

$F(1,56) = 0.14, p = .71$. All participants reported an increase in self-efficacy from pre- to post-assessment, $F(1,83) = 18.76, p < .00$, but there was no interaction effect of time and condition, $F(1,83) = .81, p = .37$. Despite their promise in previous studies, our results suggest QPLs may lack potency to shift question asking, at least in palliative care appointments, and that other mechanisms of Social Cognitive Theory may better characterize the relation between question asking and self-efficacy.

UNDERSTANDING THE RELATIONSHIP BETWEEN COPING STYLES AND DEATH ANXIETY IN OLDER ADULTS

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Research suggests that death anxiety stems from fear of pain, worry about loved ones, and uncertainty about what comes after death. Understanding the relationship between coping styles and attitudes towards death in older adults may help identify individuals who need support with death anxiety. This study explored the relationships between coping styles (active, disengaged, social) and death anxiety (fear, avoidance). We used the Death Attitude Profile Revised and three subscales from the Brief Coping Orientation to Problems Experienced (COPE) Inventory. We conducted linear regressions to determine which coping styles were associated with fear of death and death avoidance. In post-hoc analyses, we investigated the role of spirituality-based coping as a two-item subscale from the active coping scale. All models controlled for age, sex, marital and educational status. The sample included 87 community-dwelling older adults (Age=72.72 (SD=5.88); 56.32% female; 86.21% White). Higher levels of disengaged coping were significantly associated with greater fear of death and death avoidance ($p < .05$). Use of social support coping was significantly associated with less fear of death ($\beta = -.10, p < .05$). Spirituality-focused coping was associated with lower death avoidance ($p < .05$). Disengaged coping may indicate higher death anxiety, whereas spirituality and social support coping strategies may indicate lower death anxiety. Our findings have implications for identifying individuals in need of extra support during critical points in the healthcare process. They may also inform design and implementation of psychosocial interventions for communication about healthcare goals in the context of serious or terminal illness.

A QUALITATIVE EVALUATION OF A POSITIVE REAPPRAISAL INTERVENTION FOR HOSPICE CAREGIVERS

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For older adults who receive hospice services in the United States, family members often become their primary caregivers playing an essential role in delivering care. Nearly 25% of hospice patients and families report the need for improved communication and additional emotional support. However, there are few interventions targeting specifically caregivers.

Whereas the term caregiving implies a unidirectional flow of benefits from the caregiver to the care recipient, caregivers also experience emotional, cognitive, behavioral, or interpersonal rewards from caring for a loved one. Research has demonstrated that positive gains are common among caregivers, often manifested with negative experiences. Positive reappraisal, a form of emotion-focused coping, is especially relevant when dealing with intractable stressors. Positive reappraisal is supplemental to problem-solving therapy interventions, yet this component has never been tested in a hospice setting. In this study, we wanted to understand hospice caregivers' impressions of a problem-solving therapy intervention enhanced with positive reappraisal modules (called PISCESplus). We conducted a qualitative study examining hospice caregivers' perceptions of positive reappraisal. Participants received the intervention (as part of a larger clinical trial). Caregivers' exit interviews were audio-recorded and transcribed. Thirty hospice caregivers' interviews were analyzed. Many participants reported a paradigm shift in their thought processes. Positive reappraisal helped them reframe negative emotions to positive ones, declutter their minds, and acknowledge that caregiving required work and effort. Study findings demonstrate the potential of this intervention to improve the coping skills of caregivers in the hospice setting.

INDIVIDUALS' KNOWLEDGE ABOUT A LOVED ONE'S END-OF-LIFE CARE WISHES IS ASSOCIATED WITH THEIR OWN ADVANCE CARE PLANNING

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Despite evidence that ACP can improve quality of life for both patient and family, it remains underutilized. Only 37% US adults have a complete advance directive (Kuldeep et al., 2017). Existing studies primarily examined factors associated with patients' ACP engagement but very few explored ACP among patients' family. The goal of this study is to examine whether individuals' knowledge about a loved one's end-of-life (EOL) care preferences is associated with their ACP engagement. Data are from the US arm of the 2015 Four-Country Survey on Aging and End-of-Life Medical Care. The sample included N=609 adults who experienced the death of a family or close friend in the past 5 years. Three binary dependent variables were measured by different facets of ACP: having a serious conversation about EOL medical care wishes (1) with loved ones, (2) with doctors and (3) documenting those wishes. The primary independent variable was participants' knowledge about their deceased family's EOL treatment wishes. Three separate logistic regression models were used. Individuals who had a greater knowledge about their loved one's EOL treatment wishes were twice as likely to have a conversation with family about their own EOL wishes (OR=2.32, $P < 0.001$) and documented wishes than those who didn't (OR=2.03, $P < 0.05$). Results have direct implications for clinicians who work with families in EOL care settings. They may have opportunities to engage individuals – other than patients – in ACP. Focusing the experience of involvement in a loved one's EOL care may be an effective strategy to enhance ACP engagement.