

had on patient episodes of problematic agitation behaviors and use of psychotropic medications. A sample of 21 geriatric veteran nursing home residents with cognitive impairments and a history of problematic agitation behaviors and use of psychotropic medications were evaluated during the month prior the provision of INSIGHT intervention and the month following 12 sessions of INSIGHT therapy. **Results:** Evaluation of episodes of problematic behavior during the month prior ( $M= 1.95$ ,  $SD=2.18$ ) to the initiation of INSIGHT intervention and the month following 12 sessions of INSIGHT intervention ( $M= .381$ ,  $SD=1.12$ ) show that the frequency of problematic behaviors reduced significantly among residents ( $t(20)=4.053$ ,  $p<.001$ ). Effect size for this difference was large ( $d=.884$ ). Evaluation of patient PRN medication use during the month prior ( $M= 3.00$ ,  $SD=5.45$ ) to the initiation of INSIGHT intervention and the month following 12 sessions of INSIGHT intervention ( $M= 1.19$ ,  $SD=1.97$ ) show a significant decrease of PRN psychotropic medication use ( $t(20)=1.973$ ,  $p=.031$ ) and that this difference also had a moderate effect ( $d=.43$ ). To further evaluate and ensure these differences PRN psychotropic medications were not indicative of changes in other standing medications, dependent samples t-test were performed and findings demonstrated no significant differences in standing medications pre and post INSIGHT intervention ( $t(20)=0$ ,  $p=1$ ). **Conclusions:** These results suggest that INSIGHT therapy interventions help to contribute to a tangible reduction in episodes of problematic agitation behaviors and use of PRN psychotropic medications among a cognitively impaired geriatric patient cohort.

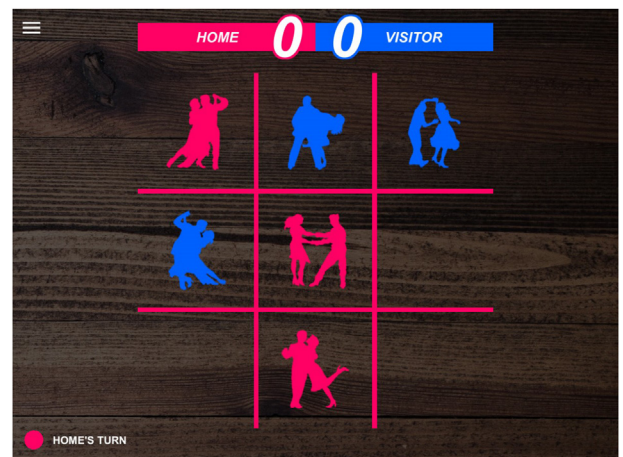
**O2-01-05** **DESIGNING A BETTER VISIT: TOUCH SCREEN APPS FOR PEOPLE LIVING WITH DEMENTIA AND THEIR VISITORS**

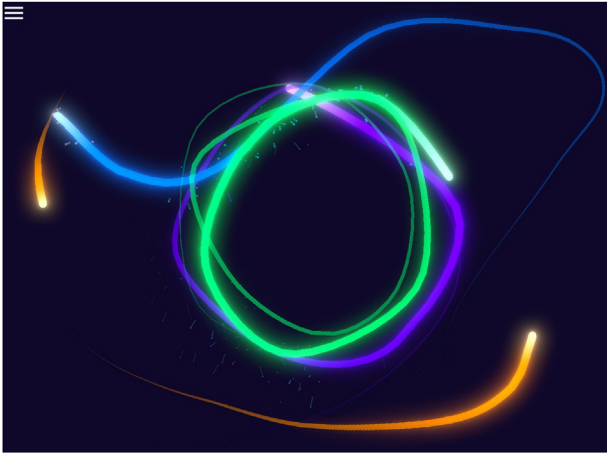


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**Description:** Touchscreen-tablet computing (Tyack and Camic 2017) (Upton et al. 2011) has been quietly contributing in the dementia sphere for over a decade and in many cases has demonstrated clear benefits to quality of life through supporting and maintaining a sense of *personhood* (Kitwood 1997) for people living with dementia. In particular scaffolding, i.e. one carer to one person with dementia, has been shown to promote interpersonal, intergenerational interactions, activities and communication (Upton et al. 2011) (Tyack and Camic 2017). The demand for dementia specific touchscreen apps to promote interpersonal interactions has seen a number of projects exploring art, games and music activities. A tablet touchscreen computer itself affords an interaction to be supported by film, photo-media, animation and music, each capable of stimulating minds, memories, stories and conversations. Tablet-touchscreen music apps have used to promote reminiscence activities between people with dementia and their carers

(Riley, Alm, and Newell 2008). Apps have also been used to form collaborative music ensembles for older people with dementia demonstrating skill development (Favilla and Pedell 2014). More recently apps designed specifically for *cognitive stimulation*





(Yasini and Marchand 2016). Of particular interest in each of these studies is how the apps themselves promote a shared interaction *dyad* between the person with dementia and their carer. Also of great interest is how to best design for this specific *dyad*. *Piece by Piece* (Westphal et al. 2017) is a tangram based picture puzzle game promoting reminiscence and sharing of stories. The authors employed an *inclusive* design process gathering design inputs from 440 stakeholders including occupational therapists, doctors, geriatric psychiatrists and people living with dementia in Singapore.

**O2-01-06** NEW YORK STATE'S PUBLIC HEALTH APPROACH TO ALZHEIMER'S DISEASE



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**Description:** New York State's longstanding commitment to a public health approach for the care and treatment of individuals with dementia and their caregivers began in 1988 with legislation that created caregiver support and diagnostic and treatment programs. In 2015, this initial effort grew into a \$135 million 5-year initiative, the largest public health program focused on Alzheimer's disease and dementia (AD/D) in America. This presentation will describe the program model of the Alzheimer's Disease Caregiver Support Initiative (ADCSI), offering insight into the history and structure of the initiative. Unlike many caregiver interventions, the program reaches both caregivers and persons with AD/D, representing a two-pronged investment in both clinical diagnostics and care, as well as community-based support and education. Program design, structure and lessons learned will be discussed. The program design is based on a set of core services shown to be effective at reducing caregiver burden, delaying institutionalization, and reducing unnecessary hospitalizations. Rather than solely being implemented by the state, the program relies on public-private partnerships for service delivery and implementation, allowing it to tap into and enhance existing institutional capabilities and infrastructure, and strengthen the existing network of support services. Findings from the evaluation of the initiative depict extensive community support services, both in service availability and utilization, that reach the entire state. Each year, most core services reach between 5,000 and 20,000 individuals. Findings also indicate that the funding has enhanced the capacity of the state and of individual organizations to serve people with dementia and their caregivers. For example, the initiative created 186 new dementia-specific positions across NYS. Almost all funded providers created new formal partnerships (reported by 59% of providers) and new informal partnerships (reported by 92% of providers) because of this initiative. At least one-third of those providers reported leveraging the state funds to acquire other sources of funding, further enabling sustainability and growth in scale. In addition to describing the program design and implementation, the presentation will cover lessons learned from managing a program of this scale and tips for others who are interested in implementing similar programs.



(memory, attention and concentration training) have been trialled in centres where the residents and their carers increased their average "time on activity" and puzzle completions over a six month period