

recruitment and hiring of nursing assistants, and thus may reduce rates of turnover. Resident care outcomes may also improve as nursing assistant hiring efforts are focused more on individuals who are less likely to experience burnout. Future researchers might investigate potential risk and protective factors for burnout and compassion satisfaction in nursing assistants.

CARE AIDES' PERCEPTIONS OF CARING FOR NURSING HOME RESIDENTS WITH PAST PSYCHOLOGICAL TRAUMA

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The dynamic interplay between dementia and psychological trauma can exert powerful effects on nursing home residents' behavioral symptoms and quality of life. Our objectives in this exploratory study were to assess care aides' perceptions of how often they worked with residents with past psychological trauma, the types of trauma encountered, and reasons for these beliefs. We conducted semi-structured cognitive interviews (n = 10) with care aides in June 2019 to inform the development of a trauma needs assessment (4 questions) that we included in a large survey of nursing staff (2019 - 2020). Care aides (n = 3761) were sampled from 91 randomly selected urban nursing homes stratified by health region, owner operator model, and size. We completed basic statistics and content analyses. Care aides identified residents they believed to have psychological trauma histories and provided reasons for their beliefs. Approximately 12% of the reported traumatic events were disclosed to staff. The most common, broad categories of trauma to emerge during analysis were abuse (40%) and war exposure (30%). Each had sub-categories. The most common categories of signs of trauma were re-experiencing symptoms such as flashbacks and nightmares (28%), and avoidance of specific triggers, such as water or intimate care (24%). The majority of the reported signs of trauma were persistent and distressing for staff and residents. Some behaviours assumed to be responsive behaviours of dementia may relate to traumatic stress symptomatology. Implementing trauma-informed supports for residents and care aides is essential to person-centred care and optimal quality of life.

DEMENTIA CARE COACHING: A PILOT TO EVALUATE ACCEPTABILITY AND FEASIBILITY IN CARE COMMUNITIES

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The Alzheimer's Association (AA) Dementia Care Practice Recommendations (DCPR) outline ten recommendations to achieve quality care with a person-centered focus. The AA has developed tools to assist care communities (CC) to evaluate their status within the recommendations by working with a trained coach to maximize adoption and

implementation of these recommendations. The purpose of this pilot was to evaluate the acceptability and feasibility of pairing trained DCPR coaches with CC teams to implement the DCPR tools. Seven CCs were recruited and four received the DCPR overview and self-assessment. Of the four CC, one withdrew and did not receive the intervention. The remaining three were located in a suburban area, nonprofit, and with memory care units. Data was collected from November 2019 through March 2020. Nine CC staff participated with a mean age 35.8 years and had worked for 11.8 years. Baseline mean scores on the Organizational Readiness to Implementing Change (ORIC) scale were 4.6 for the commitment domain and 4.4 for the efficacy domain. Mean scores on the Nursing Home Employee Satisfaction Survey were high. Sixty-nine percent of CC participants were satisfied with their jobs (greater than 4). Findings from mid-project interviews with the coaches revealed difficulty with scheduling appointments, significant efforts needed to get the "right" people at the table and need for the DCPR tools to be more user-friendly. No post-intervention results were collected due to closing of the CCs to visitors due to COVID. The DCPR tools shows promise and are being evaluated in additional CCs.

DEVELOPMENT OF AN ANIMAL-ASSISTED ACTIVITY/THERAPY DOG CHECKLIST FOR LONG-TERM CARE FACILITIES

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Animal-assisted activities (AAA) and therapy standards of practice have been published to protect the well-being of animals, animal handlers, and the special populations of patients that benefit from this mode of treatment. Inconsistencies among practice standards with concerns surrounding the topics of dog welfare, human well-being, and zoonotic transmission have been reported. The purpose of this qualitative research study was to review published AAA and therapy standards with older adult populations for best practices, conduct focus group sessions with caregivers from long-term care facilities that allow therapy dog visitation, and synthesize findings into an AAA checklist to be used by long-term care facility decision-makers when interviewing or bringing in therapy dog teams. Comparative analyses utilizing a systematic and sequential approach was used to analyze the data from the focus group sessions. Due to the COVID-19 pandemic, only two focus group sessions at one long-term care facility were conducted resulting in a total of 15 caregivers. Four themes emerged from the data: promotes positive mood, essential resident screenings, caregiver roles, and memory aides. Relevant themes and AAA and therapy standards and guidelines were then combined in the development of the AAA/Therapy Dog Checklist. Administrators may find having a user-friendly AAA/therapy dog checklist a useful tool that can be used when interviewing therapy dog teams to ensure future dog therapy experiences will be positive and safe. The safety and well-being of residents in long-term care facilities and animals are essential to promote positive health outcomes for both populations.