

positive value shared variance of only 17.2%. Thus, negative impact and positive value represent different aspects of the carer situation. Consequently, support needs to target several aspects in carers' life, aiming to; facilitate for spouses to manage PwD's impairment, increase emotional support while also strengthening the relationship between carer and PwD to reduce negative impact while increasing positive value.

PERCEPTIONS OF FAMILY CAREGIVERS OF PEOPLE WITH DEMENTIA REGARDING SYMPTOM MANAGEMENT AND THE COVID-19 PANDEMIC

Melissa Harris,¹ and Marita Titler,² 1. *Duke University, Durham, North Carolina, United States*, 2. *University of Michigan, Ann Arbor, Michigan, United States*

Nearly 98% of older adults with Alzheimer's disease and related dementias (ADRD) experience behavioral and psychological symptoms of dementia (BPSD). Although BPSD are linked to caregiver burden, perceptions of family caregivers on the impact of BPSD and their experiences addressing them in the home are unclear, and little is known about the impact of the pandemic on these experiences. Study aims were to explore: 1) the experiences of family caregivers of community dwelling older adults with ADRD regarding BPSD and how they manage BPSD in the home, and 2) how the pandemic impacted family caregivers' experiences, BPSD of their relatives, and BPSD management. A qualitative, exploratory approach was used; 21 family caregivers were interviewed virtually. Content analysis and constant comparative methods were used. Ten major themes emerged: 1) Emotional and psychological responses of caregiver, 2) Loss, 3) Anticipation, 4) Reliance, 5) Learning to caregive, 6) Rewarding, 7) Emotional and psychological responses of care recipient 8) Cognition of care recipient, 9) Care strategies, 10) Caregiver perspectives. Caregivers did not use terms "behaviors" or "symptoms", instead they described their relatives' and their own experiences interdependently. Caregiving challenges presented before the pandemic (e.g. equivocal effects of medications, increasing care demands), many of which were compounded by the pandemic. Future research should explore the experiences of caregivers from a range of backgrounds. Findings illustrate communication barriers exist between clinicians, community services, people with ADRD and their families which may be addressed through clinician education, family-centered care planning, and policies to expand support service access.

Session 2080 (Symposium)

FINDINGS FROM IMPLEMENTATION OF THE EIT-4-BPSD TRIAL

Chair: Barbara Resnick

Co-Chair: Marie Boltz

Discussant: Ann Kolanowski

Behavioral and psychological symptoms of dementia (BPSD) include aggression, agitation, depression, anxiety, apathy and hallucinations and are exhibited by up to 90% of nursing home (NH) residents with dementia. BPSD result in negative health outcomes, functional decline, high care costs, increased risk for inappropriate use of antipsychotic medications and social isolation. Behavioral approaches are endorsed as the first line of treatment for BPSD. Despite

regulatory requirements, less than 2% of nursing homes consistently implement these approaches. The EIT-4-BPSD Trial was done to test a novel implementation approach to assure that staff in nursing homes use non-pharmacologic, behavioral approaches for the management of BPSD. EIT-4-BPSD is a theoretically-based four-step approach that includes: 1. Assessment of the environment and policies; 2. Education of staff; 3. Establishing person-centered care plans; and 4. Mentoring and motivating staff. Implementation of the four-step approach was guided by the Evidence Integration Triangle (EIT). The EIT brings together evidence and key stakeholders from the NH and uses a participatory implementation processes, practical evidence-based interventions, and pragmatic measures of progress toward goals. A total of 55 nursing homes from two states and 553 residents were included in this study. Nursing homes were randomized to EIT-4-BPSD or education only. This symposium will describe the utility of the EIT as an implementation framework based on the Reach, Effectiveness, Adoption, Implementation, and Maintenance model, report detailed effectiveness outcomes of EIT-4-BPSD at the setting and resident levels, and address recruitment and measurement challenges and future solutions to these challenges.

TESTING THE USEFULNESS OF THE EVIDENCE INTEGRATION TRIANGLE FOR IMPLEMENTATION OF EIT-4-BPSD

Barbara Resnick, *University of Maryland School of Nursing, Baltimore, Maryland, United States*

The effectiveness of evidence-based practices, such as use of behavioral interventions, can be improved when delivered under conditions of an implementation framework. This pragmatic trial used the Evidence Integration Triangle (EIT) which is a parsimonious, community-engaged participatory framework that brings evidence and facility stakeholders together. Active engagement empowers key stakeholders to integrate evidence into practice using a simple three-pronged framework: (1) A participatory implementation process which was done via monthly meetings and weekly emails between stakeholders and a clinical expert as they worked on facility based goals; (2) Implementation of the four steps delineated in the EIT-4-BPSD; and (3) evaluation using practical progress measures. There was some evidence of implementation of the EIT-4-BPSD based on participation in Stakeholder team meetings, settings working towards goal achievement, and increased use of behavioral interventions among staff. The EIT approach is a useful implementation framework to help change staff behavior in long term care.

EFFECTIVENESS OF THE EIT-4-BPSD INTERVENTION ON RESIDENT AND SETTING OUTCOMES

Elizabeth Galik, *University of Maryland School of Nursing, Baltimore, Maryland, United States*

The effectiveness of EIT-4-BPSD was based on testing the following hypotheses: (1) Settings exposed to EIT-4-BPSD will demonstrate improvements in Environment and Policy assessments, better quality of care interactions, and more person-centered care approaches for management of behavioral symptoms in care plans compared to Education Only settings; and (2) Residents in EIT-4-BPSD settings will have fewer behavioral symptoms and less pain, maintain