

conducted with 204 elders at four community-based, outpatient care sites in the metropolitan area of San Antonio, Texas. In addition to ethnicity and the suicide-related questions, the interviews collected data on age, gender, marital status, education, income level, acculturation (Latinos only), depression, self-reported health status, daily living functioning, and religiosity/spirituality. In general, there were no ethnic group differences in attitudes, however, the factors associated with those attitudes varied between ethnic groups. Among Whites, attitudes toward suicide and toward physician-assisted suicide were significantly and negatively associated with religiosity. Among Latinos, depression was significantly and positively associated with attitudes toward suicide in chronic pain scenarios, while acculturation was significantly and negatively associated with attitudes toward physician-assisted suicide in chronic pain scenarios. This study's findings suggest that depression among Latino elders and religion among White elders are determinant factors of attitudes toward suicide in chronic pain scenarios. Future research is needed to confirm our findings with a more heterogeneous study sample, including Latinos from different countries of origin (e.g. Mexican Americans, Puerto Ricans, Cubans); and more heterogeneous ethnic groups in terms of socioeconomic status and educational level characteristics.

#### LONELINESS AND SUICIDE IDEATION IN OLDER ADULTS: A LONGITUDINAL INVESTIGATION

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Older adults have the highest rates of suicide globally, necessitating theory and research investigating suicide and its prevention in later-life. The experience of loneliness is significantly associated with depression, hopelessness, negative health outcomes, and mortality among older adults. Yet, relatively little research has focused on the role of loneliness in conferring suicide risk in later life. The purpose of the present study was thus to investigate the potential associations between loneliness and suicide ideation and behavior in a sample of community-residing older adults recruited into a larger two-year longitudinal study of psychological risk and resiliency to later-life suicide ideation. We specifically recruited 173 adults, 65 years or older, from community locations in a medium-sized Canadian city, for a study on "healthy aging." Participants completed measures of positive and negative psychological variables, including depression, loneliness, and suicide ideation at a baseline assessment, and again at 2-4 week, 6-12 month, and 1-2 year follow-up points. Findings indicated that loneliness (UCLA Loneliness Scale) was significantly positively associated with concurrent depression and suicide ideation, negatively associated with psychological well-being and perceived social support, and differentiated between participants who endorsed or denied having ever engaged in suicide behavior. Baseline loneliness also explained significant variability in the onset of suicide ideation over a 1-2 year period of follow-up, controlling for age, sex, and baseline depression and suicide ideation. These findings will be discussed in the context of the need for increased focus on psychosocial factors when assessing and intervening to reduce suicide risk in older adults.

#### SESSION 3110 (SYMPOSIUM)

##### THE ART OF CARING: EXPLORING HOW DEMENTIA CARE PARTNERS MANAGE CARE CHALLENGES AND FIND RESILIENCE

Chair: Amanda N. Leggett, *University of Michigan, Ann Arbor, Michigan, United States*

Discussant: Laura N. Gitlin, *Drexel University, Philadelphia, Pennsylvania, United States*

Approximately 15 million Americans serve as family caregivers for a person with Alzheimer's disease or another form of age-related dementia and this care can take a physical and emotional toll. Understudied is the process of how families actually provide care in response to care challenges, and how to find respite and resilience amidst care challenges. This symposium considers how caregivers handle daily challenges related to dementia including activities of daily living, behavioral and psychological symptoms of dementia, general health and medical comorbidities. In addition to characterizing care partner's distinct styles of management (Leggett et al.) and knowledge and capacity to manage health care (Sadak et al.), the papers also provide perspective on positive aspects of care management such as the impact of respite on positive mood (Wylie et al.), the moderating role of relationship quality on responses to behavioral and psychological symptoms of dementia (Chunga et al.) and finally how caregivers' problem-related, self-growth, and help-related behaviors compose their resilience to care challenges (Zhou et al.). To conclude, our discussant Dr. Laura Gitlin will offer insight on cross-cutting implications across studies and offer perspective on how research, intervention science, and clinical practice may better account for caregiver management styles to promote growth and resilience in caregivers and their care partners with dementia.

##### STYLE AND SUBSTANCE: A QUALITATIVE CHARACTERIZATION OF DEMENTIA CAREGIVING MANAGEMENT STYLES

Amanda N. Leggett,<sup>1</sup> Benjamin Bugajski,<sup>1</sup> Breanna Webster,<sup>1</sup> Brianna Broderick,<sup>1</sup> Daphne Watkins,<sup>1</sup> Laura Gitlin,<sup>2</sup> and Helen C. Kales<sup>1</sup>, *1. University of Michigan, Ann Arbor, Michigan, United States, 2. Drexel University, Philadelphia, Michigan, United States*

Caring for a person living with dementia (PLWD) can take a physical and emotional toll, but understudied is the process of how family caregivers actually provide care (caregiver management styles). We interviewed 100 primary family caregivers regarding management of a recently experienced care challenge and values held which might impact care management decisions. Watkins' (2017) rigorous and accelerated data reduction (RADaR) technique was used to analyze qualitative data through open/focused coding, determining commonalities of style components/themes, and finally defining caregiving management styles. Style for a given caregiver emerged from enacted care strategies, caregiver's internal stances which informed their use of strategies, and broader engagement (or lack thereof) with the PLWD's lived experience/reality. Styles emerging from the analysis will be described including the direct, rigid "Just do it" style, and the flexible, empathic "Teamwork" style. Individualizing

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?

Tatiana Sadak,<sup>1</sup> Emily Ishado,<sup>1</sup> and Soo Borson<sup>1</sup>,  
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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

Molly J. Wylie,<sup>1</sup> Kyungmin Kim,<sup>1</sup> Yin Liu,<sup>2</sup> and Steven H. Zarit<sup>3</sup>, 1. *University of Massachusetts Boston, Boston, Massachusetts, United States*, 2. *Utah State University, Logan, Utah, United States*, 3. *Pennsylvania State University, University Park, Pennsylvania, United States*

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

Richard E. Chunga,<sup>1</sup> Yin Liu,<sup>2</sup> Kyungmin Kim,<sup>1</sup> and Steven H. Zarit<sup>3</sup>, 1. *University of Massachusetts Boston, Boston, Massachusetts, United States*, 2. *Utah State University, Logan, Utah, United States*, 3. *Pennsylvania*

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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

Yuanjin Zhou,<sup>1</sup> Avery O'Hara,<sup>2</sup> Emily Ishado,<sup>2</sup> Soo Borson,<sup>3</sup> and Tatiana Sadak<sup>2</sup>, 1. *University of Washington School of Social Work, Seattle, Washington, United States*, 2. *University of Washington School of Nursing, Seattle, Washington, United States*, 3. *University of Washington School of Medicine, Seattle, Washington, United States*

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*

Discussant: Daniela B. Friedman, *University of South Carolina, Columbia, South Carolina, United States*