

were rated as desirable but unfamiliar (“go zone”). We identified elements necessary for health and wellbeing from the perspective of African American caregivers. Go-zone items represent opportunities to intervene to promote the health of African American women caring for older adults.

CHOICE MODERATES RELATIONSHIPS BETWEEN LEVEL AND DURATION OF CARE AND THE HEALTH IMPACT OF CARING FOR AN OLDER PARENT

Robin Tarter,¹ Dena Hassounah,¹ Allison Lindauer,¹ and Nathan Dieckmann², 1. *Oregon Health and Science University, Portland, Oregon, United States*, 2. *Oregon Health & Science University School of Nursing, Portland, Oregon, United States*

The perception of choice in the caregiving role has emerged as a key theme in qualitative gerontological caregiving research but few studies have examined choice quantitatively. The aim of our study was to test whether perceived choice moderated the relation between level and duration of care and the health impact of caring for a parent over the age of 65. We tested these questions in a series of structural equation models using existing data from the National Alliance for Caregiving, Caregiving in the U.S. 2015 Survey. We found that for adult-child caregivers of parents who reported a lack of choice in taking on the caregiving role, greater responsibilities for assistance with activities of daily living (ADLs) ($p < 0.01$) and instrumental ADLs ($p < 0.01$), and greater time providing care ($p < 0.05$) predicted the negative impact of caregiving on caregiver health. The number of ADLs performed also predicted the emotional stress of caregiving for parents ($p < 0.01$). Conversely, for caregivers who reported that they did have a choice in taking on the caregiving role, level and duration of care were not significantly related to the impact of caregiving on caregiver health, or the emotional stress of caregiving. Women were significantly more likely to report a lack of choice than men ($p < 0.05$). Additional research is needed to explore the meaning of choice, and the ways in which choice may be especially constrained for daughters who care for older adults, in order to develop interventions to ameliorate the potentially deleterious health effects of caregiving on adult-children.

IMPACT OF END-OF-LIFE PLANNING ON SURROGATE DECISION-MAKER ANXIETY

April Aloia,¹ Daniel L. Segal,¹ Alan Mouchawar,² and Melissa J. Benton¹, 1. *University of Colorado at Colorado Springs, Colorado Springs, Colorado, United States*, 2. *Hoag Hospital, Newport Beach, California, United States*

At the end of life, adults with advanced illness frequently rely on surrogate decision makers to make health care decisions. Surrogate decision makers often have anxiety related to the difficulty and complexity of making end of life decisions. This project evaluated whether an educational intervention focused on creating a specific plan of care for hospice patients would reduce anxiety among their surrogate decision makers. The Geriatric Anxiety Scale (GAS), the State Trait Anxiety Inventory-State Anxiety Scale (STAI-S), and a single question about decision-making anxiety were used to measure surrogate decision maker anxiety before the intervention, immediately after the intervention, and 2 weeks following the intervention. After completing an

informed consent, 12 patients (age 80 ± 14.7 years) and 18 surrogate decision makers (age 60 ± 12.9 years) from a Southern California hospice organization participated in the educational intervention. Immediately following the intervention surrogate decision maker anxiety decreased. Mean GAS anxiety scores decreased ($p = 0.003$) from 21.3 ± 9.8 to 16.6 ± 7.6 and STAI-S scores decreased ($p = 0.003$) from 43.3 ± 11.5 to 38.1 ± 9.9 . However, when surrogate decision maker anxiety was measured 2 weeks post-intervention, anxiety had increased again, so that it was no longer significantly different from pre-intervention levels. Qualitative analyses showed high satisfaction, with 85% of decision makers reporting that the education was very or extremely helpful. This project demonstrated that an educational intervention in the hospice setting can be effective in creating a short-term decrease in surrogate decision maker anxiety levels.

BEHAVIORAL ACTIVATION FOR FAMILY CAREGIVERS OF PEOPLE WITH DEMENTIA: A SYSTEMATIC REVIEW AND META-ANALYSIS

XINYI XU,¹ Rick Kwan,¹ and Angela YM Leung², 1. *The Hong Kong Polytechnic University, Hong Kong, Hong Kong*, 2. *Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University, Hong Kong, Hong Kong*

Behavioural activation (BA) aims to increase positive response-contingent environmental reinforcement and help caregivers to engage in pleasant and constructive activities, and therefore improve psychological and physical health among family caregivers of people with dementia (PWD). However, knowledge of the effectiveness of BA in this population remains limited. The current study applied a systematic review and meta-analysis in order to determine the effectiveness of BA among family caregivers of PWD. Literature was searched in PubMed, Medline, CINAHL, Cochrane, Embase and PsycINFO published from March 1988 to March 2018. Seven Randomized Control Trials (RCT)s evaluating the effects of BA in family caregivers of PWD were eligible to be included in this review. Cochrane's guideline was used in order to measure risk of bias and extract data. A random effects model was used to pool the effect size. Family caregivers of PWD receiving BA that only for caregivers demonstrated a statistically significant reduction in depression ($n = 3$; 311 participants; Cohen's $d = 0.55$; 95% CI: 0.30 to 0.81; $P < 0.001$). BA also had a positive impact on interleukin-6, negative affect of caregiving, relationship satisfaction, dysfunctional thoughts and distress related to neuropsychiatric symptoms of PWD for family caregivers. The available evidence suggests that future studies are needed to focus on better ways of administering BA to family caregivers of PWD, to improve their physical and psychological health. Meanwhile, more RCTs to investigate the effects of BA on psychological and physical health for family caregivers of PWD is needed.

DEMENTIA FAMILY CAREGIVERS' EXPERIENCES WITH A NURSE-LED MEMORY CARE CLINIC

Mariya A. Kovaleva,¹ Bonnie M. Jennings,² Carolyn Clevenger,³ Mi-Kyung Song,² Patricia C. Griffiths,⁴ and Ken Hepburn³, 1. *Vanderbilt University School of Nursing, Nashville, Tennessee, United States*, 2. *Nell Hodgson Woodruff School of Nursing,*