

Seven CCs were recruited and four received the DCPR overview and self-assessment. Of the four CC, one withdrew and did not receive the intervention. The remaining three were located in a suburban area, nonprofit, and with memory care units. Data was collected from November 2019 through March 2020. Nine CC staff participated with a mean age 35.8 years and had worked for 11.8 years. Baseline mean scores on the Organizational Readiness to Implementing Change (ORIC) scale were 4.6 for the commitment domain and 4.4 for the efficacy domain. Mean scores on the Nursing Home Employee Satisfaction Survey were high. Sixty-nine percent of CC participants were satisfied with their jobs (greater than 4). Findings from mid-project interviews with the coaches revealed difficulty with scheduling appointments, significant efforts needed to get the “right” people at the table and need for the DCPR tools to be more user-friendly. No post-intervention results were collected due to closing of the CCs to visitors due to COVID. The DCPR tools shows promise and are being evaluated in additional CCs.

DEVELOPMENT OF AN ANIMAL-ASSISTED ACTIVITY/THERAPY DOG CHECKLIST FOR LONG-TERM CARE FACILITIES

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Animal-assisted activities (AAA) and therapy standards of practice have been published to protect the well-being of animals, animal handlers, and the special populations of patients that benefit from this mode of treatment. Inconsistencies among practice standards with concerns surrounding the topics of dog welfare, human well-being, and zoonotic transmission have been reported. The purpose of this qualitative research study was to review published AAA and therapy standards with older adult populations for best practices, conduct focus group sessions with caregivers from long-term care facilities that allow therapy dog visitation, and synthesize findings into an AAA checklist to be used by long-term care facility decision-makers when interviewing or bringing in therapy dog teams. Comparative analyses utilizing a systematic and sequential approach was used to analyze the data from the focus group sessions. Due to the COVID-19 pandemic, only two focus group sessions at one long-term care facility were conducted resulting in a total of 15 caregivers. Four themes emerged from the data: promotes positive mood, essential resident screenings, caregiver roles, and memory aides. Relevant themes and AAA and therapy standards and guidelines were then combined in the development of the AAA/Therapy Dog Checklist. Administrators may find having a user-friendly AAA/therapy dog checklist a useful tool that can be used when interviewing therapy dog teams to ensure future dog therapy experiences will be positive and safe. The safety and well-being of residents in long-term care facilities and animals are essential to promote positive health outcomes for both populations.

DISTRESS BEHAVIOR CONVERSATIONS: SUPPORTING WHOLE PERSON WHOLE TEAM RESPONSES IN VA COMMUNITY LIVING CENTERS

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Resident distress behavior, a prevalent challenge in long-term care, contributes to resident morbidity, staff burden, and turnover. We describe an education model developed in the Veterans Administration (VA) Community Living Centers (CLC) through a CONCERT (VA CLCs’ Ongoing Center for Enhancing Resources & Training) quality improvement series. The Distress Behavior Conversation (DBC) uses a team meeting structure and process. Informed by unmet need and relational coordination theories, it guides the whole team, inclusive of interdisciplinary team members and front-line staff with resident contact, through a collaborative problem-solving action-planning discussion. DBC uses facilitated round-robins to identify potential resident behavior causes and individualized solutions. DBC supports the team in maintaining whole person and whole team mindsets, thus challenging the narrower medical model of discipline-specific clinical mindsets and staff level hierarchies. Over two years we have co-created and refined DBC through trainings and team debriefings with over 80 CLCs. Care teams reported “aha” moments during DBCs their thinking shifted (“we are now looking at the REAL why”; “we went from asking, how did he fall? to, why did he fall?; “tended to try to treat falls in a standardized way, [but] when you focus on a specific person you get to focus on HIS needs”; “personal information about the Veteran is the 5th vital sign!”). Teams additionally reported reduced strain and improved collaborative thinking (“I feel better about what I’m doing...more motivated to keep going!; “Now I see it is a team approach – don’t have to do it by myself.”).

LEARNING BEST PRACTICES FOR EDUCATING A CAREGIVING WORKFORCE

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It is well established that the health professional workforce is not adequately prepared to meet the demands of an aging older population. Caregivers are often the backbone supplemental workforce for seniors, providing daily care with assistance with activities of daily living, with little training. Part of the mission of the South Florida Geriatric Workforce Enhancement Program (SFGWEP) is to support and empower caregivers through community based training programs. Between January 1 2020 to January 31, 2021 SFGWEP provided education to more than 340 caregivers on topics related to opioid use, effective communication with individuals with dementia and other topics. Attendees responded to a short evaluation survey, which included three multiple-choice questions on if attending was a good use of their time, if they gained knowledge and if they plan to apply material, and two open-ended questions to identify opportunities for improvement in future trainings. Responses were