few interventions for family caregivers of persons with dementia (PwD) focus on both dementia care skill-building and the enhancement of acceptance and compassion towards oneself and the PwD. We designed a multicomponent, mindfulness-based 4-session caregiver intervention (Practice of Acceptance, Awareness, and Compassion in Caregiving, or “PAACC”) to reduce burden in caregivers of family members with Alzheimer’s disease and related dementias (AD/ADRD) and TBI-related AD. A prospective, randomized trial design is being implemented to compare the effectiveness of PAACC to the well-known, evidence-based REACH-VA intervention. Seventeen family caregivers (Mean Age = 68.71 years; 82% women; 30% had high school or less education) have participated in the trial thus far and provided qualitative responses to acceptability questions. High acceptability was noted for all intervention components of PAACC. Participants completed 95% of mindfulness homework during the study period. A majority also reported practicing spontaneous, informal mindfulness while engaged in daily activities (e.g., going for a walk, cooking). One participant noted incorporating mindfulness in her daily spiritual practice. The majority remarked that PAACC taught them to be more aware and accepting of the PwD’s illness. Others mentioned becoming more aware of which stressors triggered them, and that they were able to avoid arguments with the PwD because of this increased awareness. Overall, our results suggest that this mindfulness-based multicomponent intervention is a promising method for promoting stress reduction for family caregivers of persons with dementia regardless of age, stage of dementia, education level, or rurality. Implications for research and practice will be discussed.

**ACTIONS TAKEN BY STROKE FAMILY CAREGIVERS TO POTENTIALLY PREVENT SURVIVORS’ HOSPITAL READMISSIONS IN CHINA**

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Stroke is a leading cause of death in China; its level of burden on the Chinese population is greater than the global average. Family caregiving plays an essential role in prevention and management of stroke. The purpose of this qualitative descriptive study was to identify actions family caregivers of stroke survivors in China take to prevent hospital readmissions. Using purposive sampling, adult family caregivers (N = 10) were enrolled from Huai’an city in Jiangsu province who provided care for a survivor in a hospital-based rehabilitation center. Caregivers were asked questions in a face-to-face, semi-structured interview with content validity established by experts in the field. Audiotaped interviews were transcribed/translated into English and the narrative data analyzed using Colaizzi’s approach to content analysis. Seven female and three male caregivers with an average age of 55 years indicated actions that comprised six themes. These themes are: 1) Encouraging care recipients to be physically active, 2) Balancing a healthy diet with pleasurable foods, 3) Monitoring the physical health of care recipients and preventing injuries, 4) Developing personal and intimate strategies to motivate care recipients, 5) Providing emotional support and maintaining optimism, and 6) Gaining knowledge through relationships with doctors but desiring communication with other caregivers. Recognizing these actions taken by stroke family caregivers may improve education programs aimed at preventing hospital readmissions and be applicable throughout the world. Findings may also guide healthcare professionals who can advocate with Chinese local, provincial, and central health commissions on stroke survivors and their family caregivers’ behalf.

**FEASIBILITY OF CARRES MODULES TO REDUCE POTENTIALLY AVOIDABLE HOSPITALIZATIONS IN PERSONS WITH COGNITIVE DEFICITS**

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Family caregiving is an essential, yet understudied, factor that can hasten, delay, or prevent hospital readmissions in individuals with cognitive deficits. This 3-month feasibility study examined 18 Internet-based educational CARReS (Communicate, Assist, Recognize & Report Events) Modules for family caregivers that address care recipients’ potentially avoidable hospitalization (PAH) conditions, e.g. UTI. This study determined: 1) caregivers’ perceptions about the use of the CARReS Modules, 2) caregivers’ self-reported value of the Modules, and 3) potential outcomes for caregivers and care recipients. Community-dwelling family caregivers were recruited from local support/education programs and assigned 6-8 Modules based on their care recipients’ needs. Links to online surveys were emailed at baseline, and 30 and 90 days post-enrollment. Descriptive statistics were performed on these data. Twenty potential subjects were screened but five were ineligible and three refused to participate. The remaining 12 subjects were primarily White females caring for a husband or parent. Subjects completed all the Modules they were assigned and did not experience any difficulties answering the survey questions. Subjects reported completing the Modules at least moderately increased their knowledge (67%), not being burdened by completing the Modules (67%), and very likely to participate again (58%). Many subjects stated the Modules taught them new things about preventing hospital readmissions in their care recipient (75%) and improved their well-being as a caregiver (83%). In collaboration with a home care agency, the investigators plan to implement and test a sustainable, “real-world” educational intervention incorporating the CARReS Modules that reaches a wide audience of family caregivers.

**RESULTS FROM RESEARCH ON A HEALTH-COACHED WALKING PROGRAM IN FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA**

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Caregivers of persons with dementia demonstrate increased levels of stress, anxiety and depression, placing