

DEVELOPMENT OF A NOVEL MEASURE OF INFORMAL CAREGIVER BURNOUT

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Burnout is a concept which has permutated most settings over recent decades. However, due to its roots in occupational research there exists both theoretical and practical gaps to consider when measuring burnout within non-occupational settings, such as informal caregiving. This study developed and validated a measure of burnout for informal caregivers of individuals with Alzheimer's disease and dementia, the Informal Caregiver Burnout Inventory (ICBI). Theoretical and methodological implications are discussed. Development included a 10-step method for scale development proposed by Boateng and colleagues (2018). Expert feedback on item appropriateness and clarity was collected from 33 caregivers or related professional experts and used to modify the original item-bank. Following this, a national sample of 255 current caregivers was gathered. This survey included the ICBI, two gold-standard measures of burnout, and measures of depression and caregiver burden. Item reduction analysis was used to remove items with poor item-total and inter-domain correlations. The ICBI shows good item-agreement (Cronbach's alpha= .88) and principles of Item Response Theory were used to measure item- and scale-wide information captured. Convergent validity was then compared against other measures of burnout using Bland-Altman Plots. Divergent validity was similarly assessed by comparing the ICBI to a depression questionnaire. Finally, the predictive validity of each burnout measure was compared to their association with burden and depression. This study suggests that the ICBI may perform adequately as an index of caregiver burnout, and thus is address a methodological and clinical gap in current efforts to understand the dynamics of caregiving.

IMPLEMENTATION OF THE FL-REACH CAREGIVER INTERVENTION: TRANSLATION IN AN OUTPATIENT MEMORY DISORDERS CLINIC

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The REACH II intervention is the gold-standard in dementia caregiver interventions. The FL-REACH translation is a novel adaptation offered in both English and Spanish to an outpatient memory disorder clinic at an urban, Southeastern healthcare system. This pre-post feasibility trial involves 6 sessions (4 in person at the clinic and 2 by phone) with the identified caregiver and any other family who wish to attend, which may also include the person living with dementia. The program is focused on early stage post-diagnosis, and is structured around building rapport, empowering families to build support networks, and teaching skills and knowledge-based material. Twenty four of the 60-participant target sample have consented to participate in this ongoing study. Change on the Preparedness for Caregiving Scale is significant ($t=3.03$, $p=.001$, Cohen's $d=2.49$). Means for the Zarit Burden 12-item scale went from 24.5 to 13.17 ($t=-6.65$, $p=.03$, Cohen's $d=3.53$). Access by care recipients to dangerous objects decreased (67% to 14%). Confidence

in ability to use behavioral strategies in caregiving increased from 8% at baseline to 72% at study completion. Satisfaction surveys indicate high satisfaction with all elements of the intervention. These outcomes are consistent with existing data regarding utility of the REACH framework and reflect feasibility of delivering an adapted program model in an outpatient clinic environment. A future randomized controlled trial should examine whether early intervention and training reduces utilization of emergency care over time and improves quality of life for families.

SUICIDAL IDEATION IN DEMENTIA FAMILY CAREGIVERS

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Family caregivers of individuals living with Alzheimer's disease or related dementias (ADRDs) are exposed to unique stressors that put them at risk for depression and suicidal ideation. To date, little is known about contextual factors surrounding suicidal ideation among ADRD family caregivers. We investigated individual caregiver characteristics (gender, age, relationship to care-recipient, history of depression and anxiety) and daily environmental stressors (behavioral symptoms of dementias; BSDs) associated with daily suicidal ideation using a micro-longitudinal design and ecological momentary assessment methods. Data were collected from a national sample of family caregivers (N=51) who completed daily diaries over 21 days (n=911). Suicidal ideation was endorsed on forty-seven days (5.16%) during the sampling period, with 11 participants (22%) endorsing suicidal ideation at least once. Suicidal ideation did not differ based on the caregiver's age and relationship to the care-recipient (spouse or child). Participants with a history of mild depression and anxiety endorsed more days with suicidal ideation. Finally, family caregivers were more likely to endorse suicidal ideation on a day when more than one type of BSD was reported (OR = 1.25, 95% CI: 1.04-1.50, $p = 0.018$) and when BSDs were perceived as more bothersome than average (OR = 1.12, 95% CI: 1.05-1.19, $p < 0.001$). In this investigation, we identified descriptive and predictive factors that will inform the development of targeted interventions for ADRD caregivers at high risk of suicidal ideation.

SESSION 2994 (PAPER)

CHRONIC DISEASE MANAGEMENT AND MODELS OF CARE

CHARACTERISTICS OF OLDER VETERANS ENROLLED IN THE ILLINOIS MEDICAL CANNABIS PATIENT PROGRAM

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Veterans often struggle with disabling conditions such as chronic pain and post-traumatic stress disorder (PTSD) that tend to worsen as they age. Common treatments for these conditions include the use of opioids and benzodiazepines,

yet these medications tend to have unwanted side effects and can even result in addiction. While cannabis use in the US has increased significantly over the past decade, research regarding the risks and benefits is mixed and a growing number of research studies have highlighted the benefits of taking cannabis for medical purposes. While previous studies have looked at cannabis use in older adults and in Veterans over 18, no research has looked at cannabis use specifically in older Veterans. We surveyed adults age 60 and over who were enrolled in the Illinois Medical Cannabis Patient Program as of September 2019. We collected demographics, reason for enrolling in the medical cannabis program, history of cannabis, opioids, and/or benzodiazepines use, and health outcomes. Of 3,768 responses, 593 were Veterans. Older Veterans in our study were predominately male (92.1%), reported using cannabis primarily for pain (80.1%), PTSD or emotional health problems (50.1%) (i.e. anxiety and depression), and reported that cannabis use has positively impacted their quality of life (89.4%), health outcomes (81.9%), pain (86%), and sleep quality (77.1%). Understanding why older Veterans use cannabis and the outcomes they experience from cannabis use can inform state and federal policy makers and enhance clinical care practices.

**CHRONIC DISEASE SELF-MANAGEMENT:
BEHAVIORAL INTERVENTION PREFERENCES
INFORMED BY THE PEN-3 CULTURAL MODEL**

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Chronic Disease Self-Management Program (CDSMP) is an evidence-based program shown to improve health status,

healthcare utilization, and health behaviors among individuals diagnosed with chronic conditions. Aging African Americans, a population at a greater risk of chronic disease diagnosis and burden, are underrepresented in the utilization of self-management behavioral programs. Previous research suggested that cultural distinctions (e.g., values, beliefs, preferences, experiences) impact the participation of racial/ethnic minorities in health-related research, health behavior outcomes, and healthcare utilization. Little is known about unique cultural influences on CDSMP utilization among this target group. To our knowledge, no research has applied a culture-specific theory to understand preferences or use of CDSMP among aging African Americans. Guided by the PEN-3 cultural model, this study examines preferences, barriers, and facilitators that may influence CDSMP utilization for the management of diagnosed chronic conditions. Using a qualitative research design, African Americans (N=50) from six Atlanta Metropolitan faith-based organizations participated in the 6-week CDSMP and one of six focus groups. Participants were largely female (70%) experiencing multiple chronic conditions (M=2) with an average age of 70. Focus groups were transcribed, and a thematic analysis was applied to identify emergent themes. Participants preferred programs that included family, community liaisons, and relevant advertisement material suggesting the importance of cultural identity. Accessing CDSMP at a familiar location with an endorsement of program benefit from trusted sources suggests the importance of relationship and expectations. Findings shed light on factors that may cause aging African Americans to embrace or avoid CDSMP as a healthcare option.