Informal caregiving (IC) is a major health and social asset although simultaneously a potential burden and depression risk factor for those who care. Neuropsychiatric symptoms of dementia are disturbing and may contribute to a negative experience of care. To understand the neuropsychiatric symptoms of dementia in caregiving we have two objectives: to know the prevalence of neuropsychiatric symptoms perceived by ICs and if there is an association of neuropsychiatric symptoms and burden and depression of caregiver. We study a community-based sample (N=101) of primary care users with mental health concerns, referred by GPs. Instruments include sociodemographic information; Neuropsychiatric Inventory (NPI-Q), Caregiver Burden Scale (CBS) and Geriatric Depression Scale (ABCDS). The sample mean age was 79.4 (sd=7.7) years, 54 (53.5%) were female and 34 (33.7%) had no formal education. Half of the sample were married and 41 (41.90%) were widowed. The NPI-Q total score and the Distress dimension score were 10.1 (sd=5.6) and 11.9 (sd=9.1), respectively. The more reported symptoms were agitation/aggression (69.3%), and apathy/indifference (65.3%). We found a significant positive association between NPI-Q and caregivers’ burden (0.296) and depression (0.227) and between Distress and caregivers’ burden (0.417) and depression, 0.416.

Conclusion: Neuropsychiatric symptoms of dementia appear associated with the burden and depression of informal caregivers. Training ICs to cope with care receiver symptoms is a priority to increase the quality of care and reduce burden and depression of caregivers.
Person-centered dementia care is a globally recognized best practice; however, research on this practice is lacking. In the United States and Korea, the number of people living with dementia is rapidly increasing, expanding the need for person-centered care. Thus, researchers from the University of Iowa, Iowa City, Iowa, United States and Gachon University, Incheon, Republic of Korea aimed to: 1) develop, implement, and evaluate CHATO, a person-centered dementia care training program; 2) assess the effects of CHATO on education outcomes for diverse staff; 3) assess the effects of CHATO on learning outcomes for non-Hispanic staff.

**Method**

We describe first-of-its-kind protocols for collecting spontaneous conversations in persons with dementia living in a nursing home. Participants over the first month of data collection. Participants were recruited from the University of Washington ADRC and completed CHATO. We established the feasibility of collecting conversational speech in this population. Participants seemed more interested in conversations focused on daily activities and personal pictures than general topics. There was an increase in the duration of conversations over time, which participants reported increasing engagement in conversations. We compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities who completed CHATO. Communication ratings indicated that at baseline White, non-Hispanic staff (N=402) scored higher in effective communication (p<.001), appropriate (p=.008), and person-centered communication (p<.001) than diverse staff; while the latter reported higher in effective communication (p<.001), appropriate (p=.008), and person-centered communication (p<.001) than diverse staff. Both groups improved in effective communication (p<.001), appropriate (p=.008), and person-centered communication (p<.001) than diverse staff. While confidence in providing dementia care was recognized elderspeak better (p=.002). Both groups improved in communication (p<.001) than diverse staff; while the latter reported higher in effective communication (p<.001), appropriate (p=.008), and person-centered communication (p<.001).

**Results**

In year one, White, non-Hispanic staff (N=201) reported lower scores in appropriate knowledge and communication (p<.001), suggesting that it was not tailored to diverse staff. Tailoring education may increase impact on outcomes. To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities. To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities. To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities.

**Discussion**

The qualitative studies explored the meaning of humanitude, enhanced personhood in dementia in long-term care settings. The authors' disciplines included nursing, social welfare, humanity, and human services. Many studies did not report theory or theoretical models. Most quantitative studies included experimental study (2), and random assignment study (4), and experimental study (2), and random assignment study (4), and experimental study (2), and random assignment study (4). Research designs included non-experimental study (8), qualitative study (4), and experimental study (2), and random assignment study (4). Targeted formal care staff. The authors' disciplines included nursing, social welfare, humanity, and human services. Many studies did not report theory or theoretical models. Most quantitative studies included experimental study (2), and random assignment study (4), and experimental study (2), and random assignment study (4), and experimental study (2), and random assignment study (4), and experimental study (2), and random assignment study (4). Research designs included non-experimental study (8), qualitative study (4), and experimental study (2), and random assignment study (4). To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities. To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities. To evaluate suitability for diverse staff, we compared learning outcomes for White, non-Hispanic staff and staff of diverse races and ethnicities.

**Conclusion**

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