide timely and personalized information for families. The following poster will present an innovative program that addresses these gaps within the literature and fills the void facing families in navigating key financial care-related decisions. Funded by the Administration on Community Living, the evidence-informed program was developed based on findings from a comprehensive literature review, an environmental scan, market analysis, and feedback from focus groups. The program includes educational information, skills-training, and resources for caregivers across the following content areas: Introduction to Costs of Caregiving, Benefits of Early Planning, Avoiding Financial Abuse and Fraud, Conversations about Finances, Assessing Financial Needs, Creating Action Plans, and Finding Financial Support. The program also addresses specific financial needs facing caregivers of individuals with Alzheimer's disease and related dementias. Discussion will highlight key aspects of the program, including the standardized yet flexible and tailored approach for addressing families' specific financial care-related needs, along with next steps in program implementation and evaluation.

DO THE REASONS EMERGING ADULTS BECOME INFORMAL CAREGIVERS RELATE TO FUTURE WILLINGNESS TO CARE? A MIXED-METHODS STUDY

Anastasia Canell, Hannah Bashian, and Grace Caskie, *Lehigh University, Bethlehem, Pennsylvania, United States*

Approximately 12-18% of family caregivers to older adults in the U.S. are emerging adults (aged 18-25), yet minimal research focuses on this subgroup of caregivers (Levine, 2005). Although several theories have developed to explain the growing number of emerging adults assuming informal caregiving roles (e.g., alleviating burden on middle-aged caregivers, family obligation; Dellmann-Jenkins & Brittain, 2003), the reasons why emerging adults become caregivers have not been studied. In the current study, a sample of 248 emerging adult caregivers were asked to describe the circumstances that led to providing unpaid care to an older adult. Using discovery-oriented coding methodology, 11 themes emerged within participants' responses: care-recipient illness (35.5%), familial relationship (35.5%), care-recipient became dependent (23.8%), proximity (13.7%), only option (10.1%), reciprocal care (8.9%), availability (8.5%), age-related decline (6.9%), monetary restrictions (6.9%), care-recipient desire (6.0%), and community service (4%). Follow-up analyses found that participants who identified familial relationships (e.g., "They are my parents so I felt obligated...") were less likely to endorse willingness to provide nursing care in the future compared to those who did not identify familial relationships ($p=.032$). Participants who identified care-recipient dependency as a circumstance leading to caregiving (e.g., "My grandmother fell and was in rehab...") were more likely to endorse willingness to provide instrumental ($p=.034$) and emotional ($p=.047$) care in the future than those who did not identify care-recipient dependency. These results demonstrate the unique reasons that may lead emerging adults to begin caregiving and how these reasons relate to future willingness to care for an older adult.

ENHANCING DEMENTIA CAREGIVERS' EMOTIONAL COPING IN AN INTERGENERATIONAL EXPRESSIVE ARTS BASED THERAPY PROGRAM

Keisha Carden,¹ Rebecca Allen,² Katherine Ramos,³ Daniel Potts,⁴ and Keisha Ivey 1. *University of Alabama, Tuscaloosa, Alabama, United States*, 2. *Alabama Research Institute on Aging, Tuscaloosa, Alabama, United States*, 3. *Duke University School of Medicine, Raleigh, North Carolina, United States*, 4. *Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States*

Dementia caregivers often experience elevated levels of stress and are at increased risk for psychological disorders. Recent research has implicated emotional avoidance, psychological inflexibility, and related processes in the development and maintenance of psychopathology. Addressing these processes is essential for improving caregiver mental health. This pilot study examined changes in emotional avoidance, psychological inflexibility, and anticipatory grief among familial caregivers of individuals with dementia enrolled in an intergenerational expressive arts program (Bringing Art to Life). Caregivers were an average age of 63.32 (11 NHW, 8 AA; 13 Women, 6 Men). On average, caregivers' emotional avoidance and psychological inflexibility ($M = 19.63$, $SE = 2.16$) decreased significantly after participating in the program ($M = 15.06$, $SE = 1.80$). This difference, -4.57 , BCa 95% CI [1.82, 7.13], was significant, $t(15) = 3.81$, $p = .002$, and represented a medium-sized effect, $d = 0.70$. Overall experience of anticipatory grief ($M = 51.88$, $SE = 3.26$) also decreased ($M = 48.00$, $SE = 2.79$). More specifically, caregivers'