EFFECTIVE CLINICIAN BEHAVIORS FOR INCLUDING FAMILY CAREGIVERS IN THE GERIATRIC MENTAL HEALTH SETTING

Mary Wyman¹, Hayley Raj², Joseph Perzynski¹, Carey Gleason³, Ranak Trivedi¹, Amy Byers⁴, and Corrine Voils⁵, 1. Madison VA/Univ Wisconsin, Madison, Wisconsin, United States, 2. University of Wisconsin, Madison, Wisconsin, United States, 3. Madison VA Hospital, Madison, Wisconsin, United States, 4. UW Madison, Madison, Wisconsin, United States, 5. Stanford University, Stanford, California, United States, 6. UCSF / San Francisco VA Health Care System, San Francisco, California, United States, 7. W.S. Middleton Memorial Veterans Hospital, Madison, Wisconsin, United States

To improve patient and caregiver outcomes, the 2022 National Strategy to Support Family Caregivers recommends training for professionals on caregiver inclusion and provision of person- and family-centered care. Caregiver inclusion is especially important for older adults with dementia, who experience high rates of comorbid mental health (MH) disorders but are disadvantaged by disparities in care access and quality. Current training options are limited. Our VA-funded project seeks to develop caregiver inclusion training for MH clinicians working with older adults with dementia. We present preliminary findings from in-depth, 45-min qualitative interviews with 9 multidisciplinary MH clinicians (psychiatry, social work, psychology, and clinical pharmacy) on their experiences with engaging family caregivers in MH treatment. A multidisciplinary coding team conducted content analysis to identify facilitators and barriers to effective communication and collaboration with caregivers, with a focus on clinician behaviors. Facilitators of effective caregiver involvement include clinician attention to developing rapport with the caregiver, addressing knowledge gaps about dementia and mental health interventions, and helping to address the challenges of caregiving with supportive resources. Barriers included not tailoring clinician approach to caregiver needs, failing to clarify the caregiver role in healthcare, and failing to address one’s own’s defensiveness or labeling of caregivers in distress. The importance of system factors (e.g., technology, clinic scheduling, and care team dynamics) was noted. Findings will be used to inform the development of strategies to increase clinician skills for caregiver inclusion, supporting improved patient and caregiver outcomes and the goals of the RAISE Act and the National Strategy.
or are unwilling to make behavioral changes to decrease measures of healthy aging. There is a misconception that aging during the climate emergency including, recent climate-representative. The survey examines several topics related to a novel cross-sectional dataset of community-dwelling adults Alexis

SURVEY FINDINGS FROM A NATIONALLY REPRESENTATIVE AGING IN ENVIRONMENTALLY RISKY AREAS: PREDICTING FUTURE OUTCOMES II SESSION 5005 (PAPER)

The Aging in Risky Environmental Areas (AREA) Study is a more lifespan-developmentally-informed understanding of risky behaviors and thereby guide lifespan-developmental change. Drinking in midlife and older adulthood can contribute to cohort effects. If replicated in future research, our evidence about developmental change (e.g., age-confounded for how cross-sectional data can lead to spurious conclusion of normative drinking-related declines that continue beyond longitudinal age effects on problem drinking in different age terminations. The premise is that problem drinking peaks around early young adulthood and then declines throughout the remainder of older adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines throughout the remainder of adulthood and then declines 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