Person-centered principles continue to redefine the nature of dementia care, but less attention has been given to integration of person-centered principles into clinical assessment and dementia research. As a result, identification of deficits and cognitive impairment tends to dominate clinical and research efforts, whereas strengths and positive characteristics need more research. This paper examines existing positive psychosocial measures of psychological wellbeing, hope, spirituality, resilience, social relationship, dignity, and at-homeness. Many of these measures demonstrate strong psychometric properties and have been identified as promising outcome measures for strengths-based studies and approaches to care. This paper will evaluate the extent to which these measures used a person-centered approach to item development and testing, and whether item content is consistent with person-centered principles. Future directions for instrument development require greater inclusion of people living with dementia and family caregivers.

PERSON-CENTERED ASSESSMENT OF BEHAVIOR CHANGES IN PEOPLE WITH DEMENTIA

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Behavioral and psychological symptoms of dementia are increasingly being reconceptualized as expressions of distress and unmet needs. Measures that evaluate context are needed to increase our understanding of factors that influence these expressions. This review evaluated measures for two common behavioral states that are experienced as challenging for caregivers: apathy and resistance to care. A systematic literature search identified measures of apathy or resistance to care for people living with dementia. Eight measures of apathy and three measures of resistance to care were identified. Reliability and validity of these measures were evaluated using the COSMIN framework, as well as reported contextual factors within which the behavior occurs. The identified measures had fair to good reliability and validity in people living with dementia. However, available measures need to move beyond symptomatic constructs for this complex paradigm, and toward the varied interpersonal and contextual factors associated with behavioral expression.

MEASUREMENT FOR SOMETHING AS PERSONAL AS DRESSING IS NOT PERSONALIZED

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In 2018, the Alzheimer's Association set forth Dementia Care Practice Recommendations in nine domains, one being support for activities for daily living (e.g., dressing, toileting, eating/nutrition). For example, preservation of dressing independence is important for dignity, autonomy, and to decrease caregiver burden. Measurement is necessary to guide care and assess outcomes related to dressing, but availability of related measures to assess processes, structures, and outcomes of care has not been examined; more so, the extent to which the related measures are person-centered is completely unexplored territory. This session will present a critical assessment of available measures grounded in the Donabedian Model. Of 21 identified measures, 4 assessed dressing alone, 16 included dressing as part of a larger scale, and 1 included dressing as a part of a scale to screen for dementia; none were person-centered. This session will suggest modifications to and need for new measures for person-centered dressing.

ENVIRONMENTAL ASSESSMENT TOOLS FOR SHARED RESIDENTIAL SETTINGS FOR INDIVIDUALS LIVING WITH DEMENTIA

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The overarching goal of conducting research in and on settings for individuals living with dementia is to be able to identify associations between features, or set(s) of features, and outcomes of interest. A major challenge to this goal is the disconnect between the rapidly changing arena of LTC design over the past 20 years toward more residential-styled settings and existing assessment tools, many of which were developed over 20 years ago, and which are based on and reflect more traditional models of care, service delivery and design. This session examines the strengths and limitations of both existing and emerging assessment tools from the US, Canada, UK and Australia. More recently developed tools are more directly focused on the values of person-centered care than older tools.

Session 2510 (Symposium)

VARIETY OF IDENTIFYING AND ASSESSING PREFERENCES OF EVERYDAY LIVING OF OLDER ADULTS

Chair: Martina Roes
Discussant: Kimberly Van Haitsma

Identifying preference of older adults supports person-centred care. The most sophisticated instrument is the preference for everyday living inventory (PELI). The PELI has been translated into German language and tested in different care settings. For people who experience difficulties communicating their preference the PELI has been combined with photographs. The voice of older immigrants could lead to an enhancement of the PELI as well other preference tools. Thus, our symposium title: Variety of identifying and assessing preferences of everyday living of older adults. Our symposium includes four presentations: Dr. Bergmann will present data from a preference study in three different care settings (long-term care, nursing homes, adult day care) in Germany. The results indicate that the importance of certain preferences distinguishes between the care settings. Dr. Vanessa Burshnic will present data from her content validity study of photographs used to supplement the Preferences for Everyday Living Inventory-Nursing Home (PELI-NH) from