

with role captivity (e.g., feeling unable to participate in work or family roles outside of caregiving) and less helpful for coping with subjective overload (e.g., a sense of overwhelm) in caregivers. Results inform clinical interventions that promote meaning and reduce burden in caregivers.

### THE WORST PART OF THE DAY: DAILY REFLECTIONS OF DEMENTIA FAMILY CAREGIVERS

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Family caregivers struggle with multi-dimensional demands in caring for persons living with dementia (PLWD). The challenges of caregiving combined with the requirements of daily life can impact the care of PLWD and the health and well-being of the caregivers. The purpose of this study was to describe caregivers' perceptions of the worst part of their day in the context of daily caregiving challenges. Family caregivers completed online surveys reporting on various parts of their day. The survey included an optional open-ended question: "what was the worst part of your day?" Caregivers (N=165) completed diaries for 21 days resulting in 1,773 surveys that included a response to the optional open-ended question. A subset of data was analyzed using content analysis to identify initial codes and themes; further content analysis of the complete dataset was used to confirm and refine the identified codes and themes. Final analysis revealed 6 themes describing caregivers' perceptions of the worst part of their day. These themes included days in which they had to: 1) cope with changes in their relationship with the PLWD, 2) manage their own health-related issues such as illness and lack of sleep, 3) struggle when there was a lack of help or support, 4) deal with daily life demands in the home along with the demands of caregiving, 5) cope with negative emotions such as sadness, grief, or anger over the disease process, 6) cope with physical exhaustion. The findings reflect daily stressors associated with caregiving for PLWD.

### HEALTH BEHAVIORS AND MENTAL HEALTH OUTCOMES OF INFORMAL CAREGIVERS DURING THE COVID-19 PANDEMIC

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Differences exist in health behaviors and mental health outcomes between spouse and adult children caregivers and between caregivers of individuals with or without dementia. We aimed to examine the change in health behaviors and mental health outcomes of informal caregivers of older adults during the COVID-19 pandemic and explore disparities based on caregiver relationship and care recipient. Using the 2020 National Health and Aging Trends Study (NHATS) COVID-19 supplement for Family Members and Friends, our sample included adult family or friend caregivers of Medicare beneficiaries aged 65 or older in the US (N = 2,062). We used ANOVA and two-way ANCOVA to assess the effects of the pandemic, caregiver relationship type,

and care recipient condition (dementia vs. non-dementia) on seven health behaviors and two mental health outcomes. We performed all post hoc analyses using Bonferroni corrections controlling the covariates age, gender, marital status, education, and self-reported health of the caregiver. Compared to before the pandemic and to spouse caregivers, adult children caregivers reported: 1) significantly less time walking and significantly more time watching TV or online programs, and 2) a significantly higher level of emotional distress and depressive symptoms. Compared to caregivers for people without dementia, those who provide care for people with dementia experienced less sleep and a higher level of depressive symptoms during the pandemic than before the pandemic. Health professionals should consider the impact of COVID-19 and the vulnerability of adult children caregivers and caregivers of individuals with dementia when designing and delivering health and wellness programs.

### INFLUENCES ON CUSTODIAL GRANDCHILDREN'S RECEIVING TREATMENT FOR DISTRESS

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Little work exists regarding the difficulties facing grandchildren raised by their grandparents, where previous research suggests such children to be especially at risk for psychological difficulties and that they often have limited access to potentially efficacious psychosocial interventions. The present study integrates these two perspectives in examining multiple sociodemographic, family-related, and grandchild-specific factors differentiating custodial grandchildren who were being treated for a variety of emotional and behavioral difficulties (N = 80) and those who were not (N = 157), as reported by the custodial grandparent. A MANOVA (F 23, 176 = 9.74, p < .01, eta<sup>2</sup> = .56) indicated that custodial grandchildren who were receiving treatment came from larger grandfamilies, were older, were having a greater variety of grandparent reported psychosocial difficulties, and were experiencing more emotional, behavioral, attentional, and relationship problems. The grandparents of such grandchildren experienced more parental strain, reported less social support, were less resilient, were less satisfied with the grandparent role, and reported poorer health. They also reported being less strongly attached to the grandchild and expressed more negative affect toward him/her. However, they also reported more openness regarding a variety of difficulties that might be addressed by mental health professionals. A subsequent discriminant analysis reflecting a weighted linear combination of the above factors (X<sup>2</sup> 19 = 132.09, p < .01, Wilks' Lambda = .498) correctly classified 86.1% of cases based upon treatment status. These findings provide a basis for understanding the determinants of custodial grandchildren's receiving needed psychosocial interventions crucial to their well-being and adjustment.

### POOR SLEEP COMMON AMONG HOSPICE FAMILY CAREGIVERS AND ASSOCIATED WITH WORSE CAREGIVER HEALTH

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