

However, it remains to be known how these connections are faring for older adults in the pandemic and whether these ICT connections lead to greater or lesser feelings of social connectedness. Thirty-nine (N=39) in-depth semi-structured interviews were conducted to explore the lived experiences of technology use among older adults during COVID-19. Participants' experiences with ICT ranged from illiterate to savvy. Most participants indicated Zoom was the primary means to stay socially connected to family and friends. Participants emphasized that ICT may be a possible solution to deal with loneliness for those older adults who are especially isolated due to COVID-19 restrictions. Barriers and challenges to ICT use included taking too much time to use and needing help to fix any problems that arose. Finally, participants shared essential aspects of ICT use, revealing that it was 'technology or nothing.' Findings from this study indicate a need for a simple ICT for the older adult population. Moreover, findings suggest opportunities for peer-support ICT training programs for older adults.

#### ADAPTING PSYCHOTHERAPY FOR COMORBID SUBSTANCE USE AND BIPOLAR DISORDER IN OLDER SEXUAL MINORITIES: A CASE STUDY

Sarah Nanami Morehouse,<sup>1</sup> Ashley Stripling,<sup>2</sup> Kirenia Brunson,<sup>1</sup> Jodie Maccarrone,<sup>1</sup> Jessica Choe,<sup>1</sup> Julian Garcia,<sup>1</sup> and Nicholas Boston,<sup>1</sup> 1. *Nova Southeastern University, Davie, Florida, United States*, 2. *Nova Southeastern University, Fort Lauderdale, Florida, United States*

Approximately 65 to 95% of individuals with bipolar disorder (BD) are diagnosed with an additional psychiatric condition (Kessler, 1999). Alcohol, the most commonly abused substance amongst individuals with BD (Xiao et al., 2016), has been linked to significant increases in suicide attempts, disability, hospitalizations, and mortality (Baldessarini et al., 2008; Goldberg et al., 1999; Mitchell et al., 2007; Nery & Soares, 2011). Despite these ill effects, little is known about how to effectively treat, or adapt existing treatment appropriately, for the growing numbers of individuals who are dually diagnosed with BD and alcohol use disorder (AUD) and hold the identity of lesbian, gay, bisexual, transgender, or queer (LGBTQ) in late life. Thus, the purpose of this study is to demonstrate how treatment was adapted to a self-identified gay man with comorbid BD and AUD from a relational, culturally sensitive perspective while simultaneously implementing two short-term interventions: cognitive behavioral therapy (CBT) and a behavioral substance use program. In line with Knight & Poon's (2008) Contextual Life Span Theory for Adapting Psychotherapy with Older Adults (CALTAP) and a multicultural lens that incorporates relevant research on older LGBTQ individuals, modifications were made to the content, structure, language, and duration of therapy while cultivating a safe and empathic space. Idiographic data and progress monitoring measures suggests treatment resulted in substance use and distress reduction, as well as mood stabilization. However, additional booster sessions may be advantageous given the risk for substance abuse relapse and the compounding effect it may exert on persons with BD.

#### ADRD CAREGIVING EXPERIENCES AND HEALTH BY RACE, ETHNICITY AND CARE RECIPIENT GEOGRAPHIC CONTEXT

Tiffany Kindratt,<sup>1</sup> Dominique Sylvers,<sup>2</sup> Aya Yoshikawa,<sup>3</sup> Mónica López Anuarbe,<sup>4</sup> Noah Webster,<sup>5</sup> and

Erin Bouldin,<sup>6</sup> 1. *University of Texas at Arlington, Arlington, Texas, United States*, 2. *University of Michigan School of Public Health, University of Michigan Institute for Social Research, Michigan, United States*, 3. *Texas Woman's University, Texas Woman's University, Texas, United States*, 4. *Connecticut College, New London, Connecticut, United States*, 5. *University of Michigan, Ann Arbor, Michigan, United States*, 6. *Appalachian State University, Boone, North Carolina, United States*

Few studies have examined how the intersectionality of geographic context and race/ethnicity influences Alzheimer's disease and related dementia (ADRD) caregiving. Our aims were to determine whether 1) caregiver experiences and health differed across urban and rural areas; and 2) these links were moderated by caregiver race/ethnicity. We used data from the 2017 National Health and Aging Trends Study and National Study of Caregiving. The sample included caregivers (n=808) of care recipients ages 65+ with 'probable' ADRD (n=482). Geographic context was defined as care recipient's residence in metro (urban) or non-metro (rural) counties. Outcomes included caregiving experiences (burden, gains, life impacts, service/resource use) and health (self-rated, anxiety, depression symptoms, chronic health conditions). Bivariate analyses indicated that non-metro ADRD caregivers were less racially/ethnically diverse (82.7% white) and more were spouses/partners (20.2%). Among racial/ethnic minority ADRD caregivers, non-metro context was associated with having more chronic conditions ( $p < .01$ ), providing less care ( $p < .01$ ), and not co-residing with care recipients ( $p < .001$ ). Amid white ADRD caregivers, non-metro context was associated with not reporting caregiving was more than they could handle ( $p < .05$ ) and finding financial assistance for caregiving ( $p < .05$ ). Multivariate regression analyses demonstrated that non-metro minority ADRD caregivers had 3.09 times higher odds (95% CI=1.02-9.36) of reporting anxiety in comparison to metro minority ADRD caregivers. Geographic context shapes ADRD caregiving experiences and caregiver health differently across racial/ethnic groups. Despite higher rates of ADRD and ADRD-related mortality in non-metro areas, findings suggest both positive and negative aspects of caregiving among White, Black, and Hispanic ADRD caregivers.

#### AGE DIFFERENCES IN ANTICIPATED USE OF VIRTUAL HEALTHCARE SERVICES AFTER THE PANDEMIC

Matthew Murphy,<sup>1</sup> William Hills,<sup>1</sup> and Karen Hills,<sup>2</sup> 1. *Coastal Carolina University, Conway, South Carolina, United States*, 2. *Beaufort Jasper Hampton Comprehensive Health Services, Conway, South Carolina, United States*

Healthcare has undergone a significant transformation during the pandemic, with virtual services being rapidly developed and implemented to keep pace with societal needs. This study documented this change in healthcare by examining access and use of video-based, virtual service use before and during the pandemic. Participants for the study (n = 685) included three groups, including retirement-aged persons, middle-aged adults, and traditional college-aged students. Measures for the study included access to and utilization of physical and mental health services, satisfaction with services accessed, and anticipated access and use of virtual