

suggest one avenue by which investing in caregiver training may be cost-effective for integrated payers and providers.

#### **PERSPECTIVES OF FAMILY CAREGIVERS CONFRONTED WITH CARE-RESISTANT BEHAVIOR FROM PERSONS WITH DEMENTIA**

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**Problem:** Care-resistant behavior is often bundled with other behavioral symptoms of dementia, but it is a unique behavior requiring targeted interventions. **Purpose:** To describe the experiences of caregivers receiving online coaching to manage care-resistant behaviors exhibited by persons with dementia. **Design:** Qualitative. **Sample & Procedure:** 20 caregivers (12 female, 8 male) were recruited from Memory Disorders and Geriatrics clinics to participate in 6 weeks of online coaching sessions delivered by a doctorally prepared nurse practitioner. Coaching sessions were recorded and transcribed. NVivo12 software was used to manage the thematic analyses. **Results:** Caregivers followed a general trajectory. They initially reported feelings of anger, frustration, and guilt. They believed that the person with dementia was purposefully “being stubborn and mean.” As the coaching sessions progressed, these negative emotions and the attributions of intent altered. By the conclusion of the six weeks, caregivers expressed feelings of success and ingenuity in applying coaching strategies. **Conclusion:** Online coaching is an effective way to individualize strategies that enable the caregiver to manage and reduce care-resistant behavior. **Implications:** The use of a doctorally-prepared nurse practitioner to deliver coaching, while effective, is not sustainable. Next steps include developing a coaching training program that could be embedded into existing community resources for community-dwelling caregivers. **Limitations:** Participants were limited to referrals from two clinics in the same institution.

#### **RURAL-URBAN DIFFERENCES IN INFORMAL CAREGIVING, CAREGIVING INTENSITY, AND HEALTH-RELATED QUALITY OF LIFE**

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**Introduction** Rural areas in the US have a disproportionately high population of older adults and have reduced access to services. Older adults in rural areas are more reliant on family and friends for care. However, little is known about rural-urban disparities among the 40+ million caregivers nationwide. As rural-urban health disparities are pervasive among older adults, there is a need to understand how rural-urban disparities impact caregiving experiences and health-related quality of life (HRQoL). The objectives of this study were to examine rural-urban differences caregiving, caregiving intensity (caregiving hours/week and types of care provided), and caregiver HRQoL. Methods

Data were abstracted from the 2009 Behavioral Risk Factor Surveillance System (latest dataset to include county of residence and caregiver module). The primary measure of rural-urban status was Index of Relative Rurality (IRR) decile. Associations between rural-urban status and caregiving and rural-urban differences in caregiving intensity and HRQoL were examined using generalized linear models, controlling for confounding and accounting for complex sampling. Results Rural respondents were more likely to be caregivers than urban respondents (IRR decile OR=1.015, 95%CI 1.014-1.016). Rural caregivers, on average, provided 2.43 hours/week more caregiving for each one-decile increase in IRR decile (95%CI 2.34-2.52) and had worse overall HRQoL (OR=1.34, 95%CI 1.33-1.35). **Conclusion** Rural informal caregivers offer higher levels of care than urban counterparts, and increased caregiving in rural areas is associated with reduced HRQoL. These results can inform policies designed to improve caregiver health, and facilitate the translation of existing programs and interventions to address rural caregivers' needs.

#### **THE HALF LIFE OF STRESS: CAREGIVER STRESS INCREASES NEXT-DAY SEVERITY OF BEHAVIORAL SYMPTOMS OF DEMENTIA**

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The progressively lowered stress threshold theory posits that behavioral symptoms of dementia (BSD) are reactions to environmental and care related stressors. In line with this theory, this study tests whether the stress experienced the caregiver impacts BSD expression. Caregivers to persons with dementia recruited online completed daily diary surveys for 21 days reporting on daily contextual and environmental factors of caregiving life. Using multi-level modeling of diaries (n=911) nested within participants (N=51), two daily caregiver stressors (conflict with someone other than the person with dementia, stress about own personal health) were examined as predictors of BSD. The outcome of BSD was measured as severity (a rating on a Likert scale of 1-5 that was then person-centered to represent deviations from average severity). Covariates in the model included relationship type, caregiver age, as well as stressors to the care recipient known to increase BSD. On days when a caregiver had a conflict with others the severity of the care recipient's BSD increased by 1.44 points from average ( $p < .001$ , CI 1.05-1.75). In a time-lagged model, we observe that a caregiver having a conflict yesterday impacts today's BSD severity by an increase of 0.43 points from average ( $p = 0.027$ , CI 0.05-0.81). Caregivers' stress about their own health did not have a significant impact on the same day or next day BSD severity rating. These findings demonstrate that the well-being of the caregiver has measurable immediate impacts on the well-being of the person living with dementia, and suggests not all stress is equal.