Cognitive Battery (N=66). We calculated age- and gender-corrected scores for global cognitive performance, which represent number of standard deviations away from the mean of the MCCB normative sample. Clinical and sociodemographic data were collected. A counterfactual approach was used to explore mediation of CI through education. Results: Our "all-comer" convenience sample represented 57.6% white, 25.8% black, and 16.6% other non-white groups. There was a black/non-black disparity in cognitive score (-2.33 v.s. -1.68, t=2.843, p<.01). This difference remained significant in a regression model adjusted for age, substance use, smoking, education, antipsychotic medication, and positive/negative symptoms (-.6611, [95%CI:-1.12,-.20], overall F8, 57=3.690, p=.0016). In the mediation analysis, education accounted for 19% of the disparity in CI. In the counterfactual scenario in which education was distributed equally, education accounted for 48% of the disparity. Conclusion: There are significant racial disparities in cognitive performance among older PWSCZ, and educational attainment may account for a sizable portion of the disparity.

ASSOCIATION OF WELL-BEING WITH ANXIETY, DEPRESSION, AND FUNCTIONAL IMPAIRMENT FOLLOWING REHABILITATION SERVICES

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Millions of older adults receive rehabilitation services yearly that aim to restore, sustain, or limit decline in functioning. Older adults who receive rehabilitation comprise a vulnerable population that is unfortunately at elevated risk for anxiety, depression, and functional impairment. We hypothesize that lower levels of wellbeing prior to rehabilitation services are associated with a greater risk of having clinically significant anxiety or depressive symptoms, or worsening impairments in self-care or household activities, following rehabilitation. This study uses data from 2015 and 2016 waves of the National Health and Aging Trends Study, and includes 853 participants with information on rehabilitation services, wellbeing, anxiety and depression, and functional impairment, as well as demographic characteristics, socioeconomic status, and health variables. In a series of multivariable logistic analyses with wellbeing serving as our primary independent variable, older adults in the lowest quartile of wellbeing (compared to those in the highest quartile of wellbeing) had greater odds for having anxiety symptoms (OR=3.04; 95% CI: 1.24-7.46), depressive symptoms (OR=6.54; 95% CI: 2.80-15.25), and worsening impairment in self-care (OR=2.15; 95% CI: 1.09-4.23), but not in household activities (OR=1.49; 95% CI: 0.67-3.32). This study's findings suggest that older adults with low levels of wellbeing at baseline may be more susceptible for having mental illness and functional impairment at follow-up. Conversely, the findings suggest that perhaps those with high levels of wellbeing may be able to experience significant health events with fewer residual consequences. The mechanism by which wellbeing may affect these outcomes is unclear and warrants further investigation.

A TALE OF TWO CASE STUDIES: ACCELERATED RESOLUTION THERAPY FOR COMPLICATED GRIEF IN OLDER ADULTS

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Complicated grief (CG) is characterized by lengthy, intense, and functionally impairing grief which disproportionately affects older adults. Accelerated Resolution Therapy (ART) is a brief, protocol driven, exposure/imagery rescripting therapy which uses lateral left-right eye movements. ART, unlike traditional psychotherapy, directs the person to perform two tasks simultaneously (e.g. re-experiencing the grief experience and performing eye movements), taxing limited working memory capacity. Importantly, this may force memory traces representing events, emotions, and sensations to compete for permanence, as well as reduce the vividness and emotional intensity of the original grief. Two CG case studies are presented (expected; unexpected death) with their response to ART. Stake's instrumental case study methodology was used to identify and study cases which reflect a range of CG. Additionally, CG was measured by the Inventory of Complicated Grief (ICF). ICF's range is 0-76 with scores > 24 indicating CG. Case 1 was a spousal caregiver with a single, expected death where helplessness, guilt, shame, and a life alone had resulted in CG (baseline ICF 33). Her ICF at 8 weeks post-ART was 10. Case 2 was an adult child caregiver with multiple (parent, sibling), unexpected deaths in quick succession where loss, guilt, anger, and helplessness had resulted in CG (baseline ICF 25). Her ICF at 8 weeks post-ART was 9. Both participants were able to process the distressing sensations that emerged during the imaginal exposure component facilitated with the use of eye movements. This suggests that ART may be a powerful new mind-body treatment for CG.

SOCIAL ISOLATION AND MENTAL HEALTH CHALLENGES AMONG HIGH-NEEDS VETERANS

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Using predictive analytic modeling, the Veterans Affairs has identified vulnerable Veterans, labeled as High Need High Risk (HNHR), as those who need greater services and support. To better understand their need gaps, we assessed function, mobility, mood, and caregiver status using a mailed needs assessment questionnaire to 1112 HNHR Veterans. Among the 341(30.7%) respondents, they were primarily 274(80.4%) Non-Hispanics; 210(61.6%) Whites, and 119(34.9%) Black or African Americans; average age was 69.5±9.6 years old; 310(90.4%) had ≥high school education. The average Barthel ADL score was 81.5±22.8 and average Lawton IADL score was 5.8±2.2. Walking or balance issues were present among 260(75.8%), 227(66.2%) said they use