

social activity ($F=4.63$; $p=.063$; $effect=.09$), and improvement in certain psychological domains: AD knowledge ($F=4.49$; $p=.041$; $effect=.11$); cognitive functioning (short-term memory ($F=4.99$; $p=.038$; $effect=.21$); delayed memory ($F=2.26$; $p=.154$; $effect=.11$); Trails A ($F=5.60$; $p=.0294$; $effect=.24$); and Trails B ($F=2.22$; $p=.154$; $effect=.11$). Participants provided positive anecdotal feedback and the need for continued health coaching. In conclusion, this preliminary work creates the impetus for future large-scale lifestyle AD prevention investigations to improve the lives of AD-risk, low-income, diverse older adults. These findings demonstrate that telephone-based health coaching is feasible, based on participant engagement, and effective, based on positive trends in reducing AD risk factors.

DEMENTIA CAREGIVER SURROGATE DECISION MAKING SELF-EFFICACY, DISTRESS, AND QUALITY OF LIFE

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We assessed the relationship between caregiver self-efficacy and caregivers' ratings of care recipient's health-related quality of life, the severity of neuropsychiatric symptoms, and associated caregiver distress for persons with Alzheimer's dementia (AD). Methods: The 31-item DEMQOL-Proxy, Neuropsychiatric Inventory (NPI-Q), and the Self-Efficacy for Surrogate Decision-Making scale (SDM-SES) were collected from 26 family caregivers of people with AD expressing care resistant behaviors. We used Spearman correlations to assess relationships between SDM-SES, NPI-Q severity, and NPI-distress and DEMQOL-proxy. Among enrolled caregivers, 14 (54%) were women; mean age was 64.5 years, and 24 (92%) were college-educated. Their care recipients were 61% women, 77% white, with a mean age of 76 years, and mostly college-educated (88%). Mean scores were DEMQOL-Proxy 91.27 (+/- 14.16), SDM-SES 16.38 (+/- 2.74), NPI-Q Severity score 14.23 (+/- 6.04), and NPI-distress 17.42 (+/- 6.90). There were moderate correlations between DEMQOL-Proxy and SDM-SES ($r=0.54$), NPI severity ($r=-0.42$) and NPI-distress ($r=-0.49$). Secondary analysis showed a moderate correlation between SDM-SES and NPI-distress ($r=-0.40$). We identified associations between caregiver self-efficacy, quality of life, and caregiver distress. A higher baseline SDM-SES was associated with greater health-related quality of life for the care recipient. Lower self-efficacy scores were related to more caregiver distress related to neuropsychiatric symptoms. Higher NPI severity and caregiver distress were associated with lower quality of life for the care recipient. Interventions targeting self-efficacy may promote improved QOL and decrease caregiver distress in AD dyads.

DEVELOPMENT AND PSYCHOMETRIC TESTING OF CODING SCHEME FOR DEMENTIA FAMILY COMMUNICATION USING VIDEO OBSERVATION

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Understanding communication behaviors between persons living with dementia and family caregivers is essential for meaningful social interaction and decrease problematic

behaviors and caregiving burden. The purpose of this study was to develop and test the psychometric properties of a coding scheme for dementia care interactions. The coding scheme items were developed from literature and expert review, and the pilot testing on 16 video-recorded interactions. A secondary analysis was conducted using 77 videos from 21 dyads of dementia family interactions naturally occurred in the participant's home. The final coding scheme consists of 11 codes for persons living with dementia (6 nonverbal and 5 verbal) and 12 codes for family caregivers (7 nonverbal and 5 verbal). Content validity was excellent ($I-CVI=.93$, $S-CVI/UA=.71$, $S-CVI/Ave=.93$ with 6 experts). Inter-item correlation was acceptable for both caregiver codes (positive nonverbal = .21, positive verbal = .15, negative nonverbal = .36, negative verbal = .29), and patient codes (positive nonverbal = .13, positive verbal = .27, negative nonverbal = .15, negative verbal = .18). Intra-rater reliability (Cohen's Kappa = .83, percentage of agreement = 83.88%) and inter-rater reliability (Cohen's Kappa = .81, percentage of agreement = 81.75%) were excellent. Findings suggest the preliminary psychometric properties of the newly developed coding scheme to assess dyadic interactions of persons living with dementia and their informal caregiver in-home care situations. Future testing of the coding scheme for application in communication interventions to improve quality social interaction in dementia care is discussed.

EXPLORING PARADOXICAL LUCIDITY STORIES: WORKING TOWARDS PROMOTING MEANINGFUL ENGAGEMENT WHEN LEAST EXPECTED

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Lucidity is the typical cognitive state of adults. However, conditions such as Alzheimer Disease and major neurocognitive disorders can rob people of their usual clarity. Episodes of "paradoxical lucidity" (PL) happen when there is a spontaneous return of lucidity in people who are assumed to have lost the capacity to engage and communicate. These often take place near the end of life. Anecdotal stories depicting PL have been shared for centuries, but the etiology and mechanisms of PL rarely have been examined scientifically. The purpose of this mixed-methods project was to "gather the stories," of witnessed episodes of PL, to describe them, including potential triggers and contextual supports. Sixty witnesses of episodes have shared their experiences. Two-thirds those displaying PL were female. Most had died within six months of the episode. Episodes generally lasted under an hour (range: "moments" up to 5+ hours). Illustrative descriptions about PL emerged: 1) A trusted person or professional, perhaps unknowingly, saying or doing the right thing could trigger an episode; 2) PL frequently took place in a sacred environment involving ritual spiritual practices (e.g., saying the rosary and singing hymns); 3) meaningful music was often a trigger; and 4) PL sometimes involved the return of one's professional or familial/friend role. Familiar sounds (e.g., music, voices) were the most common sensory antecedents. A deeper understanding of PL events could potentially drive interventions to promote these valued episodes. The possibility that end-stage neurocognitive impairments could be reversible, even for a short period, is thought-provoking and inspiring.