of 131 caregivers seeking counseling services completed questionnaires assessing demographics, care recipient functioning (ADLs/IADLs), and finances (yearly income, impact of caregiving on finances). A majority, 74.8% of caregivers, indicated financial burden since caregiving. A hierarchical multiple regression was computed to predict caregiver burden. The caregiving characteristics block explained 8.1% of the total variance in caregiver burden, $F(7, 123) = 1.54$, n.s. Specifically, being younger was significantly associated with more caregiver burden. Adding the care recipient functioning block explained an additional 6.9% of the variance in caregiver burden, $F_{\text{change}}(2, 121) = 4.93$, $p < .01$. The caregiving characteristics and care recipient functioning model accounted for 15% of the total variance in caregiver burden, $F(9, 121) = 1.55$, $p < .05$. Again, younger age uniquely predicted greater caregiver burden. Lastly, caregiving financial factors contributed an additional 13.5% of the variance, $F_{\text{change}}(4, 117) = 5.54$, $p < .001$. Thus, the final caregiver characteristics, care recipient functioning, and caregiving finances model accounted for 28.5% of the total variance in caregiving burden, $F(13, 117) = 3.59$, $p < .001$. Specifically, having less income and greater monthly expenses related to caregiving predicted higher levels of caregiver burden. These findings imply that those with fewer resources may benefit from intervention for the heavier burden they perceive compared to peers with more financial resources.

Session 9290 (Poster)

FAMILY CAREGIVING: MENTAL AND PHYSICAL HEALTH

A SCOPING REVIEW OF THE EXAMINATION OF SANDWICHED CAREGIVERS’ PSYCHOLOGICAL WELL-BEING AND PHYSICAL HEALTH

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As numbers of sandwiched caregivers in the United States grow, it is essential to document the literature on the impact of dual care responsibilities on aspects of psychological well-being and physical health. This scoping review examined the literature on sandwiched caregivers’ psychological well-being and physical health, identified gaps in the literature, and provided suggestions for future studies to advance the literature on sandwiched caregivers in the United States. Guided by the Arksey and O’Malley (2005) framework, this scoping review comprised of 15 peer-reviewed articles between 1980 and 2019, that examined aspects of the psychological well-being (e.g., depression, affect) and physical health (e.g., health behaviors, chronic conditions) of sandwiched caregivers in the United States. Findings showed that there was ambiguity surrounding the conceptualization of sandwiched caregivers, specifically how older and younger care recipients were defined. Also, most studies examined psychological well-being while physical health was understudied. The findings of this review also showed that, compared to non-sandwiched caregivers (e.g., spousal, filial caregivers) and non-caregivers, sandwiched caregivers exhibited greater depressive symptoms and psychological distress as well as poorer health behaviors. Furthermore, sandwiched caregivers who were female and employed were more susceptible to greater depressive symptoms than their employed male counterparts or employed non-caregivers. In considering future directions, more work is needed that examines physical health. Additionally, sandwiched caregivers of minority status merit attention as multigenerational care occurs at greater rates in these populations. Finally, caregiving during the pandemic may have a detrimental impact on sandwiched caregivers’ lives which should be investigated.

ACT-RELATED PROCESSES: VALUE-BASED LIVING ATTENUATES MEDITATING RELATIONSHIPS IN CAREGIVER STRESS OUTCOMES

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Associations between behavioral and psychological symptoms of dementia (BPSD), caregiver burden, and depressive symptoms are well-established, and these constructs are often targeted in interventions. Increasingly, dementia caregiver interventions are informed by mindfulness- and acceptance-based approaches, such as Acceptance and Commitment Therapy (ACT). In addition to standard outcomes, like burden and depressive symptoms, these interventions/therapies seek improvements in individuals’ psychological flexibility (e.g., cognitive defusion, present moment awareness, values-based living). Less is known how these constructs interact within well-established caregiver stress processes. We examined a moderated mediation model (N=161 dementia caregivers; PROCESS Procedure; SPSS Release 2.16.1), with BPSD frequency (Revised Memory and Behavior Problems Checklist) predicting depressive symptoms (10-item CES-D), mediated via caregiver burden (short Burden inventory). The moderator was the Values Questionnaire (Progress scale), and we controlled for gender, caregiver duration, age, income, and education. Results revealed that the indirect effect of BPSD on depressive symptoms through caregiver burden was weakened through higher progress toward values (moderated mediation significant at $p<.05$). In essence, greater levels of living according to values dampened the effect of BPSD on depressive symptoms, through care-related burden. These findings are important because caregivers often cannot leave this role, requiring them to learn to live with the caregiving role in healthy ways. Value-based living and committed action toward values signify caregivers’ success at balancing care-related stress with other priorities, and psychologically adjusting to difficulties. Interventions that emphasize values-based living, like ACT, have promise for caregivers, offering healthy ways to psychologically adjust to, and live with, the experience.

ANTICIPATORY CAREGIVING SCALE: DEVELOPMENT AND PRELIMINARY VALIDATION

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Background: As public awareness of family caregiving has grown, adults likely anticipate the role they may play as a caregiver for an aging loved one. Although anticipatory