

narratives offer encouragement of self-determination in late life, share lived experience of aging with a mental health condition, and promote age-related self-management skills development. The RecoverYdia smartphone app provides an online community for older adults with a lived experience of a mental health condition. RecoverYdia subscribers can search through hundreds of relevant videos and find the storyteller who tells the viewer's story, prompts them to reach out for help, and eventually inspires them to help others. This presentation will discuss the state of evidence regarding the evidence for recovery narratives across the globe and offer a RecoverYdia technology demonstration.

HONORING CHOICE IN GRIEF THROUGH EXPRESSIVE ARTS WITH LONG-TERM CARE RESIDENTS

Michelle Olson, *Concordia University Chicago, Fishkill, New York, United States*

Death in long-term residential care homes is a common occurrence, yet it is often taboo and strongly avoided. Staff and residents often express deep connections to one another in these settings, but when death occurs, there is often little to no support, training or space to share these feelings. This session will discuss the findings of Dr. Olson's multicase, arts-based research from the elder voices of those who face these losses. Perceptions such as disenfranchised grief and ageism were revealed in this study as well as positive expressions such as love, kindness and acceptance. The shared findings will include poetry and artwork that was created within this research study. Utilizing the creative arts can assist in the expression of these complex and abstract human emotions, instill a sense of comfort and community and empower honor these lives and friendships.

A PLACE FOR US: A UNIQUE EXPERIENCE THAT PROVIDES A CREATIVE AND SOCIAL EXPERIENCE FOR PEOPLE WITH DEMENTIA

Mary Mittelman,¹ and Amy Harris,² *1. NYU School of Medicine, New York, New York, United States, 2. NYU School of Medicine, NEW YORK, New York, United States*

A Place for Us meets weekly in community locations for a half day and is run by a recreation therapist who is also an artist, offering an opportunity to connect with others through participation in creative projects. We have found that collaborating in creating a piece of art, such as a collage provides a context for socializing. Since the program began in 2017, we provided this opportunity to 83 caregivers. The program has broad appeal and has included both men (54%) and women (46%) and people from many racial and ethnic backgrounds: 62.3% white, 13 percent African American, 7% Latino and 5% Asian. Our experience suggests that Interacting through collaborative projects utilizing what has been called, "The creative brain," offers people with dementia an opportunity to feel at ease in this social setting. A Place for Us allows people to interact socially while engaging in a pleasant and normative activity.

SESSION 6045 (SYMPOSIUM)

ASSISTED LIVING CARE FOR SPECIAL POPULATIONS

Chair: Philip Sloane

Discussant: Sheryl Zimmerman

Assisted living (AL) is a notable provider of residential long-term care for older adults; there are almost twice as many AL communities as nursing homes, and they provide care to more than 800,000 older adults. As AL has evolved, it has come to serve more individuals with cognitive, mental, and health care needs. For example, 70% of residents have sleep disturbances, 42% have moderate/severe dementia, and mortality rates average 14% annually. Care needs include those for behaviors such as agitation, serious mental illness, and at the end-of-life. However, not all AL communities provide similar care. This symposium will use national data and data from a seven state study of 250 AL communities to focus on four populations receiving care in AL: persons with dementia, serious mental illness, sleep disturbances, and on hospice. The first speaker will discuss how AL staff conceive of and respond to behavioral expressions of persons with dementia; the second will focus on the use of psychosocial/environmental practices for persons with dementia in AL. The third speaker will discuss the growing proportion of persons with serious mental illness in AL and related implications for care. The fourth presenter will address the high use of melatonin in AL, as well as resident- and community-level correlates of melatonin prescribing. The final speaker will examine hospice use in AL and how it varies based on community characteristics. These findings related to care and care needs for four key populations have important implications for practice, policy, and future research.

HOW ASSISTED LIVING STAFF CONCEIVE OF DEMENTIA CARE

Debra Dobbs,¹ Sheryl Zimmerman,² Stephanie Miller,³ Paula Carder,⁴ Anna Beeber,² Jennifer Hodgkinson,³ and Julia Thorp,³ *1. University of South Florida, Tampa, Florida, United States, 2. University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States, 3. Cecil G. Sheps Center for Health Services Research, Chapel Hill, North Carolina, United States, 4. Portland State University, Portland, Oregon, United States*

For those who provide care to the more than 40% of persons with dementia in assisted living (AL) communities, behavioral expressions (BEs) can be challenging. The objective of this mixed-methods study was to understand how AL staff conceive of BEs and what strategies they use to address them. Staff from 250 AL communities in seven states were asked to describe one successful and unsuccessful case of care. A conceptual model related to antecedents, behaviors, and consequences was developed and expanded to include staff strategies and outcomes of care; organizational characteristics associated with care practices were examined. Anxiety/restlessness, combativeness and resistance to care were the most prevalent BEs. Medical interventions (e.g., inpatient psychiatric assessment, medication management) were used