

extends to drinking. Using ethnographic and interview data from a larger 5-year NIA-funded study in four diverse AL communities designed to identify best practices for the meaningful engagement of AL residents with dementia, we examine how residents, families, and staff interpret residents' rights about alcohol use and how staff and families facilitate or limit alcohol use of residents with dementia. Findings indicate staff and families frequently rely on a narrative of "watchful oversight" to limit or restrict alcohol consumption while simultaneously affirming the social connection of drinking (e.g., alcohol-free socials). We discuss the implications of our findings for research and practice aimed at promoting meaningful engagement and quality of life among persons with dementia.

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Pain Management

ACCEPTANCE AND COMMITMENT THERAPY AND EXERCISE: CAN THEY HELP OLDER ADULTS MANAGE CHRONIC PAIN?

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Chronic pain is common among older adults and affects their physical and psychological well-being. While exercise can reduce pain and promote physical functions, psychological interventions may enhance pain management by addressing the psychosocial contributors to the prolonged pain. Acceptance and Commitment Therapy (ACT) is a psychological intervention that emphasizes on psychological flexibility, values, and mindfulness. This approach may be particularly helpful in dealing with chronic pain, where symptoms can be beyond one's control. This single group pre-post study investigated the feasibility and efficacy of an intervention combining ACT and exercise for chronic pain management in older adults. The intervention consisted of 16 sessions delivered over eight weeks. ACT and exercises were modified according to the individual's capability when needed. Clinical outcomes regarding pain severity and interference, pain acceptance, value of life, depression, anxiety, and physical functioning were assessed. Twenty-four older adults attended all sessions and completed the assessments. Preliminary results showed that, while participants experienced similar level of pain after the intervention, they reported less pain interference on mood and enjoyment of life, and improved chronic pain acceptance, pain self-efficacy, success at living their values, committed action, depressive symptoms, physical functioning in the lower body strength, aerobic and endurance, agility and dynamic balance, and upper body strength (all $p < .050$). This study lends support to the feasibility of a combined ACT and exercise intervention for chronic pain management in older adults. The efficacy of ACT may not be directly on reducing pain, but on increased psychological flexibility to co-live with pain.

CAREGIVER-ASSISTED PAIN COPING SKILLS TRAINING FOR PATIENTS WITH DEMENTIA: A PILOT STUDY

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Pain is common and undertreated in patients with dementia, and contributes to disability, psychological distress, neuropsychiatric symptoms and caregiver stress. The goal of this study was to develop a caregiver-assisted pain coping skills training protocol tailored for community-dwelling adults with mild-moderate dementia and their family caregivers. We conducted interviews with patients and caregivers to develop the protocol. We then conducted a single arm pilot test of the intervention's feasibility and acceptability. Patients were recruited from an outpatient memory care clinic and screened for pain using the validated Pain, Enjoyment, General Activity (PEG) scale. The intervention included five sessions of training in pain assessment, relaxation, pleasant activity scheduling, and integrative movement. Initially sessions were conducted in person or by videoconference according to the dyad's preference; during COVID-19 (latter half of study) all sessions were conducted remotely. Eleven dyads consented and provided baseline data [patients: mean age=77.7 years (SD=4.8), 70% non-Hispanic white; caregivers: mean age=69.6 years (SD=13.3); 91% non-Hispanic white; 73% spouses]. Nine dyads (82%) completed all five sessions. Caregivers reported high levels of satisfaction with the intervention (mean=3.4 on 1-4 scale) and frequent use of pain coping skills (mean=3-4 days/week). On average, patients reported pre-post decreases in pain severity (mean=-1.2, SD=1.8) and pain interference (mean=-0.64, SD=0.67) on the Brief Pain Inventory. Overall these findings suggest that a behavioral pain coping intervention for patients with mild-moderate dementia and their caregivers is feasible, acceptable, and potentially helpful for managing pain.

DEMENTIA CARE: ADDRESSING PAIN AND MAXIMIZING COMFORT

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Pain is common in older people who have Dementia, and is associated with a number of chronic and acute conditions. There is evidence that as many as 83% of nursing home residents experience pain that often goes unrecognized or inappropriately treated. Pain has a powerful effect on mood, sleep quality, functional ability, and overall quality of life. Rejecting care due to pain is very common among patients with Dementia. An association between pain and increased agitation has been noted, Significant reduction of agitation and psychotropic usage have been demonstrated by pain treatment in patients with moderate to severe dementia. This project was conducted in six memory care units with 150 residents at 815 bedded long-term geriatric care facility. All