

interventions are informed by mindfulness- and acceptance-based approaches, such as Acceptance and Commitment Therapy (ACT). In addition to standard outcomes, like burden and depressive symptoms, these interventions/therapies seek improvements in individuals' psychological flexibility (e.g., cognitive defusion, present moment awareness, values-based living). Less is known how these constructs interact within well-established caregiver stress processes. We examined a moderated mediation model (N=161 dementia caregivers; PROCESS Procedure; SPSS Release 2.16.1), with BPSD frequency (Revised Memory and Behavior Problems Checklist) predicting depressive symptoms (10-item CES-D), mediated via caregiver burden (short Burden inventory). The moderator was the Values Questionnaire (Progress scale), and we controlled for gender, caregiver duration, age, income, and education. Results revealed that the indirect effect of BPSD on depressive symptoms through caregiver burden was weakened through higher progress toward values (moderated mediation significant at $p < .05$). In essence, greater levels of living according to values dampened the effect of BPSD on depressive symptoms, through care-related burden. These findings are important because caregivers often cannot leave this role, requiring them to learn to live with the caregiving role in healthy ways. Value-based living and committed action toward values signify caregivers' success at balancing care-related stress with other priorities, and psychologically adjusting to difficulties. Interventions that emphasize values-based living, like ACT, have promise for caregivers, offering healthy ways to psychologically adjust to, and live with, the experience.

ANTICIPATORY CAREGIVING SCALE: DEVELOPMENT AND PRELIMINARY VALIDATION

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Background: As public awareness of family caregiving has grown, adults likely anticipate the role they may play as a caregiver for an aging loved one. Although anticipatory planning for caregiving has been studied, no measure of multiple dimensions of the anticipated caregiving experience exists. The purpose of the present study is to develop and validate the Anticipatory Caregiving Scale (ACS), an assessment of adult children's attitudes toward and level of expectation surrounding their potential role as an informal caregiver to a parent or parent-in-law. **Method:** The ACS consists of six subscales that assess multiple factors that may influence willingness to or expectations about taking on a caregiving role: affect surrounding future caregiving, anticipated lifestyle interference, self-efficacy surrounding future caregiving, anticipated caregiving resources, endorsement of norms of family care which influence anticipated caregiving, and the relationship quality, current and anticipated, with the potential care recipient. A sample of 540 adults aged 18 and over recruited online completed the ACS, along with scales to assess convergent, discriminant, and concurrent validity. **Results:** Overall, the ACS and its subscales demonstrated good reliability and validity, established through internal consistency, and convergent, discriminant, and concurrent

validity. **Discussion:** The ACS fills a gap in the current literature by providing a comprehensive, multidimensional assessment examining expectations about one's potential caregiving experience, specific to the adult child-parent dyad. Future studies should examine the psychometric properties of the ACS in a more diverse population of adults across different settings and assess the temporal stability and criterion validity of the scale.

CAREGIVERS' MEDICAL CARE PROVISION AT PATIENT END-OF-LIFE: ASSOCIATIONS WITH EMOTIONAL DIFFICULTY AND GAINS

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Family caregivers play crucial roles in patient care and medical decision making, especially at end-of-life (EOL). Yet, most research focuses on caregivers' burden, with little attention to rewards that make for a fulfilling EOL care experience. We consider caregiver involvement at EOL and associations with caregiver stress and gains. Data are drawn from the 2017 National Study of Caregiving's last month of life and core interviews which includes caregivers (n=283) for a nationally representative sample of Medicare eligible older adults, and questions caregivers about their care provision and EOL experience. We consider indicators of caregivers' involvement in medical decision making and support received from providers as predictors of caregivers' emotional difficulty and gains at EOL utilizing linear regressions controlling for demographic characteristics. Caregivers were 60.7 years of age on average, 72.5% female, 21.3% non-white, and 11% were spousal partners. Making medical decisions was associated with increased emotional difficulty at EOL (B=0.93, SE=0.24, $p < .001$). In contrast, more caregiving gains were associated with having care decisions align with the CG's wishes (B=-0.64, SE=0.30, $p < .05$), being more informed by providers (B=0.41, SE=0.16, $p < .05$), helping the care recipient with anxiety or sadness (B=0.69, SE=0.28, $p < .05$), and surprisingly, feeling that care decisions were made without their input (B=0.82, SE=0.29, $p < .01$). Being more involved and informed in care was associated with both positive and negative caregiver outcomes at EOL. Understanding caregiver emotional difficulty and gains at EOL are critical for identifying how clinicians can better support caregivers at EOL and improving the caregiving experience.

CAREGIVING IN OLDER ADULTHOOD AND MEANING IN LIFE

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While most of the literature on caregiving in adulthood focuses on grandparenting, there is an increasing trend of older adults providing care to an adult care recipient. Older caregivers are often females who are providing care to a spouse with medical conditions and are often doing so while coping with their own functional limitations, with limited support. Within the older adult literature, studies have captured the strain experienced by caregivers of older adults, who are often burdened by the loss of time and opportunity as a result of caregiving. For caregivers in older adulthood however,