

## SUPPORT OUT OF AFFECTION VERSUS OBLIGATION: OFFSPRING'S SUPPORT APPRAISALS AND PARENTS' PSYCHOLOGICAL WELLBEING

Y. Cheng, K. Fingerma, *University of Texas at Austin, Austin, Texas*

Middle-aged adults often help aging parents. However, how offspring feel when helping older parents and how parents react to the offspring's appraisals are usually overlooked. This study examined (a) whether relationship quality with parents and filial obligation were associated with rewards and stress of helping parents; and (b) whether offspring's feelings of reward and stress were associated with parents' psychological wellbeing. Middle-aged adults ( $n = 383$ , mean age = 55.13) and their aging parents ( $n = 222$ , mean age = 80.07) participated. Multilevel models revealed that adult offspring with better quality relationships with their parents experienced greater rewards and less stress in supporting parents. Filial obligation was associated with offspring's sense of rewards from helping. Offspring's stress was associated with greater parental depression. The findings suggest offspring with higher filial obligation find it more rewarding to help parents. However, in terms of parental wellbeing, adult offspring's relationships with parents are more crucial.

## MOTHER'S LIFE PROBLEMS: DIFFERENTIAL IMPACT AND RESOURCES FOR OFFSPRING DEPRESSIVE SYMPTOMS

L.R. Bangerter<sup>1</sup>, S.H. Zarit<sup>1</sup>, K. Fingerma<sup>2</sup>, *1. Penn State University, State College, Pennsylvania, 2. The University of Texas at Austin, Austin, Texas*

Middle-aged adults are affected by aging parents who suffer from disabilities, cognitive impairment and functional limitations. Less attention is paid to other life problems of aging parents that contribute to the mental health of their offspring. We use a sample ( $N=308$ ) of middle-aged adults (mean age = 51) whose only living parent was their mother to examine associations between participant depressive symptoms and the life problems of their aging mothers. We examine resources that may mitigate the psychological implications of having a sole-surviving mother with many life problems. Regression analyses are used to examine the personal and family resources that moderate the relationship between mother's life problems and offspring depressive symptoms. For depressive symptoms, significant interactions were found for: a) participant self-reported physical health and mother's problems, b) number of siblings living geographically close to the mother and mother's problems, and c) support provided by the mother and mother's problems.

## "HE'S SO STUBBORN!"—PERCEPTIONS OF AGING PARENTS' PERSISTENCE, INSISTENCE, AND RESISTANCE

A.R. Heid<sup>1</sup>, S.H. Zarit<sup>2</sup>, K. Fingerma<sup>3</sup>, *1. The Polisher Research Institute, The Madlyn and Leonard Abramson Center for Jewish Life, Merion Station, Pennsylvania, 2. The Pennsylvania State University, State College, Pennsylvania, 3. The University of Texas at Austin, Austin, Texas*

Goal conflict between adult children and aging parents is hypothesized to result in older adults insisting, resisting, or persisting in their ways or opinions at times—acting in a way commonly attributed to stubbornness. However, research has yet to examine this phenomenon in families. With 189 dyads of middle-aged adults and their parents, we examined the prevalence of reports of parents' behaviors commonly attributed to stubbornness. Utilizing multi-level modeling we further explored the association of perceptions of children and parents with individual and relationship-based characteristics and concordance across reporters. Over 92% of dyads report parents acting in ways commonly attributed to stubbornness. Children's perceptions of occurrence are related to both child and parent characteristics, while parents'

self-reports are related to only their own characteristics. Furthermore, children report higher levels of parent stubbornness than aging parents self-report. This novel exploration supports intervention work that increases understanding of goals within families.

## SESSION 1245 (SYMPOSIUM)

### FUNCTION FOCUSED CARE IN COMMUNITY-DWELLING OLDER ADULTS: CONNECTING INTERNATIONAL EVIDENCE

**Chair:** G. Zijlstra, *Maastricht University, Department of Health Services Research, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands*

**Co-Chair:** S. Metzeltin, *Maastricht University, Department of Health Services Research, CAPHRI School for Public Health and Primary Care, Maastricht, Netherlands*

**Discussant:** M. Boltz, *New York University, College of Nursing, New York, New York*

Our aging society asks for the development of sustainable long-term care services for older adults. Evidence suggests that community-based care in comparison with institutionalization may achieve better outcomes at lower costs. Community-based care also meets the preferences of the older adults, as they favor living in their homes and familiar surroundings for as long as possible. Functional impairment is a major reason for institutional care. Thus innovative approaches are needed to prevent unnecessary functional decline among older adults. In the US, a promising approach, called Function Focused Care (FFC), also known as restorative care, was developed and tested over the past decade. The goal of this approach is to maintain or increase the individual's involvement in his or her daily activities and increase physical activity. This symposium focuses on the results of and experiences with FFC in various countries. The first presentation gives a brief introduction on how the philosophy of FFC is implemented in the US. The effects of FFC in American older adults with Parkinson's are described in the second presentation. The third and fourth presentations report on experiences with and effects of a restorative care approach in New Zealand and Australia. Finally, the fifth presentation describes the systematic development of an approach for Dutch homecare agencies based on a philosophy of FFC. Our discussant Marie Boltz will reflect on the individual presentations and will facilitate a discussion on-site.

### FUNCTION FOCUSED CARE: MAKING IT HAPPEN IN THE COMMUNITY

B. Resnick, *University of Maryland, Baltimore, Maryland*

Function Focused Care, defined as optimizing function and physical activity among older adults during all care interactions, is logically simple. Unfortunately, there are many barriers to this approach including: new acute events (e.g., cerebral vascular events), sociodemographic characteristics, comorbidities, cognitive decline, delirium, depressed mood, lack of motivation, cultural expectations, pain, fear of falling, body mass index, and polypharmacotherapy. Caregivers do not have the skills to motivate and engage their care recipients during specific care interactions and simply may want to get the task done. To address these barriers, Function Focused Care was developed using a social ecological model and the theory of self-efficacy. A description of how to implement Function Focused Care will be provided based on our well established four step process: (I) Environment and Policy/Culture Assessments; (II) Education of Caregivers; (III) Developing Function Focused Goals of Care Recipients; and (IV) Mentoring and Motivating the Caregivers and Care Recipients.

## FUNCTION FOCUSED CARE FOR PEOPLE LIVING WITH PARKINSON'S DISEASE

I.A. Pretzer-Aboff<sup>1</sup>, E. Galik<sup>2</sup>, B. Resnick<sup>2</sup>, 1. *School of Nursing, University of Delaware, Newark, Delaware*, 2. *University of Maryland, Baltimore, Maryland*

Parkinson's disease (PD) results in a progressive loss of function such that family caregivers provide a large percentage of the personal care to PD patients in their home. We tested the impact of a function focused care intervention designed for people with PD (FFC-PD) and their family caregivers in the community setting. The impact of FFC-PD on the PD person showed improved outcome expectations for exercise,  $F = 3.1$ ,  $p = .03$ ; hours exercised,  $F = 5.0$ ,  $p = .004$ ; hours spent in activities,  $F = 6.1$ ,  $p = .001$ ; decreased disability (Unified Parkinson's Disease Rating Scale),  $F = 9.5$ ,  $p = .001$ ; and improved quality of life (PDQ-39),  $F = 3.8$ ,  $p = .01$ . There were no significant changes noted in caregiver burden or depressive symptoms. FFC-PD was both feasible and effective in improving function and increasing activity of the person with PD, and did not increase caregiver burden.

## RESTORATIVE HOME CARE IN AUSTRALIA

G. Lewin, 1. *Silver Chain, Osborne Park, Western Australia, Australia*, 2. *Curtin University of Technology, Perth, Western Australia, Australia*

Since 1999 Silver Chain, a large Australian community health and aged care provider, has conducted research on restorative home care and found these services to be more cost effective than traditional home care. E.g., a large RCT found that, over two years, restorative clients used fewer home care hours (mean [SD], 117.3 [129.4] vs. 191.2 [230.4]), were less likely to be approved for a higher level of aged care (N [%], 171 [55.2] vs. 249 [63.0]), have presented at an Emergency Department (OR = 0.69, 95% CI = 0.50-0.94) or had an unplanned hospital admission (OR = 0.69, 95% CI = 0.50-0.95) than traditional home care clients. Consequentially, their aggregated health and home care costs were lower by a factor of 0.83 (95% CI 0.72-0.96) (AU\$19,090 vs AU\$23,428). As a result of this and other evidence, Australia's reformed aged care system is to include a greater focus on restorative home care.

## A NEW MODEL OF COMMUNITY CARE IN NEW ZEALAND

M. Parsons, *Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand*

'Ageing in Place' or providing services that allow older people to remain living in their own homes has been an active policy direction in New Zealand (NZ) since 2002. ASPIRE was a prospective meta analysis of three initiatives that aimed to reduce the risk of institutionalization for 567 frail older people in NZ. The initiatives, evaluated by randomized controlled trial were a case management initiative, a residential slow stream rehabilitation programme and a new method of home care, termed restorative home support. The pooled results indicated a statistically significant 31% reduction in Adjusted Hazard Ratio for the combined primary outcome of death or institutionalization (95% confidence interval: 9%, 47%) for the initiatives compared to usual care. The results, along with other evaluations have informed the model of care now widely delivered across NZ. This presentation will explore the current model and research underpinning it.

## IMPROVING DUTCH HOMECARE SERVICES BASED ON A PHILOSOPHY OF FUNCTION FOCUSED CARE

S. Metzeltin<sup>1</sup>, G. Zijlstra<sup>1</sup>, E. van Rossum<sup>2,1</sup>, G.I. Kempen<sup>1</sup>, 1. *CAPHRI School for Public Health and Primary Care, Maastricht University, Maastricht, Netherlands*, 2. *Zuyd University of Applied Sciences, Heerlen, Netherlands*

In the Netherlands, home care services are increasingly under pressure to deliver cost-effective care that enables older people to stay in

their homes as long as possible. With regard to daily functioning of older adults Function Focused Care (FFC) has proven its effectiveness in a substantial amount of studies abroad. However, to prevent a decrease in effectiveness interventions have to be adapted systematically before they can be implemented among another target group in another context. This presentation describes the systematic development of an approach for Dutch home care services based on a philosophy of FFC. After some meetings with experts in the field of FFC (n=6) and studying their intervention materials, observations in the field were conducted to get insight into the implementation of FFC. As a result of these activities appropriate intervention components were selected and adapted leading to an innovative Dutch approach for home care services.

## SESSION 1250 (PAPER)

### DEATH, DYING & BEREAVEMENT

#### CHILDREN'S PERCEPTIONS OF WIDOW'S BEREAVEMENT

M.S. Moss, S. Moss, *Arcadia University, Glenside, Pennsylvania*

Children's Perceptions of Widow's Bereavement How do adult children perceive the widowhood experience of their elderly mother? And how do their perceptions reflect the widow's descriptions of her bereavement? In a study of family bereavement where an elderly husband/father had died within the previous 6 months to a year, in each family we held 2 separate lengthy qualitative interviews with the widow and with each of two of their adult children. In the first interview we explored the respondent's experience of loss, and in the second interview we explored his or her perceptions and understandings of other family members. The data includes 6 interviews in each of 10 families: 10 widows (mean age 80) and 20 adult children—ACs (mean age 53). With the widow's loss of couplehood, her role in the family has shifted. Three inter-related themes emerged: (1) Recognition of the widow's strength and resilience within the context of potential future vulnerability and dependency. (2) Widows and ACs recognition that each carries a protective role toward the other, often monitoring expression of their upsetting feelings about their loss. (3) Family members perceive mutual caring and concerns between widow and ACs, with primary focus on the ACs, rather than the widow, as providers of resources within the family. The findings reflect the richness of a family perspective in understanding bereavement. (Funded by NIA R01AG031806)

#### PATTERNS OF RESPONSE OF AFRICAN AMERICAN CAREGIVERS TO POST-CAREGIVING TRANSITIONS

E. Ume<sup>1</sup>, B.C. Evans<sup>2</sup>, L.R. Phillips<sup>3</sup>, 1. *School of Nursing, Charles R. Drew University of Medicine and Science, Los Angeles, California*, 2. *Arizona State University, Phoenix, Arizona*, 3. *UCLA, Los Angeles, California*

Majority of the caregiving studies and literature focus on the active caregiving experiences of Caucasian family caregivers while fewer publications deal with the experiences of African American post-caregivers (AAPCGs). This mixed-methods study focused on the patterns of response of AAPCGs after the death of the loved one and the termination of their caregiving roles. The sample for this study included 40 AAPCGs, whose caregiving roles terminated within a period of 10 years prior to this study. Using the Transition Theory as a theoretical framework, this study present findings related to process indicators of healthy post-caregiving transitions (PCT) for these AAPCGs including connectedness such as reconnecting to friends and family, returning to work, connecting to the deceased loved one, and connecting to a spiritual higher power; interactions with family and friends, locating and being situated, social support, social networks and various strategies manifesting confidence and coping. These strategies manifest the post-caregivers' progress through healthy PCT. These findings also describe outcome indicators that AAPCGs demonstrate to show that