contributed, in several cases, to garnering more lasting support to deliver the program. Organizations’ commitment to the program was demonstrated by securing the kinds of adequate and appropriate training, typically involving both instruction and modeling, for Savvy program leaders. These efforts fostered a sense of ownership among the leaders—the sense that the program had positive value for the caregivers served. These findings should be of interest both to scholars engaged in the development of interventions and for organizations implementing them. Taken together, the themes highlight several factors for program implementation that maximize the chances of maintaining fidelity to core program principles and ensuring its sustainability.

PIVOTING DURING THE PANDEMIC: A CASE STUDY OF THE SENIOR COMPANION PROGRAM PLUS
Noelle Fields,1 Ling Xu,1 Erin Roark,2 Sruthi Sundar,2 Ishan Williams,3 and Joseph Gaugler3,1. University of Texas at Arlington, Arlington, Texas, United States, 2. The University of Texas-Arlington, Arlington, Texas, United States, 3. University of Virginia, Charlottesville, Virginia, United States, 4. University of Minnesota, Minneapolis, Minnesota, United States

Introduction: Growing research supports the use of older volunteers to provide respite and community-based assistance to persons with ADRD and their caregivers. This study explores the impact of COVID-19 on a face-to-face, peer-led psychoeducational intervention for African American ADRD family caregivers, the Senior Companion Program Plus (SCP-Plus), and its subsequent need to ‘pivot’ during the pandemic.

Method: The SCP-Plus was a randomized control trial across three states that assessed program impact on ADRD family caregiver stress/burden, coping, and social support. In spring 2020, the SCP-Plus intervention was halted because of the potential risk to participants due to COVID-19 (n = 20 enrolled dyads). In an effort to maintain rapport and trust, critical to retention in research studies, team members began weekly (March-April) and then bi-weekly calls (May-December) for the purpose of providing a social check-in and to provide updates on the status of the intervention.

Results: A total of 396 calls lasting approximately 10 minutes each were completed. Participants shared concerns around safety, access to food/supplies/masks/testing, feelings of stress and loss, concern for others, and the importance of technology as a means of social connection. Although the intervention aspect of the SCP-Plus ultimately ended due to COVID-19, information gleaned from these check-ins were used to pivot the study. The study moved forward by using a descriptive phenomenological approach to capture dyads’ lived experiences during COVID-19.

Discussion: Overall, purposeful participant engagement through weekly/bi-weekly phone calls suggests that this is a promising strategy for participant retention as well as for pivoting research.

PPA TELE-SAVVY: DEVELOPING AN ONLINE INTERVENTION WITH CAREGIVERS OF PERSONS WITH PRIMARY PROGRESSIVE APHASIA
Darby Morhardt,1 Angela Roberts,2 Alyssa Penn,2 Allison Lindauer,2 Emily Rogalski,2 Sandra Weintraub,1 and Kenneth Hepburn,4,1. Northwestern University, Chicago, Illinois, United States, 2. Northwestern University, Evanston, Illinois, United States, 3. Oregon Health Sciences University, Portland, Oregon, United States, 4. Emory University, Atlanta, Georgia, United States

Primary progressive aphasia (PPA) typically results from a neurodegenerative disease such as frontotemporal lobar degeneration or Alzheimer’s disease and is characterized by a progressive loss of specific language functions with relative sparing of other cognitive domains until later stages when widespread cognitive decline consistent with generalized dementia is more prevalent. PPA tends to appear earlier than most dementias, in late middle-age, and can result in a high degree of psychological and economic burden for the family. Thematic analysis of PPA caregiver studies reveal families are learning to adapt to not only declining language across communicative contexts and domains, but concomitant behavioral, social communication and personality changes over time.

While there are several evidence-based dementia caregiver interventions, none are specifically designed for the PPA family caregiver. This pilot project, funded by the Emory University Roybal Center is the adaptation of an evidence-based on-line psychoeducation program (Tele-Savvy) to address the unique challenges facing informal caregivers of those living with PPA and to help these caregivers achieve mastery within this context. PPA caregivers have been engaged through focus groups to identify their most pressing caregiving challenges and how the existing Tele-Savvy curriculum should be adapted to meet their needs. Synchronous and asynchronous video modules have been designed to address: PPA education, the impact on dyadic connection and caregiving challenges and communication strategies specific to PPA. The Tele-Savvy central processes of coaching and de-briefing will also be pilot tested and refined.

Session 9285 (Poster)
FAMILY CAREGIVING: INTERVENTIONS AND SUPPORT

FAMILY CAREGIVERS AND SUPPORT: IMPLICATIONS FOR WORK STRAIN AND FORMAL SERVICE USE
Joseph Svec, and Jeongeun Lee, Iowa State University, Ames, Iowa, United States

In the US, many employed caregivers make professional adjustments, exacerbating already tenuous balances between work and life. Using the framework of the Stress Process Model (SPM), current research examines the sources of support (both formal and informal) and the contextual factors that facilitate or impede caregiver support. In this research, we examine whether and to what extent caregiver work strain is ameliorated by the presence of additional family caregivers and formal service use. This study utilizes data provided by the National Study of Caregiving (NSOC) data. Using panel methods for the pooled waves, we analyze the associations between work-strain and the number of additional caregivers with utilization of formal support (such as paid service support). Preliminary analyses align with the Stress Process Model as additional caregivers for each respective care-recipient is associated with lower levels of work strain. On the other hand, utilization of formal