

caregiver interventions and supports based on caregiver management style is an important future direction.

PRECISION IN HEALTH CARE FOR DEMENTIA: DO CARE PARTNERS KNOW WHAT THEY DON'T KNOW?

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Clinicians rely on care partners to provide health care at home for people with dementia, who typically have multiple chronic conditions in addition to progressive cognitive decline. We examined the accuracy of care partners' knowledge of care recipients' medical conditions and medications, using a benchmark of $\geq 80\%$ match. Of 100 care partners of people with dementia who were recently hospitalized for a major medical illness, nearly all rated their knowledge as high, but about half did not correctly identify care recipients' medical conditions or know medications, and one fourth did not understand the purpose for which medications were given. A key predictor of poor objective knowledge was care partners' cognitive status. These findings highlight the importance of objective assessment of care partner knowledge and skills by clinicians who provide health care and advance care planning for people with dementia.

TAKING A BREAK: DAILY RESPITE EFFECTS OF ADULT DAY SERVICE AS ACTUAL TIME AWAY FROM CAREGIVING

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Adult day service (ADS) can provide emotional and physical relief for caregivers of persons with dementia (PWD). Studies have examined differences between caregivers of service users and non-users; less known, however, is how actual hours away from caregiving responsibilities through using ADS impact caregivers' daily outcomes. Using daily diary data from 173 family caregivers whose relatives are using ADS (day N = 1,359), this study investigated within-person differences in respite hours across 8 consecutive days and how daily respite hours are associated with daily well-being (i.e., mood and health symptoms). On average, caregivers reported 7.12 respite hours on ADS days and 1.74 respite hours on non-ADS days. Multilevel models revealed that having more respite hours is associated with better positive mood, but not with negative mood and health symptoms – after controlling for ADS use. Further, when caregivers perceived more break time from caregiving responsibilities, they showed better positive mood.

FAMILY CAREGIVERS' RESPONSES TO DAILY BEHAVIORAL SYMPTOMS OF DEMENTIA: THE MODERATING ROLE OF RELATIONSHIP QUALITY

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Providing care for persons with dementia (PWD) is frequently regarded as highly stressful, but how caregivers perceive care-related stressors depends on a variety of contexts. Research has demonstrated that relationship quality between the caregiver and receiver – as an important dyadic context – can influence the magnitude of this perceived distress. Using 8-day diary data from 173 family caregivers of PWD (day N = 1,359), this study examined the moderating effect of relationship quality on caregivers' stress responses to daily behavioral and psychological symptoms of dementia (BPSD), comparing within- and between-person effects. Multilevel models suggested differences in the association between BPSD occurrence and perceived distress of BPSD (i.e., negative within-person association, but positive between-person association). However, we found that both associations were moderated by relationship quality; that is, better dyadic relationship quality seemed to be protective against distress at both within- and between-person levels.

BEHAVIORAL MARKERS OF RESILIENCE IN CARE PARTNERS OF PERSONS WITH DEMENTIA: A THEMATIC ANALYSIS FROM A SCOPING REVIEW

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Caring for a person with dementia (PWD) requires commitment, flexibility, and resilience – the ability to endure and recover from stressors that arise during the caring process. However, it is unknown what behaviors can indicate resilience in care partners (CPs) of PWDs. We examined 46 peer-reviewed articles (1990 to 2018) that included measures or definitions of resilience in CPs of PWDs. Our goal is to identify resilience-related behaviors and create a behavior-based model/framework for CPs of PWDs. Three major themes emerged: (1) Problem-response behaviors (problem-identifying, problem-solving, problem-distancing, learning, and reflection); (2) self-growth behaviors (self-care, creative/spiritual activities, and developing/maintaining meaningful social relationships); (3) help-related behaviors (help-seeking and help-receiving). These findings informed the development of a behavior-based Care Partner Resilience (CPR) measure. Future steps in this research include evaluating to what extent behaviors in the CPR framework are associated with CPs' self-assessed resilience and can predict CPs' resilience following specific caregiving-related stressors.

SESSION 3115 (SYMPOSIUM)

THE POWER OF REVIEWS: HARNESSING RESEARCH ON COGNITIVE HEALTH

Chair: Kelly Quinn, *University of Illinois at Chicago, Chicago, Illinois, United States*

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