mental health over time. We also examined whether greater perceived gratitude buffers the negative relationships between role overload and health. We focused on 223 spousal caregivers of older adults without dementia from the 2015 and 2017 National Study of Caregiving. Autoregressive models revealed that spousal caregivers’ higher role overload at baseline was associated with poorer self-rated health at follow-up (b = -0.23, p < .05), but not with depressive symptoms or anxiety. Spousal caregivers’ greater perceived gratitude at baseline was associated with lower anxiety at follow-up (b = -0.32, p < .01). There were no moderating effects of perceived gratitude on the relationships between role overload and health. These findings suggest that spousal caregivers’ role overload is a risk factor for their physical health, while their perception that the partner is grateful for their help serves as a protective factor for their mental health.

SPOUSAL ACTIVITY LIMITATIONS AND DEPRESSIVE SYMPTOMS: BENEFITS OF SPOUSAL CAREGIVING AND COSTS OF SPOUSAL PAIN

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Experiencing difficulties in performing basic activities of daily living poses significant challenges for older adults living with such limitations and also for their spouses. A growing body of evidence demonstrates cross-spousal linkages between activity limitations and depressive symptoms. However, under what conditions these linkages may be strengthened or weakened has received little attention in the literature. We addressed this gap by examining whether a) providing spousal caregiving and b) spousal pain moderated the link between spousal activity limitations and one’s own depressive symptoms. We used seven waves of longitudinal household data from the Health and Retirement Study (2004-2016; N=12,369) to estimate within-person associations between spousal activity limitations and depressive symptoms, focusing on the moderating roles of caregiving behavior and spousal pain. In particular, asymmetric fixed effects models were used to estimate the unique effects of transitioning into a spousal caregiver role in the context of spousal activity limitations. Results from multi-level models were gendered. For wives (but not for husbands), transitioning into a caregiver role to provide spousal care alleviated depressive symptoms associated with spousal activity limitations, whereas depressive symptoms were increased when husbands with activity limitations also reported frequent, moderate to severe pain. Our findings indicate that the link between spousal activity limitations and depressive symptoms is not uniform, and that the cross-spousal association may best be understood when relevant contextual factors are considered. The findings are also in line with recent studies showing that caregiving may also lead to enhanced well-being and reduced mortality risk under some circumstances.

THE DYADIC EFFECTS OF PERCEIVED SUPPORT ON DEPRESSION IN SPOUSAL CARE PARTNERS

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Relationship quality is an important factor affecting care partners’ health and wellbeing. Supportive marital relationships are associated with better physical and subjective health, whereas strain is associated with poorer health. Recent studies now indicate a dyadic effect of relationship quality on health outcomes, such that an individual’s perceptions of their relationship also affects their partner’s outcomes. Few studies have examined the dyadic effects of relationship quality on mental health among older cognitively intact caregiving couples. To address the lack of dyadic research about how perceived support from one’s spouse related to experiences of depression for individuals and their care partners, we apply cross-sectional actor partner interdependence models (APIMs) to data from the Health and Retirement Study (HRS) (N=490 dyads). APIM regression models controlled for participant demographic characteristics, relationship length, and care recipient functional ability. Findings showed that positive perceived support from a spouse had a stronger negative association with one’s own depression for care recipients than for caregivers. Similarly, greater negative perceived support from a partner was associated with higher levels of depression; whether the partner was the caregiver or care recipient did not make a difference in this model. Although there are hundreds of caregiver interventions to address caregivers’ mental health, few have demonstrated improvement in care recipient outcomes. Observation of both actor and partner effects in this study suggests there may be opportunities to improve care recipient and caregiver mental health by targeting interventions to promote high quality relationships with caregivers or both members of the care dyad.

THE EFFECTS OF TRANSITIONS IN CAREGIVING AND CHANGES IN SOCIAL PARTICIPATION ON OLD ADULTS’ DEPRESSIVE SYMPTOMS

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Objectives: This study aimed to investigate the effects of transitioning into spousal caregiving, changes in social participation, and their interactions on depressive symptoms among community dwelling old adults over time. Methods: The samples included old adults who were non-caregivers at 2011 baseline of China Health and Retirement Longitudinal Study (CHARLS) and joined the follow-up surveys in 2013 and 2015. Generalized estimating equations (GEE) was used to analyze the effects of caregiving transitions (transitioning into low-intensity or high-intensity caregivers versus the non-caregivers) and changes in social engagement on the depressive symptoms over time. Results: The results showed that old adults who transitioned into spousal caregiving over a 4-year period reported more depressive symptoms than those remained non-caregivers. Old adults who continued or increased social participation reported fewer depressive symptoms than those without social participation. Individuals who continued social participation during the transitions into high-intensity caregiving showed less severe elevated depressive symptoms than their counterparts who did not engage in social participation. Conclusion: The results highlighted that continuous social participation might
be a protective factor for old adults against negative psychological outcomes during the transition to high-intensive caregiving.

THE PATTERNS OF CAREGIVING ACTIVITIES FOR FAMILY CAREGIVERS OF OLDER ADULTS: A LATENT CLASS ANALYSIS

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The purposes of this study were to identify the patterns of caregiving activities among family caregivers in Hong Kong and to examine their associations with characteristic factors and caregiver burden. The data was from the cross-sectional survey on the profiles of family caregivers of older adults in Hong Kong. 932 family caregivers were classified into different classes by using the Latent class analysis (LCA) according to their engagements in the 17 daily caregiving activities: 6 activities of daily living (ADLs), 8 instrumental activities of daily living activities (IADLs), emotional support, decision-making, and financial support. Five classes were revealed and labeled “Total All-round Caregiving” (Class I: 19.5%), “Partial All-round Caregiving” (Class II: 8.2%), “ADLs Free Caregiving” (Class III: 23.8%), “ADLs & Partial IADLs Free Caregiving” (Class IV: 32.5%), “Financial Caregiving” (Class V: 16.0%), respectively. Results from multinomial logistic regression found that the following factors were associated with the class membership: care recipients’ age, medical diagnoses, and caregivers’ gender, job status, marital status, self-rated economic status, living with care recipients, and caring for ≥40 hours per week. Findings from multiple linear regression showed caregivers with different patterns of caregiving activities reported different levels of caregiver burden. Caregivers in Class I have been found with the highest caregiver burden. This is the first study that has applied LCA to capture the patterns of caregiving activities among family caregivers. Identification of caregiving activity patterns and examination of their characteristics and caregiver burden can help healthcare providers to shift to prioritized and targeted caregiver support.

THE SPIRITUAL DIMENSIONS OF CARING FOR A FAMILY MEMBER WITH EARLY-STAGE DEMENTIA

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There are approximately 16.1 million family members caring for persons with Alzheimer’s Disease and other dementias in the USA. However, few studies have examined the role of spirituality/religiosity as it relates to the caregiving experience, particularly in family members of persons in the early-stages of dementia. In this cross-sectional qualitative study, one-on-one, in-depth, 60-90 minute interviews were conducted with family members of persons assessed to be in the early-stages of dementia (n = 26). A structured interview, “The Spiritual and Religious Dimensions of Living with Dementia” developed by McGee, J. & Carlson-Zhao, H. (2012), was utilized. Interviews were recorded and transcribed by members of an interdisciplinary team of gerontology researchers (nursing, psychology, and social work). Narrative data were examined through thematic analysis approach, supported by NVivo (version 12.0) software, and a modified constant comparison analysis approach (Glaser & Strauss, 1967). Participants reported a diverse range of spiritual/religious beliefs, practices, and experiences including how these intersected with their adaptation to the opportunities and challenges of the caregiver role. The importance of intrapersonal processing, family connection, and community support for managing the ambiguity of this role was expressed. The interview questions were reportedly therapeutic for some participants suggesting the need to include similar questions as part of the assessment in clinical care settings. Indeed, interviewing caregivers of people with early-stage dementia may serve to improve clinical outcomes by identifying important aspects of spiritual/religious coping that can be encouraged as well as spiritual struggles that need to be addressed. Additional research is needed.

UNRAVELING THE HEALTH-PROTECTIVE EFFECTS OF SENSE OF COHERENCE IN DEMENTIA CAREGIVING

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The health protective effects of sense of coherence in a stressful encounter is well recognized. Representing the extent an individual can comprehend, manage and make meaning out of a caregiving situation, little is known about how SOC shapes the dementia caregiving process in a way to benefit the carers’ health outcomes. This exploratory study recruited 401 family cares of dementia in Hong Kong. Over 30% of them reported moderate to severe depression, and those with low sense of coherence were most affected. Further analysis indicated that the health protective effects of SOC was mainly mediated through a higher level of perceived gain and more effective coping. In particular, those who can make meaning out of the caregiving situation were most benefited by such a mechanism. The study provides direction on ways to strengthen the health risk identification for family carers and enhance their role adaptation. After this presentation, the participants are able to: 1) Understand the role of sense of coherence in shaping the health of dementia family caregivers. 2) Understand the mediating pathways which explain the health benefit of sense of coherence for dementia family caregivers. 3) Gain critical insights for developing health risk identification strategies and tailored interventions to protect the dementia family caregivers from depression.

SESSION 2945 (POSTER)

CAREGIVING II (BSS)

A PILOT STUDY OF THE EFFECTS OF FORMAL SERVICE ON JAPANESE FAMILY CAREGIVERS’ DAILY FLUCTUATION OF STRESS

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Purpose: Recent studies report daily fluctuations in stress among family caregivers of older individuals with dementia. Several studies focused on daily stressors or behavioral and psychological symptoms of dementia and use of adult day services. Most previous studies on daily