SESSION 3930 (SYMPOSIUM)

THE MANY VOICES OF CARE PARTNERS ACROSS THE CONTINUUM OF CARE
Chair: Aimee Fox Co-Chair: Abigail Latimer Discussant: Deborah Waldrop
Caregiving and care-sharing is a dynamic, stressful, and physically demanding responsibility, often leading to adverse psychological and physical outcomes. Caregiving for chronic illness and disease involves increasing complexity and scope of responsibilities and expectations. Utilizing strengths-based approaches and a variety of qualitative methods, this symposium highlights the many voices of care partners across the continuum of care; pre-, during and post-caregiving. First, Latimer and colleagues will present a case study of an older adult with multiple chronic illnesses, offering insight into anticipating care needs and coping with daily stressors of multi-morbidity in late life. Second, Morgan and colleagues will present findings from interviews with care partners on supporting the inner strength of those recently diagnosed with mild cognitive impairment. Third, Fox and colleagues share results from a dyadic, multi-modal intervention for pain management. Care partners who both experience persistent pain discuss changes in their relationship as a result of participating in the intervention together. Fourth, Wladkowski discusses caregiver’s perspectives on live discharge and re-enrollment into hospice care. Her findings demonstrate how the anticipated “end” isn’t always the end for ADRD caregivers. Fifth, Buck and colleagues will share caregivers’ responses to a psychotherapy intervention for the treatment of complicated grief post-death of the care partner. Discussant Deborah Waldrop will contextualize these findings and offer suggestions for future research and interventions to enhance care partners’ well-being across the continuum of chronic illness and care.

MULTIMORBIDITY IN LATE LIFE: APPRAISAL, COPING, AND ANTICIPATING CARE NEEDS
Abigail Latimer, Jia-Rong Wu, and Patricia McGuire, University of Kentucky, Lexington, Kentucky, United States
Older adults diagnosed with multiple chronic and serious illnesses are confronted with complex, at times unpredictable, and burdensome medical realities. We present a case study of a 76-year-old woman with heart failure, kidney disease, and arthritis early in her illness course. We use the Theory of Stress and Coping to guide our discussion of her coping appraisals and strategies that promote her psychological and emotional well-being. Although she dismissed her heart failure symptoms as “old age,” she identified pain and disability associated with her arthritis as more of an immediate and serious threat to her autonomy, control, and personal goals. As she is functioning independently and still working, we share her perspective on anticipated caregiving needs and expectations for the last decades of her life. Insights from this case study can inform future research directions and have implications for education and practice.

THE ROLE OF CARE PARTNERS IN SUPPORTING INNER STRENGTH OF PERSONS NEWLY DIAGNOSED WITH MILD COGNITIVE IMPAIRMENT
Brianna Morgan1, Lauren Massimo1, Sharon Ravitch1, Jason Karlawish2, and Nancy Hodgson1, 1. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 2. University of Pennsylvania Perelman School of Medicine, Philadelphia, Pennsylvania, United States
Inner strength is one’s internal process of facing challenging circumstances, like receiving a mild cognitive impairment (MCI) diagnosis. However, the role of care partners in this process is unknown. This study explores the role of care partners in supporting inner strength at the time of diagnosis using qualitative methodologies. We interviewed persons diagnosed with MCI (N=5) at a Memory Center within 12 months and their care partners (N=5). We analyzed data in NVivo using reflexive thematic analysis methods. Trustworthiness was maintained through vetted semi-structured interview guides, verbatim transcription, field notes, peer analysis, and audit trails. Care partners supplant cognitive losses (e.g., redistribution of self, organizing and coordinating) to allow the person with MCI to thrive, which is built on a foundation of the care partner’s personal resources and the nature of their relationship with the person with MCI. Implications include incorporating care partners into diagnostic processes and tailoring caregiving supports.

EXPERIENCING PAIN TOGETHER: CARE PARTNERS REFLECT ON A DYADIC INTERVENTION FOR PAIN SELF-MANAGEMENT
Aimee Fox1, Arlene Schmid2, Jennifer Dickman Portz3, Marieke Van Puymbroeck4, Heather Leach5, Julia Sharp5, and Christine Fruhauf2, 1. Kansas State University, Manhattan, Kansas, United States, 2. Colorado State University, Fort Collins, Colorado, United States, 3. University of Colorado Anschutz, Aurora, Colorado, United States, 4. Clemson University, Clemson, South Carolina, United States
When caregivers and care receivers (caregiving dyad) both experience persistent pain, there is increased risk for shared adverse health outcomes, including social isolation and decreased relationship satisfaction. Yet, there are few non-pharmacological pain interventions for the caregiving dyad. The purpose of this study was to understand changes in the caregiving dyad after participating in a dyadic, multi-modal intervention for pain self-management. Fifteen caregiving dyads with pain (N=30) participated in the Merging Yoga and self-management to develop Skills (MY-Skills) intervention. Open-ended questions were included in the post-intervention evaluation tool to discuss changes in the dyadic relationship. Qualitative methods were used to analyze data, develop a coding scheme, and identify themes. Findings suggest the intervention strengthened relationships by improving communication, enhancing emotional connection, and increasing physical activity. This study demonstrates the importance of dyadic approaches to interventions for care partners with pain.

UNDERSTANDING CAREGIVER PERSPECTIVES ON LIVE DISCHARGE AND RE-ENROLLMENT ONTO HOSPICE CARE
Stephanie P. Wladkowski, Bowling Green State University, Bowling Green, Ohio, United States
Hospice care improves end-of-life outcomes for adults with Alzheimer’s Disease and related dementias (ADRD), yet with eligibility limited to a six-month prognosis, the
patient-caregiver dyad can experience a live discharge from hospice. In 2019, nearly 350,000 patients with an ADRD diagnosis received hospice services in the US, and 6.5% of hospice patients were discharged due to being ‘no longer terminally ill.’ Caregivers of adults with ADRD who experienced a live discharge (n=24) were interviewed and thematic analysis was conducted. More than half (58%) noted specific support in their caregiving roles while 46% cited feeling relief. Eleven participants were enrolled for one hospice episode, and six re-enrolled at least one time. While participants would consider re-enrolling, they are waiting for a health crisis (n=7) for eligibility, while others question the meaning of hospice for ADRD patients (n=10). Implications for policy, practice, and research to support the patient-caregiver dyad are discussed.

CAREGIVERS' EXPECTATIONS OF A MIND-BODY THERAPY FOR COMPLICATED GRIEF
Harleah Buck, Csomay Center for Gerontological Excellence, Iowa City, Iowa, United States

Accelerated Resolution Therapy (ART) is a psychotherapy for the treatment of complicated grief, defined as unusually prolonged, functionally impairing grief. The purpose of this study was to qualitatively examine caregiver’s expectations of ART. The sample included 29 primarily female, older (67.4 + 7.1 years) former informal caregivers; a little over half (n=18) had been married to their care recipient. Thematic analysis resulted in three themes and six sub-themes arising: The role of knowledge in expectations (sub-themes uncertainty, prior knowledge); The role of personality in expectations (sub-themes openness, positive affect); and Expecting a process (sub-themes cognitive processes, affective processes) which described the interaction of person and process in shaping expectations of our intervention. An across theme analysis of the specificity of the participants’ expectations uncovered that knowledge and personality inform expectations of ART and that individuals who verbalize a process for recovery tend to be very specific in their expectations.

SESSION 3940 (SYMPOSIUM)

THE RAISE FAMILY CAREGIVER ADVISORY COUNCIL: STRATEGIES TO BOLSTER CAREGIVERS’ FINANCIAL SECURITY
Chair: Pamela Nadash

The RAISE Family Caregiving Advisory Council, created under the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act (2018) has been tasked to support the Secretary of Health and Human Services in developing a national family caregiving strategy. The Council began by (in 2021) identifying five key Goals critical to supporting family caregivers, which were reported to Congress in the Council’s Initial Report; the next step (in 2022) was to identify how these Goals are to be operationalized via specific actions, as well as the stakeholders that needed to be involved. This symposium discusses Goal 4, which states that “Family caregivers’ lifetime financial and employment security is protected and enhanced,” a goal incorporating diverse components, including federal legislation (expanding FMLA, for example), enhancing workplace security for working caregivers, and ways to pay family caregivers for providing supportive services. The first paper, by Salom Teshale, PhD, will provide an overview of the Council’s work and the strategies that have been chosen to support the overall national strategy. The second paper, by Eileen J. Tell, MPH, will describe strategies to improve the ability of caregivers to remain and thrive in the workplace. Pamela Nadash, PhD, will report on the research that identified the expansion of self-directed programs to incorporate payment for family caregivers as key, and the fourth paper by Rani Snyder will conclude by identifying the research needed to move these efforts forward. Greg Link of the Administration for Community Living will act as discussant.

STRATEGIES TO CREATE CAREGIVER-FRIENDLY WORKPLACES
Eileen Tell1, Pamela Nadash2, and Siena Ruggeri1, 1. ET Consulting, LLC, Belmont, Massachusetts, United States, 2. University of Massachusetts Boston, Boston, Massachusetts, United States, 3. Community Catalyst, Boston, Massachusetts, United States

An estimated one in six employees is juggling work and being a family caregiver. Research suggests working caregivers neglect their own health and experience higher levels of stress and poor mental health. Their employers also experience negative outcomes, most typically in terms of increased absenteeism, lost productivity, difficulty recruiting and retaining workers, and higher health care claim costs. A wide range of strategies have emerged for employers to better support working caregivers and, hopefully, thereby reducing the financial impact both for the company and the caregiver. In this session, we discuss recommendations that emerged from research with both public and private sector stakeholders to identify best practice models and action steps for a national strategy supporting working family caregivers. Recommendations range from employer education, voluntary recognition programs, tax credits for employer-paid caregiver support programs, expanded PFMLA, and even federal LTSS financing reform.

A RESEARCH AGENDA TO ADVANCE FAMILY CAREGIVERS’ FINANCIAL SECURITY
Rani Snyder1, and Eileen Tell2, 1. The John A. Hartford Foundation, New York, New York, United States, 2. ET Consulting, LLC, Belmont, Massachusetts, United States

The research supporting the RAISE Family Caregiver Advisory Council engaged a broad range of stakeholders who were committed to supporting actions that make a difference to family caregivers’ financial security, with many focusing on actions that sustain continued employment; 103 different organizations participated, including employer representatives. Participants strongly agreed on the need for more data. On a broad level, there was agreement on federal-level coordination regarding data collection on elements specific to family caregivers across federal agencies. In addition, they called for better information on the return on investment of varying strategies for workplace supports for employers, the added value of caregiver employees, and evidence regarding best practices in supporting family caregivers, with a goal of making a business case for family caregiver workplace supports.