

BRIEF MINDFULNESS INTERVENTION FOR FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA: A PILOT STUDY

Hongdao Meng,¹ Debra Dobbs,¹ Lindsay Peterson,¹ Punam Risal,¹ Britney Veal,² and William Monaco,¹

1. *University of South Florida, Tampa, Florida, United States*, 2. *University of South Florida, Winter Haven, Florida, United States*

Family caregivers (FCGs) play a crucial role in helping persons with dementia age-in-place. This pilot study is designed to test a group-based mindfulness intervention for FCGs to reduce stress and enhance wellbeing. We recruited two groups of FCGs (n=7), one from an assisted living community and another from an adult day service center. We used a mixed-methods pre-post study design. Quantitative outcome measures included stress, sleep quality, and quality of life. We conducted focus group interviews to gain an in-depth understanding of the intervention acceptability. Participants reported that they benefited from participating in the intervention sessions, and were more aware of their reactions to stressors. FCGs indicated that the mindfulness practice assignments were acceptable and feasible. An unexpected finding was that the majority of the participants intended to continue with informal meetings after the pilot study. Implications of the intervention benefits for FCGs in the community will be discussed.

PREVALENCE OF INSOMNIA SYMPTOMS AND NEED FOR AN INTERVENTION AMONG DIRECT-CARE WORKERS IN LONG-TERM CARE

Soomi Lee, Taylor Vigoureaux, Kathryn Hyer, and Brent Small, *University of South Florida, Tampa, Florida, United States*

This study examined the prevalence of insomnia symptoms among direct-care workers at an assisted-living community and their perceived need for a sleep intervention. Thirty-five participants reported their main sleep-related concerns, willingness to participate in a sleep intervention, and preferred delivery forms/content of the intervention. They also reported nightly sleep characteristics via ecological momentary assessment (EMA) for 2 weeks. 80% reported any sleep-related concern; insomnia-related concern was most prevalent (57%). This was also evident in their EMA reports of waking up in the middle of the night or early morning for 72% of the days. Most (66%) expressed interest in participating in a sleep intervention either online or in group sessions. Mindfulness strategies were most preferred, followed by cognitive-behavioral therapy, and sleep hygiene education. The high prevalence of insomnia symptoms in direct-care workers needs to be addressed by future interventions for their well-being as well as for the quality of care.

SESSION 6165 (SYMPOSIUM)

LEST DEATH DO THEM PART: PROTECTION OF OLDER WOMEN FROM INTIMATE PARTNER INJURY AND FATALITY

Chair: Janet Wilson

Discussant: Lazelle Benefield

Protecting and preventing older women from fatal and near fatal violence by current or former intimate partners

are public health and international human rights concerns. Older women are most often killed (“femicide”), injured in the home by a spouse, partner, x-partner, or family member. Older women experience physical, psychological, sexual abuse, neglect, and financial exploitation. Wherein there is more research on risk factors, study of protections lags behind. Through three very different studies, risks and protections will be explored with national and international policy implications for each.

OLDER ADULT FATALITY REVIEWS: A POWERFUL TOOL TO IMPROVE POLICIES, PROTECTIONS, AND SERVICES

Janet Wilson,¹ and Kimethria Jackson,² 1. *University of Oklahoma Health Sciences Center, Reynolds Center for Geriatric Nursing Excellence, Oklahoma City, Oklahoma, United States*, 2. *University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, United States*

Older adult maltreatment is a serious problem that can hasten mortality and cause fatality. Child and Domestic Violence Fatality Review teams have made a major impact to improve protections, services, and system responses for victims. There are over 1300 child fatality review teams in 50 US states and 200 domestic violence fatality teams in 45 states. Older adult fatality reviews, in contrast, have not proliferated across the country, missing opportunities to bring interdisciplinary expertise together to resolve policy, protection, and services needed to prevent older adult premature deaths due to violence and abuse. Method: A mini mock review of a fatality of an older adult woman will demonstrate the possibilities of beginning Older Adult Fatality Review Board as recommended by the American Bar Association. Conclusion: Interdisciplinary older adult fatality review teams have been an underutilized tool to make changes in older adult mistreatment protection services and systems.

INJURY OF AFRICAN AMERICAN WOMEN BY FINANCIAL EXPLOITATION

Kimethria Jackson,¹ Patsy Smith,¹ and Janet Wilson,² 1. *University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma, United States*, 2. *University of Oklahoma Health Sciences Center, Reynolds Center for Geriatric Nursing Excellence, Oklahoma City, Oklahoma, United States*

Financial exploitation (FE) is one of the most common forms of older adult mistreatments. The World Bank defines FE as financial violence and the World Health Organization describes FE as financial or material abuse. Both international organizations recognize that FE causes deprivation/neglect leading to physical and emotional injury to victims. Older African Americans (OAA) are disproportionately affected by FE, impacting their health and welfare. A qualitative phenomenological study explored the lived experiences of FE among OAA. A Community Based Participatory Research approach was used to partner with a predominately African American-faith based community. Participant recruitment (n=12) was through community sponsored seminars that included verbal presentations, group discussions; individual surveys, Older Adult Financial Exploitation Measure (OAFEM). OAFEM data was analyzed to identify risks. Analysis of the interviews included Open and Axial coding, and data categorization.