SESSION 2465 (SYMPOSIUM)

INTEREST GROUP SESSION—ABUSE, NEGLECT AND EXPLOITATION OF ELDERLY PEOPLE: DAILY REFLECTIONS OF DEMENTIA CAREGIVERS: MICRO-LONGITUDINAL APPROACHES TO UNDERSTANDING ELDER ABUSE AND NEGLECT

Chair: Carolyn E. Pickering, *University of Texas Health Science Center San Antonio, San Antonio, Texas, United States*

Discussant: Zach Gassoumis, *Leonard Davis School of Gerontology, University of Southern California, Los Angeles, California, United States*

Studies with clinic samples have found approximately 50% of family caregivers self-report engaging in abusive and neglectful acts towards the person with dementia whom they assist. Despite this, interventions to reduce and prevent elder abuse and neglect in dementia caregiving are lacking. To develop targeted interventions, the field still has much to learn about what happens during single incidents of elder abuse and neglect including (1) the types of tactics used (2) contextually-based risk/protective factors and (3) circumstances surrounding acts. This symposium will advance discussions on these topics through presentation of pilot data from a micro-longitudinal study on abuse and neglect within dementia family caregiving. Micro-longitudinal methods, such as daily diary studies, rely on intensive longitudinal measures over shorter periods of time. This approach can better ascertain ecologically-valid factors and identify temporal patterning between variables than traditional longitudinal and cross-sectional methods. First, we will provide an overview of the pilot project with family caregivers (N=50) completing diaries for 21 days. The second presenter will discuss data on the co-occurrence of different types of elder abuse and neglect as they manifest in daily lives of family caregivers, and lead discussion on measurement considerations. The next presenter will discuss data on contextually-based risk and protective factors for abuse and neglect that occur during daily caregiving activities. The final presentation will discuss findings on caregivers' perceptions of the circumstances surrounding abusive and neglectful behaviors. Discussion will focus on how these findings, and methods, can be used to advance intervention development for the field.

CO-OCCURRENCE OF ABUSE AND NEGLECT AS REPORTED BY DEMENTIA FAMILY CAREGIVERS

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Understanding the co-occurrence or overlap among multiple forms of elder abuse and neglect (EAN) is important for designing effective interventions. This paper reports patterns of family caregiver's daily behaviors related to physical assault, psychological mistreatment, and neglect. Majority of participants self-reported at least one EAN behavior (74%), with most reporting using multiple forms of EAN over the 21-day period (52%). On a given day, psychological mistreatment and neglect were more likely to happen in isolation, while physical assault was more likely to co-occur with psychological mistreatment. The mixed model's intra-class coefficient suggests the daily context, rather than personal characteristics, explain the variance in the use of EAN. These findings highlight the importance of never minimizing a single event of EAN reported in clinical practice, give the high rate of polyvictimization, and reinforces the need to understand why caregivers use one form of EAN over another on a given day.

RISK AND PROTECTIVE FACTORS FOR ABUSE AND NEGLECT IN DAILY CAREGIVING

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The stress-process model suggests a variety of factors related to the stress-experience as important in the formation of outcomes including elder abuse and neglect (EAN). Multi-level modeling with days (n=831) nested within caregivers (N=50) was used to evaluate relationships between theoretically-based risk and protective factors and odds of EAN. Disruptions in the daily routine are a significant risk factor for abuse and neglect. Participating in a meaningful activity at least twice a day with the care recipient is a significant protective factor for neglect (OR=0.19; CI=0.06-0.64; p=0.01), but not abuse. Hypotheses that spending the full day together would increase the risk of EAN, and receipt of instrumental support and caregiver participation in self-care would decrease risk, were not supported. Findings demonstrate that the risk of EAN varies from day-to-day in the presence and absence of contextual factors. Moreover, abuse and neglect may have different etiologic pathways.

CONTEXTS SURROUNDING PSYCHOLOGICAL MISTREATMENT AND NEGLECT BY CAREGIVERS TO PEOPLE WITH DEMENTIA

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This presentation examines the individual experiences of caregivers using psychological mistreatment and neglect. When a caregiver indicated psychological mistreatment (e.g., yelling) or neglect (e.g., skipping necessary care) occurred on their daily diary, they were asked what they were doing and how they felt when the event occurred. Text responses were analyzed using content analysis. When psychological mistreatment occurred, there was often a triggering event. For example, 43.8% of caregivers reported they were responding to a behavioral symptom, and 28% indicated something inconvenient occurred. Caregivers were mostly frustrated/angry (68.8%) and

annoyed (21.9%) when they used psychological mistreatment. When the caregiver neglected the recipient, 43.5% of caregivers reported the recipient refused to receive care and 30% reported prioritizing other care activities. In cases of neglect, caregivers were frustrated/angry (39.1%) and worried/anxious (30.4%). Findings indicate psychological mistreatment and neglect occur in unique contexts; prevention of these behaviors likely will require distinct intervention strategies.

SESSION 2470 (SYMPOSIUM)

INTEREST GROUP SESSION—ASSISTED LIVING: DEMENTIA IN ASSISTED LIVING: STATE VARIABILITY IN REGULATIONS, OVERSIGHT, AND RESIDENT OUTCOMES

Chair: Kali S. Thomas, *Providence VA Medical Center, Providence, Rhode Island, United States*
Discussant: Lindsay Schwartz, *American Health Care Association/National Center for Assisted Living, Washington, District of Columbia, United States*

Approximately one million individuals, an estimated 40% with a diagnosis of Alzheimer's disease-related dementias (ADRD), reside in assisted living (AL); yet, little is known about their experience or the quality of care provided in AL. Unlike other forms of long-term care (LTC), the licensing, operating, and enforcement requirements for AL falls to the states, which vary dramatically in their regulatory approaches. The overall objective of this symposium is to examine states' AL regulatory environments and understand if and how the health outcomes of AL residents with ADRD are impacted by states' regulatory decisions. Presenters will highlight the state variability in the regulation, oversight, resident composition, and outcomes of AL residents with ADRD. The first presentation will describe states' different regulatory requirements for staffing and admission/discharge criteria as it relates to residents with ADRD and how those have changed over the last decade. The second presentation will report results from a national survey of state agents regarding their oversight and enforcement activities in AL. The third presentation will characterize differences in the resident composition and healthcare utilization among residents with ADRD across states. The fourth presenter will report on the effect of residing in an AL licensed to provide specialized dementia care versus a standard-licensed AL on ADRD residents' outcomes. The discussant will contextualize findings as they relate to the current state of the AL industry. Results will ultimately inform policy-makers, organizational leaders, and clinicians as they seek the most effective ways to ensure optimal outcomes vulnerable residents with ADRD.

TWELVE YEARS OF CHANGES IN STATES' ASSISTED LIVING REQUIREMENTS FOR DEMENTIA-SPECIFIC STAFF TRAINING

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We describe two categories of dementia-specific AL requirements: staff training and admission/discharge criteria. We reviewed current requirements for all states and the District of Columbia, and amendments made over 12 years. Current and historic regulations were collected and analyzed using policy surveillance and qualitative coding. Twenty-three states currently require dementia-specific training, and 22 require continuing education. Nearly all states (49) require administrators to complete dementia-specific training. Of these, 13 states specified 7 to 120 hours of dementia care training. Some states added pre-admission screening for cognitive impairment; a few require a dementia diagnosis for admission. We describe state variation longitudinally in direct care staff training requirements, including: number of training hours, training content, and use of examinations or other tests of knowledge, skills and abilities. In addition, we categorize changes in admission/discharge criteria over time, including the use of medical versus behavioral health symptoms.

RESULTS FROM A 2019 SURVEY OF STATE AGENTS ON ASSISTED LIVING REGULATIONS AND TRENDS

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AL is regulated at the state level. Yet, little is known about the structure and function of state agencies that license and monitor AL. We fielded a 21-question survey among state agents with responsibility for AL in all 50 states. While licensure definitions of AL vary, state efforts appear uniform in regard to administrative alignment with departments of health as well as roles with facility licensing, renewal, and monitoring. However, we observed variability in the approaches used to monitor AL. While 80% of agents reported being able to issue fines for failures to meet regulatory standards, only 40% of states collected information concerning individual resident status. Only 20% issue separate licenses for providing care to persons with dementia, whereas 30% of state agents affirmed that non-licensed AL facilities were operating within their state. We consider how these varied regulatory approaches may shape facility operations and impact resident outcomes.

DOES MEMORY CARE MATTER? EXAMINING THE EFFECT OF DEMENTIA-LICENSED CARE ON RESIDENTS' OUTCOMES

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The objective of this study is to estimate the effect of receiving care in a dementia-care licensed (DCL) assisted living community, versus a standard AL, on outcomes of residents with ADRD. In four states that issue a license for specialized dementia care (AL, CO, MS, and NY), we identify a cohort of 5,720 Medicare fee-for-services beneficiaries with ADRD who moved to an AL in 2014. To control for unobserved factors that contribute to a patient's selection of AL type, we use the difference in the log-distances from an individual's home address to the nearest DCL and standard AL as an instrumental variable. We will report the effect of residence in a DCL AL on mortality, inpatient hospital days, emergency