

California, United States, 2. SFVA, San Francisco, California, United States, 3. UCSF, UCSF, California, United States

Traumatic brain injury (TBI) is common among older adults, with significant public health costs, and advanced age is a risk factor for poor outcomes after TBI. Older Veterans with TBI-related cognitive and emotional dysfunction without dementia may benefit from cognitive rehabilitation, particularly executive function training, and technology may promote optimal functioning for these patients by increasing access to such treatments. Dr. Kornblith will present pilot data on one such promising group intervention, Goal-Oriented Attentional Self-Regulation (GOALS), administered via in-home video telehealth. Themes gleaned from qualitative feedback collected throughout the intervention and post-treatment feedback questionnaires include the importance of communication and a smooth process with clear instructions for joining study sessions. Preliminary data suggest that only minor adaptations to the existing GOALS protocol are required for telehealth delivery and that delivering group-based executive function training to older TBI-exposed older Veterans with cognitive complaints via telehealth is feasible and acceptable.

BRIEF VIDEO-DELIVERED INTERVENTIONS TO REDUCE ANXIETY IN OLDER VETERANS: A PILOT RCT

Christine Gould,¹ Chalise Carlson,¹ Lauren Anker,¹ Ruth O'Hara,² Julie Wetherell,³ Mary Goldstein,⁴ and Sherry Beaudreau,⁵ 1. VA Palo Alto Health Care System, Palo Alto, California, United States, 2. Stanford University School of Medicine, Palo Alto, California, United States, 3. VA San Diego / UCSD, La Jolla Village, California, United States, 4. VA Central Office, Palo Alto, California, United States, 5. VA Palo Alto / Stanford University School of Medicine, VA Palo Alto, California, United States

Older Veterans with anxiety disorders encounter barriers to receiving mental health services that may be overcome by using brief technology-delivered interventions. To address this, we conducted a pilot randomized controlled trial (RCT) comparing the effects of a guided self-management intervention called BREATHE, a 4-week video-delivered (DVD/internet) intervention and a psychoeducation control (Healthy Living; HL) on anxiety symptom severity. Older Veterans with anxiety disorders (N = 48; 87.5% men; Mean age = 71.77 ± 6.2 years) were randomized to BREATHE or HL. Regarding intervention delivery modality, 67% used DVDs, 23% used the internet, 4% used both to access their assigned intervention. Both groups experienced significant declines in affective anxiety from baseline to 8 weeks followed by an increase in symptoms (i.e., quadratic pattern). HL had significant declines in somatic anxiety, whereas BREATHE did not experience such declines. The longitudinal effects and Veteran satisfaction will be further described in the presentation.

ADJUNCTIVE TELEHEALTH MINDFULNESS THERAPY FOR PERSONS WITH DEMENTIA AND THEIR CAREGIVERS IN THE RURAL DEEP SOUTH

Lindsey Jacobs,¹ Daniel Durkin,² and Michelle Hilgeman,³ 1. The University of Alabama, The University of Alabama, Alabama, United States, 2. The University of Mississippi,

University, Mississippi, United States, 3. Tuscaloosa VA Medical Center, Tuscaloosa, Alabama, United States

The emotional care needs of persons with dementia (PwD) and their caregivers are multitudinous. Multicomponent interventions may be necessary to meet their multiple needs. Mindfulness interventions have a positive impact on well-being but are often only offered as a stand-alone treatment and typically are available only to the caregiver. This presentation will describe a telephone-delivered adjunctive mindfulness intervention that was offered to caregivers and dyads in conjunction with care consultation. Participants were 26 caregivers and 22 PwD living in the Deep South. The adjunctive mindfulness therapy included four core sessions and an additional five sessions that were optional. Mindfulness was deemed to be a "good fit" for almost 75% of the sample. Duration of mindfulness sessions ranged from 30 to 65 minutes. Participants attended more sessions as a dyad (M=10.10) compared to caregivers alone (M=6.5). Information regarding attendance and treatment engagement will be presented.

USHERING IN THE SILVER AGE OF TELEHEALTH: ADDRESSING TELEHEALTH DISPARITIES FOR OLDER ADULTS WITH DISABILITIES

Hilary Touchett, VA, Houston, Texas, United States

One silver lining of COVID-19 has been the ushering in of 'the golden age of telehealth'. However, this unplanned rapid conversion to telehealth left many providers and clinics unprepared to address systemic barriers that adversely affect older adults, particularly those with disabilities. Data from the VA Corporate Data Warehouse suggest that the rapid adoption of telehealth in mental health clinics during COVID-19 widened telehealth utilization disparities for older Veterans (65+) with disabilities. With 4.5 million Veterans 55+ who have at least one disability more attention to addressing this widening gap is needed. For those with hearing, vision, and complex mobility impairments, there are unique challenges to initiating telehealth services. Dr. Touchett will present preliminary findings while discussing ethical and contextual considerations when using telehealth with older Veterans who have disabilities, while discussing ways to facilitate robust clinical encounters for this population.

DISSEMINATION OF A COVID-19 RAPID RESPONSE TELEHEALTH GROUP ADDRESSING WORRY AND SOCIAL ISOLATION AMONG OLDER ADULTS

Rachel Weiskittle, University of Colorado Colorado Springs, Colorado Springs, Colorado, United States

In response to the urgent need for virtual mental health treatments during the COVID-19 pandemic, an 8-week group intervention deliverable over video or telephone was developed and disseminated in March 2020. Manual content addressed social isolation and information related to COVID-19. In August 2020, a national web-based provider feedback survey was disseminated to evaluate feasibility of the manual. Respondents (n = 21) across a variety of geriatric mental health clinics reported this intervention to be effective and clinically useful with their patients in providing social support and in mitigating COVID-19 anxieties. The majority of respondents delivered the group in multiple cohorts and found the manual adaptable beyond the early pandemic period.