

this process. As factors that lead to such an attitude we propose an integrative heuristic model that takes into account characteristics of both the caregiver and cared-for person.

PAIN INTERFERENCE IN PERSONS WITH DEMENTIA: A BEGINNING EXPLORATION OF ITS ASSESSMENT

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There is strong evidence that pain is highly prevalent in persons with dementia (PWD), yet under detected and poorly treated. Pain interference, the degree to which pain interferes with a person's ability to function, is a key pain treatment outcome, yet little is known about how to assess pain interference in PWD. Accurate assessment of pain in PWD is challenging because dementia makes PWD progressively less able to accurately self-report; caregiver proxy reports are thus an important part of pain assessment for PWD. The present study examined discordance between PWD and proxy reports of pain interference in a sample of 203 community-dwelling veterans with pain and dementia and their caregivers. Results indicated only a moderate association between PWD and proxy report for pain interference, $r=.37$, $p<.0001$. In comparison, the PWD/proxy report association for pain intensity was somewhat higher, $r=.46$, $p<.0001$. Next, predictors of PWD/proxy discordance were explored using two multivariate regression models with (1) pain interference discordance as the dependent variable and (2) pain intensity discordance as the dependent variable. Burden, mutuality, and cognitive impairment were simultaneously entered as predictors in both models. There were no significant predictors of pain interference discordance, and mutuality emerged as the only unique significant predictor of pain intensity discordance ($\beta=-.20$, $p=.0092$). In summary, pain interference PWD/proxy discordance is considerable and not well characterized. Because the effects of pain treatment efforts cannot be fully understood without valid assessments of pain interference, it will be important for investigators to conduct additional research in this area.

INFORMATION AND COMMUNICATIONS TECHNOLOGY IN DEMENTIA CARE: ACCEPTANCE AMONG PROFESSIONAL CAREGIVERS

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When it comes to dealing with symptoms associated with dementia, a number of studies have established the effectiveness of psychosocial interventions. However, in view of

limited financial and human resources, implementing effective interventions in daily practice can be a major challenge for care providers. Recently, there has been a growing interest in the use of Information and Communication Technologies (ICTs) for supporting psychosocial interventions in nursing home settings. ICTs are cost-effective and widely available, and using them could potentially ease the burden of dementia care delivery. Therefore, in order to assess acceptance and attitudes of professional caregivers regarding ICTs in dementia care, a sample of $N = 205$ professional caregivers ($M = 38,81$ yrs; 70% female) from 10 residential care facilities located in Berlin completed a standardized questionnaire (TA-EG) on factors associated with technology use and acceptance. Additionally, 11 semi-structured interviews were conducted. Results showed that older and female caregivers, respectively, reported less Competence ($z = -4.21$, $p < .01$ and $z = -4.44$, $p < .01$, resp.) and Enthusiasm ($z = -2.38$, $p < .05$ and $z = -4.01$, $p < .01$, resp.) regarding the use of technology in their work environment. Furthermore, qualitative content analysis of the interview transcripts revealed both factors promoting the use of ICTs in residential dementia care, and potential barriers. Important recommendations for the development of ICT-based interventions in dementia care will be reported and general implications for their design and successful adoption will be discussed.

GENTLE PERSUASIVE APPROACHES IN DEMENTIA CARE: BUILDING STAFF CONFIDENCE AND EFFICACY

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Literature suggests that patients living with dementia in the hospital are complex to care for, and staff are under-prepared to meet their unique needs. This proportion is expected to significantly increase, creating an urgent call to action. The *Gentle Persuasive Approach* (GPA) in Dementia Care: Supporting Persons with Responsive Behaviours is an evidence-based Canadian curriculum that is designed to help provide person-centered care for patients living with dementia in residential care, and offers a potential solution for other areas of practice. This poster highlights the benefits and limitations of introducing GPA in acute medicine and mental health units at Vancouver General Hospital.

We used mixed methods to evaluate a GPA education program delivered through a 7.5-hour workshop for staff members from acute medicine and mental health units. After the GPA workshop, 112 staff completed the standardized GPA program evaluation survey. Using semi-structured open-ended questions, we interviewed 22 staff that completed the GPA education. Staff responses were thematically analysed.

Eighty five percent of staff that attended the GPA workshops had no previous formal dementia care education. All staff agreed that the GPA course would improve how they cared for people with dementia in the hospital. Results of the interviews revealed useful information for future facilitation of GPA implementation in the hospital setting.