contributing to moves within a residential community can serve to reduce resistance and misunderstanding, and may have the potential to enhance safety and prolong independence in at-risk older adults.

**NURSING ASSISTANTS’ USE OF AUTONOMY-SUPPORTIVE STRATEGIES IN LONG-TERM CARE**

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Maximizing nursing home (NH) resident autonomy is a person-centered care best practice. At times, resident decisions are based on preferences that some NH staff view as unhealthy or potentially risky. Support of resident autonomy is a fundamental aspect of person-centered care NHs, challenging nursing assistants (NAs) to balance the need to minimize physical risks associated with some residents’ preferences with the need to honor resident autonomy. Autonomy-supportive strategies have been investigated in the areas of education, parenting, and psychotherapy, but there have been no studies to date examining how NAs support resident autonomy in NHs. The purpose of this study was to explore autonomy-supportive strategies used by NAs in three NH neighborhoods at a Veterans Affairs Medical Center. Approximately 80 hours of behavioral observation and 13 interviews were conducted with NAs across the three neighborhoods. Data were analyzed using thematic analysis. Ten autonomy-supportive strategies were identified: assisting, monitoring, encouraging, bargaining, informing, providing instructions, persuading, asking, providing options, and redirecting. Although all strategies incorporated some degree of shared decision-making between NAs and residents, some strategies were more restrictive than others. Persuading and redirecting were effective at impeding residents from engaging in risky behaviors, while assisting and encouraging were ideal for promoting functioning independence and freedom. A common theme across all strategies was the use of respectful, non-controlling language. Results from the study contribute to the general literature on autonomy by elucidating the types of strategies NAs can use to promote greater resident autonomy.

**RESIDENT REACTIONS TO PERSON-CENTERED COMMUNICATION BY LONG-TERM CARE STAFF**

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Long-term care staff caregivers who are person-centered incorporate the life history, preferences, and feelings of residents with dementia during routine care interactions. Communication plays an essential role in the provision of person-centered care. While there is research on enhanced staff communication as a form of person-centered care, very little is known about residents’ verbal reactions when staff caregivers use person-centered communication. Accordingly, this study investigated the impact of (a) person-centered communication and (b) missed opportunities for such communication by staff on resident reactions. Conversations (N=46) between staff-resident dyads were audio-recorded during routine care tasks over twelve weeks. Staff utterances were coded for person-centered communication and missed opportunities where person-centered communication could have been facilitated. Resident utterances were coded for positive reactions, such as cooperation and self-disclosure of feelings and preferences. Resident utterances were also coded for negative reactions, such as resisting care and expressions of distress. Analyses using linear regression revealed that the more staff used person-centered communication, the more likely that residents reacted using positive statements. Additionally, the more missed opportunities during a conversation, the more likely that residents reacted using negative statements. The findings show that person-centered communication by staff is more likely to result in resident engagement. Greater resident engagement and fewer instances of resisting care demonstrate the positive impact of person-centered communication by staff on residents with dementia. Implications for staff training are discussed.

**ACTIVITIES OF DAILY LIVING AMONG NURSING HOME AND ASSISTED LIVING RESIDENTS: A MULTILEVEL ANALYSIS**

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Background The ability to perform activities of daily living (ADLs) is the most basic function and associated with various individual and institutional factors for long-term care (LTC) residents. Purpose To examine the trajectory of function, variance in function attributable to resident and facility variations, and impact of individual and institutional characteristics on function among LTC residents. Methods A secondary analysis of longitudinal data of 788 residents from 8 Nursing Homes (NHs) and 16 Assisted Livings (ALs) was conducted. Independent variables included time nested within resident (level 1), resident's demographics, balance, cognition and length of LTC stay (level 2), and type of intervention and facility (level 3). The dependent variable was resident's function in ADLs using Barthel Index. Multilevel analysis using both Random Intercept (RI) and Random Coefficient models was used. Model fit was compared using likelihood ratio difference. Variance attributable to resident and facility variations was demonstrated using inter-class correlation. Results The 3-level RI model with covariates fit better to data. 78% of variance in function was attributable to resident (28%) and facility (50.5%) variations, of which 20% was captured by various characteristics. Function declined over time, decreased as balance and cognition deteriorated and among those lived longer in LTC. Function was higher among male, white and AL residents with higher education, and such difference decreased between male and female and increased between AL and NH residents over time. Discussion The findings supported the effects of individual and institutional characteristics on function among LTC residents. Attention should be paid to improve balance, alleviate progression of cognitive decline, and reduce length of stay in NHs to improve function.