

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, anti-psychotic medication, and positive/negative symptoms (-.6611, [95%CI:-1.12,-.20], overall F_8 , $57=3.690$, $p=.0016$). 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

an assistive device, and 167(48.7%) had suffered ≥ 1 fall, 43(12.5%). Regarding depression, 117(34.3%) screened positive (PHQ2 score ≥ 3). These were significantly younger (66.7 ± 9.1) than those who did not (70.8 ± 9.3 , $p \leq 0.01$). They were also significantly lower functioning (5.37 ± 2.1 vs. 6.38 ± 2 Lawton IADL score, $p \leq 0.01$), more dependent (77.8 ± 23.1 vs. 86 ± 19.2 Barthel ADL score, $p \leq 0.01$). We also observed significant differences in their telephone contact with family (never to once/week) [35(29.9%) vs. 27(13.4%), ($p \leq 0.01$)]; in meeting with friends or relatives ≥ 3 times a week [12(10.3%) vs. 69(34.3%), ($p \leq 0.01$)]; and in likelihood of attending meetings with clubs or other organizations [94(80.3%) vs. 138(68.7%), $p = 0.040$]. Detecting depression is a priority among HNHR Veterans. There is an urgent need to devise viable strategies to offer interventions that incorporate mental health needs and reduce social isolation, potentially addressing mobility, function, and transportation.

SESSION 1335 (POSTER)

EDUCATION AND TRAINING TO PREPARE AN INTERDISCIPLINARY WORKFORCE IN GERIATRICS AND GERONTOLOGY

TEACHING ABOUT GERONTOLOGY AND AGING THROUGH INTERPROFESSIONAL EDUCATION AND COLLABORATION

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Repeatedly as multidisciplinary professionals we are concerned about the individual patient we serve. Inter-professional collaboration across disciplines such as primary care medical practice, physician assistants, social workers and psychologists does not occur naturally, since educational programs are often taught independently of each other, but these disciplines are required to work collaboratively with each other. The objective was to promote communication across disciplines (Medicine, Social Work, Physician Assistant and Psychology) and help each discipline understand the roles played in promoting mental health and general health for older adults. An educational seminar was conducted using cases and guide questions focused on identifying strategies for care. The teams consisted of Medical Residents, a Social Work student, a Psychology student and a Physician Assistant student. A series of guide questions were provided, and teams were asked to discuss and identify a care plan. Debriefing followed to discuss the outcomes across all teams. Pre-post test results examined variables related to interdisciplinary collaboration. Findings suggest professionals were surprised at what they learned from the other disciplines they were collaborating with. They also learned about community based resources available as well as strategies to promote health outcomes. All participants felt that the opportunity to

collaborate outside of their disciplines would strengthen their impact when working with older adults and their families. In conclusion, a problem based learning approach coupled with the opportunity to collaborate with other disciplines through (IPE) is a venue to improve overall collaboration across professionals and ultimately improve mental health outcomes of consumers.

IMPROVING GERIATRIC CARE OF INTERPROFESSIONAL PRACTICING PROVIDERS

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Practicing providers often struggle with the care of older adults due to knowledge, skill, and attitude barriers. In an attempt to improve employee engagement in the care of older adults, the Geri-EMPOWER (Empowering Medical Providers and Older adults With strategies to Escape Readmission) program was initiated. In this program, case managers and visiting VA rural geriatric scholars participated in a two days of intensive educational sessions including lectures, shadowing inpatient teams and clinic providers, a dementia simulation learning exercise, and an Observed Structured Clinical Exam (OSCE) with standardized patient encounters. The 15 initial participating trainees came from a variety of medical backgrounds including physicians, nurse practitioners, nurses, social workers, and psychologists. A 10 item knowledge based pretest and posttest was constructed using the learning objectives of the course. Skills of attendees were directly observed during 4 OSCE stations. Attitudes towards older adults were measured before and after the intervention using the Caroline Opinions on Care of Older Adults (COCOA) scale. Geriatric and palliative care knowledge improved with average knowledge test scores improving from 63% to 86% before and after the course. Participants obtained all minimum competencies during their OSCE exam, and rated this session very highly in their course feedback. Attitudes towards older adults were also found to improve with an average COCOA score increase of 9 points before and after the educational sessions. This innovative course based in adult-learning theory demonstrates that employed interprofessional providers can quickly improve knowledge, skills, and attitudes towards older adults.

FORMAL TRAINING IN TELEHEALTH UNIQUELY PREPARES AN INTERDISCIPLINARY WORKFORCE IN GERIATRICS AND GERONTOLOGY

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Geriatric Research Education and Clinical Centers (GRECCs) are centers of excellence funded by the Veterans Administration for the advancement and integration of research, education and clinical activities in geriatrics and gerontology to improve the health, and health care of, older Veterans. The GRECC Connect program expands access to