

health. This cross-sectional study examined the association between family caregiving and change in depression during the COVID-19 pandemic. In October 2020, we conducted a mailed questionnaire survey on a random sample of functionally independent community-dwelling older adults in a semi-urban area of Japan. Based on the depression status between March and October 2020, participants were classified into four groups: “consistently non-depressed,” “depression onset,” “recovering from depression,” and “remained depressed.” Participants were assessed for providing care for their family members or not. Caregiver participants were also assessed on their caregiving role (primary or secondary), the severity of their care-recipient’s needs, and an increased caregiver burden. Data from 957 older adults were analyzed. The participants’ mean age (SD) was 80.8 (4.8) years, and 53.5% were female. Multivariable multinomial logistic regression analysis revealed that family caregiving was associated with depression onset (OR=3.17 [95%CI=1.57-6.40], $p=0.001$) and remaining depressed (2.53 [1.36-4.71], $p=0.004$). Particularly, primary caregivers, those providing care for family members with severer care need-levels, and those with an increased caregiver burden had a higher risk of depression onset and remaining depressed. Family caregivers could have severe mental health conditions during the pandemic. Developing a support system is essential to protect their mental health.

HOPE, ACTIVE COPING AND WELL-BEING IN STROKE-SURVIVORS AND CAREGIVERS: AN ACTOR-PARTNER MODEL ANALYSIS

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Purpose: Stroke is a medical condition cause of suffering for both patients and their caregivers within the family. This paper aimed to assess the influence of the psychological construct of hope and active coping on hedonic wellbeing in patient with stroke and caregiver dyads by determining the dyadic patterns.

Methods: A baseline study including 200 stroke-survivor (Age 73.63; SD=7.22) and caregiver (62.49; SD=14.44) dyads with actor-partner interdependence model (APIM) estimated by structural equation modelling with maximum likelihood estimation. Herth Hope Index (HHI), Proactive Coping Inventory (PCI) and Personal Wellbeing Index (PWI) were used to measure hope, proactive coping and wellbeing, respectively.

Results: The APIM analysis revealed that both stroke patients and caregivers demonstrated double actor-only pattern. As such, stroke-survivors’ hope and active coping exerted an actor effect on their own wellbeing with $\beta = 0.48$ ($p < 0.01$) and 0.16 ($p < 0.01$), respectively. Similarly, the caregiver also reported an actor effect between hope and wellbeing ($\beta = 0.84$, $p < 0.01$) as well as active coping with wellbeing ($\beta = 0.37$, $p < 0.01$). The overall SEM model also fulfilled the criteria for good model fit (χ^2 (5.87), $p = > 0.05$, CFI = 0.98, TLI = 0.96 and RMSEA = 0.07).

Conclusions: The results suggest that both stroke patients and caregivers’ hedonic wellbeing are holding actor-oriented pattern with the hope and active coping. The implications for clinical practitioners, research and theoretical development are discussed.

INNOVATIONS ON DEMENTIA ADVOCACY AMONG STUDENTS OF A MEDICAL UNIVERSITY IN TAIWAN

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In 2017, Taiwan established Dementia Action Plans 2.0 to respond to the World Health Organization’s call to increase dementia awareness and support for dementia carers. However, efforts have not yet been made to educate and increase dementia literacy on the younger generations. This paper addressed the outcomes to increase knowledge and information about dementia and caregiver resources to university students. 93 students participated in a two-day workshop on dementia literacy, followed by two months of advocacy in Taichung City, Taiwan. Students were divided into 14 advocacy groups and the outcome reports were categorized qualitatively using content analysis. The results showed that students were from nine departments and over one-quarter having a dementia loved one in the family. Four innovative categories were developed, including (1) dementia literacy for students and the public; (2) dementia friendly action plans; (3) dementia caregiver’s advocacy and (4) reducing dementia stereotypes. Highlights included students using social media to promote dementia literacy, face-to-face experiences to inform public education, dementia education on early onset dementia and using diverse bio-psycho-social angles to evaluate dementia. Students expanded advocacy to many social media, innovations and target areas, including Facebook, Instagram, Google spreadsheet, stickers, postcards, illustration of children’s books and public announcement. This paper revealed that younger generations used many advocacy methods that were thinking outside of the box. In conclusion, dementia is no longer an elder’s business but young adults can bring technological, inter-generational and cultural innovations into fulfilling the goals of Dementia Global Action Plans.

KEY FACTORS IN INTERVENTION IMPLEMENTATION, FIDELITY, AND SUSTAINABILITY

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As part of an NIA-supported effort to develop an online course to train individuals to lead the evidence-based Savvy Caregiver program and to orient sponsoring organizations to the program, we conducted semi-structured interviews to assess success and sustainability “best practices”. Interviews were conducted with 17 leaders and trainers from eleven Savvy-providing organizations. Analysis of these interviews identified two main themes associated with successful program implementation: leadership commitment and trainer ownership. Paramount to success appears to be leaders’ clear understanding of and enthusiastic commitment to the value of the Savvy program to the organization’s constituents. This translated to careful selection, training, management and on-going development of Savvy program trainers. It contributed to leaders’ appreciation of Savvy as a gateway for clients to seek out other programs and services from the organization, while the gathering of meaningful evaluation data (using established outcome-assessment instruments)

contributed, in several cases, to garnering more lasting support to deliver the program. Organizations' commitment to the program was demonstrated by securing the kinds of adequate and appropriate training, typically involving both instruction and modeling, for Savvy program leaders. These efforts fostered a sense of ownership among the leaders – the sense that the program had positive value for the caregivers served. These findings should be of interest both to scholars engaged in the development of interventions and for organizations implementing them. Taken together, the themes highlight several factors for program implementation that maximize the chances of maintaining fidelity to core program principles and ensuring its sustainability.

PIVOTING DURING THE PANDEMIC: A CASE STUDY OF THE SENIOR COMPANION PROGRAM PLUS

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Introduction: Growing research supports the use of older volunteers to provide respite and community-based assistance to persons with ADRD and their caregivers. This study explores the impact of COVID-19 on a face-to-face, peer-led psychoeducational intervention for African American ADRD family caregivers, the Senior Companion Program Plus (SCP-Plus), and its subsequent need to 'pivot' during the pandemic.

Method: The SCP-Plus was a randomized control trial across three states that assessed program impact on ADRD family caregiver stress/burden, coping, and social support. In spring 2020, the SCP-Plus intervention was halted because of the potential risk to participants due to COVID-19 (n = 20 enrolled dyads). In an effort to maintain rapport and trust, critical to retention in research studies, team members began weekly (March-April) and then bi-weekly calls (May-December) for the purpose of providing a social check-in and to provide updates on the status of the intervention.

Results: A total of 396 calls lasting approximately 10 minutes each were completed. Participants shared concerns around safety, access to food/supplies/masks/testing, feelings of stress and loss, concern for others, and the importance of technology as a means of social connection. Although the intervention aspect of the SCP-Plus ultimately ended due to COVID-19, information gleaned from these check-ins were used to pivot the study. The study moved forward by using a descriptive phenomenological approach to capture dyads' lived experiences during COVID-19.

Discussion: Overall, purposeful participant engagement through weekly/bi-weekly phone calls suggests that this is a promising strategy for participant retention as well as for pivoting research.

PPA TELE-SAVVY: DEVELOPING AN ONLINE INTERVENTION WITH CAREGIVERS OF PERSONS WITH PRIMARY PROGRESSIVE APHASIA

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Primary progressive aphasia (PPA) typically results from a neurodegenerative disease such as frontotemporal lobar degeneration or Alzheimer's disease and is characterized by a progressive loss of specific language functions with relative sparing of other cognitive domains until later stages when widespread cognitive decline consistent with generalized dementia is more prevalent. PPA tends to appear earlier than most dementias, in late middle-age, and can result in a high degree of psychological and economic burden for the family. Thematic analysis of PPA caregiver studies reveal families are learning to adapt to not only declining language across communicative contexts and domains, but concomitant behavioral, social communication and personality changes over time. While there are several evidence-based dementia caregiver interventions, none are specifically designed for the PPA family caregiver. This pilot project, funded by the Emory University Roybal Center is the adaptation of an evidence-based on-line psychoeducation program (Tele-Savvy) to address the unique challenges facing informal caregivers of those living with PPA and to help these caregivers achieve mastery within this context. PPA caregivers have been engaged through focus groups to identify their most pressing caregiving challenges and how the existing Tele-Savvy curriculum should be adapted to meet their needs. Synchronous and asynchronous video modules have been designed to address: PPA education, the impact on dyadic connection and caregiving challenges and communication strategies specific to PPA. The Tele-Savvy central processes of coaching and de-briefing will also be pilot tested and refined.

Session 9285 (Poster)

FAMILY CAREGIVING: INTERVENTIONS AND SUPPORT

FAMILY CAREGIVERS AND SUPPORT: IMPLICATIONS FOR WORK STRAIN AND FORMAL SERVICE USE

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In the US, many employed caregivers make professional adjustments, exacerbating already tenuous balances between work and life. Using the framework of the Stress Process Model (SPM), current research examines the sources of support (both formal and informal) and the contextual factors that facilitate or impede caregiver support. In this research, we examine whether and to what extent caregiver work strain is ameliorated by the presence of additional family caregivers and formal service use. This study utilizes data provided by the National Study of Caregiving (NSOC) data. Using panel methods for the pooled waves, we analyze the associations between work-strain and the number of additional caregivers with utilization of formal support (such as paid service support). Preliminary analyses align with the Stress Process Model as additional caregivers for each respective care-recipient is associated with lower levels of work strain. On the other hand, utilization of formal