be at the forefront for scientific examination. The long-term effects of ageism, particularly negative self-perceptions, lead to negative health and cognitive outcomes (Chasteen et al., 2015; Levy et al., 2002). One of the intricate components of ageism, however, is that it is often "benevolent". Cuddy and colleagues developed the Stereotype Content Model (SCM) to describe how individuals are categorized based on varying degrees of warmth and competence. Unlike many devalued members of society who are viewed as low on both, older adults are viewed as having high warmth and low competence, leading to more overaccommodative treatment. The goal of the present symposium is to overview the ways in which researchers have dissected this more nuanced type of ageism. Specifically, two of the presenters will cover some of the boundary conditions of understanding age-based stereotypes and their malleability, examining them across ages and across genders. Additionally, one of our presenters will overview the validation of the Ambivalent Ageism Scale on a Chinese sample, lending support to its generalizability. Finally, our last presenter will overview the relationship between benevolent ageism and self-compassion to predict metamemory, given the pervasive stereotype that older adults suffer from severe cognitive decline. Themes and implications of these presentations will be discussed.

BENEVOLENT AGEISM'S RELATIONSHIP TO SELF-COMPASSION AND META-MEMORY IN OLDER ADULTS
Jennifer Sublett,1 and Toni Bisconti,2 1. University of Akron, Akron, Ohio, United States, 2. University of Akron, Akron, Ohio, United States

Benevolence directed towards older adults can cross the line between respect and overaccommodation that undermines their physical and cognitive capabilities (Mehrotra & Wagner, 2009); however, little research has examined the subtleties of the influence of benevolent ageism on older adults' ratings of their own functioning. Because stereotypes about older adults include the decline of mental abilities, this study examined whether their (N= 155) experiences with benevolent ageism, or overaccommodative offers of assistance and protection, influenced their own appraisals of memory abilities through their feelings of self-compassion. Older adults with fewer benevolent ageist experiences had higher rates of self-compassion, which in turn translated into better evaluations of their memory abilities. Future research should consider the potential pernicious influences that benevolent ageism has on older adults' self-evaluations and performance, consider self-compassion as a buffer in these relationships, and test whether these relationships have downstream consequences on well-being outcomes.

THE MODIFIABILITY OF THE STEREOTYPE CONTENT MODEL TOWARD OLDER ADULT MEN AND WOMEN
Michael Vale Toni Bisconti and Jennifer Sublett, University of Akron, Akron, Ohio, United States

Older adults are often stereotyped in a paternalistic manner (warm, but incompetent), deserving of assistance regardless of their need. We have examined the veracity and malleability of this paternalistic stereotype using an experimental vignette with both male and female targets. Younger adults (N = 717) deemed it more necessary and appropriate to offer unnecessary help to older adults in a grocery store scenario. Additionally, competence was malleable for both older adult male and female targets if the older adults denied the offer of help. Interestingly, older women were viewed as warm, which did not change as a function of their response, whereas older men were initially viewed as colder, but their warmth ratings increased. In light of these findings, we will discuss the intersection of age and gender when considering the malleability of the warmth and competence dimensions of the paternalistic older adult stereotype.

THE LINKS BETWEEN AGEISM AND THE AGE-BASED DOUBLE STANDARD
Changrui Li,1 Sarah Barber,1 and Gene Brewer,2 1. Georgia State University, Atlanta, Georgia, United States, 2. Arizona State University, Tempe, Arizona, United States

There is an age-based double standard in how we evaluate memory failures by younger and older adults. Whereas younger adults' forgetfulness is attributed to lack of effort or attention, older adults' forgetfulness is attributed to lack of ability. Our goal was to replicate this phenomenon, and evaluate its links to benevolent and hostile ageism. To do so, we used a vignette paradigm in which younger and older participants read about a target person (who was a younger or older woman) who left a store without paying for a ring (which varied in price). Results showed that participants were more likely to attribute this to poor memory abilities when the target was an older adult. They were also more lenient in their ascribed punishments for the older adult targets. In addition, reading about an older adult target's mistake was associated with subsequently higher endorsement of benevolent, but not hostile, ageist attitudes.

VALIDATION OF THE AMBIVALENT AGEISM SCALE IN CHINA
Xin Zhang, Peking University, Beijing, China

Two studies were conducted to validate the Ambivalent Ageism Scale in China. In the first study, 474 Chinese adults (18-58) were asked to take the Chinese version of the AAS. EFA exhibited a similar factor solution as the original study, with high internal consistency and construct validity. Moreover, in a second study, 372 Chinese adults (18-85) took the AAS and provided their estimations of the similarities between their current and their past/future self via the SIC. Results indicated that all three factors of the SIC positively related to hostile ageism, whereas succession and identity positively related to benevolent ageism and consumption negatively related to it. Additionally, past self-continuity was positively associated with hostile ageism, and future self-continuity was negatively associated with it, but neither form was associated with benevolent ageism. These results further validate the AAS in China and also provide evidence for the uniqueness of benevolent ageism.

SESSION 5480 (SYMPOSIUM)

BUILDING NATIONAL CAPACITY FOR DEMENTIA CAREGIVING RESEARCH: THE NIA EDWARD R. ROYBAL CENTERS
Chair: Karina Davidson
Co-Chair: Lisa Onken

More than 5.8 million Americans are currently living with Alzheimer's disease and related dementias, and they
are cared for by over 16 million people at an estimated annual cost of $290 billion. The need for innovative, evidence-based interventions to support these patients and caregivers is critical to addressing this problem. The goal of the NIA Edward R. Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging is to translate and integrate basic behavioral and social research findings into interventions aimed at innovatively improving both the lives of older people and the capacity of institutions to adapt to societal aging. The Roybal Centers will develop research within the conceptual framework of the multidirectional and translational NIH Stage Model to produce these implementable, principle-driven behavioral interventions. The program has now funded new Centers, and each has a unique focus. Areas of concentration include promoting caregiving mastery (Emory University), integrating the use of technology in care support to improve assessments and interventions in care provision (Oregon Health & Science University), developing behavioral interventions to reduce isolation and promote social connectedness in caregivers (University of Rochester), promoting health in racial/ethnic minorities (University of Illinois at Chicago), and using insights from data science and behavioral economics to improve palliative care delivery and long-term support facilities for persons with dementia and their caregivers (University of Pennsylvania). Center leaders will present an overview of their cutting-edge, early-stage research projects and discuss implications for improving care of caregivers and patients.

BUILDING NATIONAL CAPACITY FOR DEMENTIA CAREGIVING RESEARCH: THE NIA EDWARD R. ROYBAL CENTERS
Karina Davidson,1 Susan Hughes,2 Jeffrey Kaye,3 Scott Halpern,4 Kenneth Hepburn,5 and Kathi Heffner,6
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2. University of Illinois at Chicago, Chicago, Illinois, United States, 3. Layton Alzheimer’s Disease Center, Portland, Oregon, United States, 4. University of Pennsylvania, Philadelphia, Pennsylvania, United States, 5. Emory University, Atlanta, Georgia, United States, 6. University of Rochester Medical Center, Rochester, New York, United States

The NIA Edward R. Roybal Centers for Translational Research in the Behavioral and Social Sciences of Aging aim to translate and integrate basic behavioral and social research findings into principle-driven interventions aimed at innovatively improving both the lives of older people and the capacity of institutions to adapt to societal aging. Newly funded Centers focus on interventions to promote caregiving mastery, integrate the use of technology in care support to improve assessments and interventions in care provision, develop behavioral interventions to reduce isolation and promote social connectedness in caregivers, promote health in racial/ethnic minorities, and apply insights from data science and behavioral economics to improve palliative care delivery and long-term support facilities for persons with dementia and their caregivers. Center leaders will present an overview of their cutting-edge, early-stage research projects based on the NIH Stage model conceptual framework and discuss implications for improving care of caregivers and patients.

EDWARD R. ROYBAL CENTERS FOR TRANSLATIONAL RESEARCH IN THE BEHAVIORAL AND SOCIAL SCIENCES OF AGING
Lisa Onken, National Institute on Aging, Bethesda, Maryland, United States

The goal of the Roybal Center program is the translation and integration of basic behavioral and social research findings into interventions to improve older people’s lives and the capacity of institutions to adapt to societal aging. Roybal Centers are structured within the conceptual framework of the multidirectional, translational NIH Stage Model to produce potent and implementable principle-driven behavioral interventions. The NIA’s Division of Behavioral and Social Research currently supports thirteen Roybal Centers, five of which have a primary focus on issues related to dementia care and caregiving support. Each Dementia Care Center has a unique focus that addresses issues such as social isolation, caregiving mastery, community-based resources and racial/ethnic minority health promotion. Additionally, a focus on the utilization of data science and behavioral economics related to palliative care, as well as a focus on the application of technology to improve assessments and interventions complete the scope of research endeavors.

SESSION 5485 (SYMPOSIUM)

CAREGIVER-CENTERED COMMUNICATION: ENGAGING FAMILY CAREGIVERS
Chair: George Demiris
Discussant: Karen Hirschman

Older adults are often relying on a family member or other informal caregiver (friend or other) to jointly navigate the health care system and cope with the ramifications of serious illness; thus, the patient-caregiver dyad becomes the unit of care. The caregiving role becomes crucial in cases where patients are facing a condition that limits their cognitive and functional abilities and caregivers are called to act as proxy decision makers for significant treatment and symptom management decisions. Caregivers often report that they feel isolated and overwhelmed, and in some cases experience significant barriers in communicating with health care providers. It is important that clinicians communicate in a way that acknowledges and addresses caregivers’ preferences, needs and perspectives. Caregiver centered communication can facilitate a more effective adaptation throughout the illness course with better adherence to recommended treatment plans and greater satisfaction with care for both patients and families, as well as a more comprehensive response to their psychosocial needs. While health care organizations often aim to increase caregiver engagement and involvement in care processes, there is a lack of tools or strategies not only to more actively engage caregivers but also to assess how ongoing approaches perform in terms of facilitating meaningful and inclusive communication. This symposium will review existing tools and a new instrument to measure caregiver centered communication, challenges and opportunities in measuring the quality of communication with caregivers and highlight empirical data of communication quality in various health care settings including home care and hospice.