

well-being of their older populations at risk. Bangladesh is one such nation characterized by excess poverty, poor health, high mortality rates, and illiteracy among its older adults. The lack of elder-friendly infrastructure presents another problem for aging well in Bangladesh. This study examined perceptions about the adequacy of care and support received by older Bangladeshis. A cross-sectional survey collected data from 100 older people who were purposively sampled. Results revealed that older people generally are not satisfied with support services from the government and feel that old-age care has historically declined. Inadequate care and support was cited both at family and state levels. Respondents expressed concern that earlier generations of older people were better taken care of than the present generation, and that the former received more respect than the latter. Factors related to perceived support deficits included poverty, widowhood, and migration of sons. In this patrilineal culture, widowed women in particular perceived themselves as disadvantaged in terms of care availability. We conclude by recommending that policies be designed to enhance care and support services for older people in Bangladesh, particularly the most vulnerable and marginalized among them.

THE INTERSECTION OF RELIGION AND SES IN MANAGING CHRONIC CONDITIONS AMONG OLDER PERSONS IN NIGERIA

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Increased life expectancy in Nigeria has corresponded with higher rates of chronic diseases among older persons. Consequently, this is a new experience that older persons progressively have to deal with. In this study, I explored how religion and social support helped older persons cope with their chronic disease conditions, in light of the prevailing socio-cultural and economic circumstances in Nigeria. The research was conducted in two state-owned medical institutions, in a city in the North-Central part of Nigeria. In-depth, qualitative interviews were conducted among 19 purposively selected chronically ill persons aged between 50 years and over, during clinic days. The study revealed that religion is central to peoples' management of feelings of despair, and acceptance of chronic disease conditions, as well as their adherence to prescriptions. This is explained by the theme "God as the Bestower and Reliever." Also, some respondents perceived their coreligionists to be financially supportive. Although, some participants expressed that they depended on their families for their upkeep and emotional well-being, dire socio-economic conditions and lack of governmental support in chronic care meant that financial support was limited. This is explained by the theme "Times are Hard." Subsequently, most respondents bore a dual burden of coping with chronic conditions even as they were financially responsible for themselves and their families. This was particularly stressful because it meant that most respondents were constantly worried about being able to meet basic daily needs, as well as manage the financial costs of their treatments, which proved expensive to manage.

INNOVATING CAREGIVER EDUCATION: INCLUDING COOPERATIVE EXTENSION IN RURAL CAREGIVING EDUCATION

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Studies consistently report that caregivers under utilize resources, citing unawareness or inability to access programs as barriers to service utilization. Family and Consumer Science (FCS) educators within Extension have a unique blend of training that can help transform access to education for rural caregivers. Extension programming covers a wide range of topics, but few have implemented a curricular program or workshops to educate caregivers about caregiving issues. The current study involved a multi-state examination of innovativeness in caregiving program implementation among N = 216 FCS educators employed by the Cooperative Extension Service. Educators rated their perceptions of Extension's receptiveness to change and personal factors. Results indicated that more urban areas ($\beta = .19, p < .05$), fewer years in their current position ($\beta = -.23, p < .05$), and greater leadership self-efficacy ($\beta = .17, p < .05$) predicted educator innovativeness to implement new caregiver education programming. However, when personal factors were added to the model, only years in current position ($\beta = -.20, p < .05$) remained significant. Subjective age ($\beta = -.25, p < .01$) and social support ($\beta = .28, p < .01$) were also found to significantly predict educator innovativeness. Despite previous research, these results indicate that personal factors may have a greater influence on educators' innovativeness than organizational factors. These findings are critical when adopting and implementing a rural caregiver education programs through new organizational networks.

PATIENTS' PAIN AND THEIR SPOUSAL CAREGIVERS' NEGATIVE AFFECT: THE MODERATING ROLE OF SELF-EFFICACY

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Spousal caregivers of chronic pain patients may experience high levels of negative affect, perhaps in part because they regularly witness patients' suffering. Yet, few studies have examined the relation between patients' chronic pain and spousal caregivers' negative affect. According to social cognitive theory, individuals' self-efficacy may modulate how much negative affect they experience in response to stressful situations. The purpose of this study was to test the hypothesis that spousal caregivers would report higher levels of negative affect on days when patients experienced higher levels of knee pain. We also tested the hypothesis that patients' and spouses' self-efficacy for managing pain would each buffer this positive association. A total of 144 knee osteoarthritis (OA) patients and their spouses completed baseline interviews and a 22-day diary assessment. Multilevel models indicated that patients' self-efficacy, but not spouses' self-efficacy, moderated the positive association between patients' pain and their spouses' negative affect, even after controlling for spouses' gender, age, and depressive symptoms. That is, spouses reported higher levels of negative affect on days when patients experienced more pain, but only among patients whose self-efficacy for managing pain was low. These findings suggest that patients' self-efficacy for managing pain may serve as a protective factor for their spousal caregivers' daily negative affect. Interventions targeting patients'

self-efficacy for managing pain may be beneficial for couples coping with knee OA.

LONG-TERM OUTCOMES OF THE BENEFIT-FINDING GROUP INTERVENTION FOR ALZHEIMER'S FAMILY CAREGIVERS: A DOUBLE-BLIND RCT

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This study examines the long-term effects of benefit-finding on caregivers' depressive symptoms (primary outcome), and global burden, role overload, and psychological well-being (secondary outcomes). 96 Hong Kong Chinese caregivers of relatives with Alzheimer's disease were randomly assigned to receive the benefit-finding intervention (BFT) or one of two control conditions, namely, simplified psychoeducation (lectures only; SIM-PE) or standard psychoeducation (STD-PE). Caregivers received four biweekly one-to-one interventions of three hours each at their own homes. Participants and raters were blind to experimental assignment. We focused on outcomes measured at 4- and 10-month follow-ups. The trajectories of intervention effects were modeled by BFT x time and BFT x time² interaction terms. Mixed-effects regression showed significant BFT x time² interaction effects on depressive symptoms against both control conditions, suggesting diminishing BFT effects over time. Z tests showed that, compared with controls, BFT participants reported substantial reductions in depressive symptoms at 4-month follow-up ($d = -0.85$ and -0.75 vs. SIM-PE and STD-PE respectively). At 10-month follow-up, BFT was indistinguishable from STD-PE whereas a moderate effect was observed in the comparison with SIM-PE ($d = -0.52$). In addition, some inconsistent effects on role overload were observed but no effect was found for the other outcome variables. It is concluded that benefit-finding is an efficacious intervention for depressive symptoms in Alzheimer caregivers, with strong effects in the medium-term post-intervention and possible moderate effects in the long-term.

THE MODERATING EFFECT OF RAISING ONE'S GRANDCHILDREN ON THE RELATION BETWEEN SLEEP AND DEPRESSION

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Recent evidence has shown that poor quality sleep is associated with depression, particularly among older individuals (Bao et al., 2017; Nadorff, Fiske, Sperry, & Petts, 2012). Moreover, given the high prevalence of depressive symptoms among older adults, it is important to identify possible risk factors of poor sleep quality. One possible risk factor is being a custodial grandparent (raising one's grandchildren), as increased caregiving responsibilities are associated with increased depressive symptoms (Brand-Winterstein, Edelstein, & Bachner, 2018). Based upon these previous findings, the current study examines the effect of custodial status on the relation between sleep quality and depressive symptoms. The sample ($N = 466$) was a subset of individuals recruited in the second wave of the MIDUS biomarkers project completed in 2009 who answered the sleep, caregiving, and depressive symptoms variables of interest. Measures included the Center for Epidemiological Studies Depression Scale (CESD), the Pittsburgh Sleep Quality

Index (PSQI), and a question regarding custodial grandparent status. The current study aimed to examine whether poor sleep quality might serve as a risk factor for experiencing depressive symptoms and how custodial grandparents might differ from other older adults. Moderation analyses were conducted using SPSS' Process macro on the sample. The interaction between global sleep quality and custodial grandparent status was significant in predicting depressive symptoms, $t(1, 465) = 3.90$, $p = .04$, such that custodial grandparents reported a stronger positive correlation between greater global sleep problems and depressive symptoms than non-custodial grandparents. Implications, future directions, and limitations are discussed.

VALIDATION OF THE CAREGIVER REACTION SCALE IN A SAMPLE OF NON-HELP-SEEKING CAREGIVERS

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The Caregiver Reaction Scale (CRS) is a comprehensive measure of the family caregiving experience that assesses burden, family strains and positive aspects of caregiving (PAC). The CRS has been validated in sample of older adult help-seeking caregivers, but its validity and reliability in a non-help-seeking sample of caregivers was unknown. This study aimed to explore how well the CRS assesses the full caregiving experience in a younger non-help-seeking sample of family caregivers and to further evaluate the validity of the PAC subscales. A sample of non-help-seeking caregivers ($N = 452$; Mage = 48.56, SD = 17.15) completed online questionnaires of burden, positive aspects of caregiving, and psychological well-being. All subscales of the CRS demonstrated very good internal consistency reliability ($\alpha \leq .88$). The PAC subscales of the CRS demonstrated medium to large positive correlations with a measure of positive aspects of caregiving ($r \geq .44$) and small to medium positive correlations with psychological well-being ($.25 \geq r \leq .42$). Burden subscales of the CRS had large positive correlations with another measure of burden ($r \geq .66$). Medium positive correlations were also found between family and job conflict subscales of the CRS and the burden measure ($r \geq .35$). CRS PAC subscales were negatively correlated with the burden measure ($r \leq -.13$). The CRS is a valid and reliable measure of the caregiving experience as evidenced by convergent and discriminant validity of CRS subscales and well validated measures of burden and positive aspects of caregiving.

GRANDPARENT CAREGIVERS: THE RELATION BETWEEN SOCIAL NETWORKS AND RESILIENCE

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Grandparents raising grandchildren experience multiple challenges as they take on the unexpected role of caring for their grandchildren, which usually occurs under stressful and stigmatizing conditions. Many of the challenges grandparents experience are well documented in the research. Less attention is given to understanding how a grandparent