

residential care. The use of bibliotherapy to encourage psychological discourse among men in late life will be discussed.

INTEGRATING LIFE-REVIEW AND DRAMA THERAPY FOR COMMUNITY-DWELLING OLDER ADULTS: AN EVIDENCE-BASED MODEL

Shoshi Keisari, *University of Haifa, Department of Gerontology, Faculty of Social Welfare and Health sciences, Mount Carmel, HaZafon, Israel*

Drama therapy is a widely acknowledged way to explore life-stories in late life. This presentation will describe a new model for creative interventions, based on the results of four studies that provide multiple perspectives on the integration of life-review and drama therapy for community dwelling older adults. The results of two quantitative studies (n=55, aged 62-93; n=78, aged 63-96) suggest that the drama therapy interventions have robust therapeutic potential to enhance mental health while aging. The findings of two qualitative studies with therapists (n=8), participants (n=27; aged 63-96) and staff (n=13) provide a better understanding of the process, and support the mechanisms that lead to positive effects on mental health. Combining the results yielded a multidimensional model which points to three potential transformative routes: the evolution of the life-story, the evolution of improvised dramatic expression, and the expansion of social engagement.

ONLINE DIGNITY THERAPY AND PHOTO COLLAGES: THE NARRATIVES OF ISRAELI AND ITALIAN OLDER ADULTS IN THE COVID-19 ERA

Shoshi Keisari,¹ Talia Elkarif,² Giada Mola,³ Ines Testoni,⁴ and Silvia Piol,⁵ 1. *University of Haifa, Department of Gerontology, Faculty of Social Welfare and Health sciences, Mount Carmel, HaZafon, Israel*, 2. *University of Haifa, School of Creative Arts Therapies, Faculty of Social Welfare and Health Sciences, Mount Carmel, HaZafon, Israel*, 3. *Università degli studi di padova, DPSS Department, padova, Veneto, Italy*, 4. *Università degli studi di padova, FISPPA Department, Section of Applied Psychology, Padova, Veneto, Italy*, 5. *Università degli Studi di Padova, Padova, Veneto, Italy*

The social isolation imposed by the Covid-19 pandemic has significantly affected older adults, and has impacted both their physical and mental health. The pandemic has led to an increase in ageism associated with poorer mental health and a lower sense of dignity, self-esteem and contribution to society. This cross-cultural study involved 24 participants from Italy and Israel aged 79 to 92. The aim was to develop a brief art-based online intervention to enhance the participants' sense of dignity and sense of meaning in life during this time of crisis. The process focused on the creation of digital photo-collages that captured the participants' values through three perspectives: their past experiences, legacy, and future perspectives. It employed an arts-based research methodology to explore the participants' experiences by analysing their relationship with the artistic expression, the photo collage, and its creative process.

AN INTERGENERATIONAL ZOOM MUSIC THERAPY GROUP DURING COVID-19

Racheli Lital Gvili, *Bar-Ilan University, Bar-Ilan, University, Ramat Gan, HaMerkaz, Israel*

The COVID-19 pandemic has led to an increase in ageist attitudes and psychological distress and loneliness among older people. The social isolation exacerbated the intergenerational segregation between young and older adults, and has also been expressed within families, since grandparents could not meet their grandchildren in person. The present study involved an intergenerational music intervention, as a vehicle to bridge the gap between grandparents and grandchildren at the COVID-19 pandemic. 41 grandparents aged 56-80, and 45 grandchildren aged 9.9-11.8 took part. Of these, 21 pairs of grandparents and grandchildren participated in a weekly online intergenerational zoom music therapy group for eight weeks, and the rest constituted a waitlist-controlled group. All participants completed the same questionnaires during the same time periods before and after the intervention. The results point to the effectiveness of participation in the sessions in improving intergenerational connections and psychological well-being, and in reducing ageist attitudes and loneliness.

Session 4535 (Symposium)

EMERGING TELEHEALTH ADVANCES FOR MENTAL AND COGNITIVE HEALTH IN LATE LIFE

Chair: Cindy Woolverton

Co-Chair: Patricia Bamonti

Discussant: Lauren Moo

Over the last year, mental health services offered virtually have increased significantly in response to COVID-19. The rapid adoption of telehealth practices has raised many questions about how to develop and deliver effective interventions for older adults targeting their mental and cognitive health. In this symposium, we present on the feasibility of mental and cognitive health interventions for older adults using telehealth methods with particular focus on how adoption of these telehealth tools have been impacted by the current pandemic. Dr. Touchett and colleagues will present data on the telehealth utilization disparities among older veterans with comorbid disabilities and discuss ethical considerations when providing care for older adults. Dr. Kornblith and colleagues will present pilot data on the feasibility of GOALS, a video telehealth cognitive remediation group intervention for older adults with cognitive and emotional dysfunction related to traumatic brain injuries. Dr. Gould and colleagues will present pilot data on the feasibility and preliminary efficacy of a brief video-delivered self-management intervention BREATHE for older veterans with anxiety disorders. Dr. Weiskittle and colleagues will present their work on the development and dissemination of a brief 8-week telephone group intervention for homebound older adults targeting social isolation. Dr. Jacobs and colleagues will share their findings of a telephone delivered mindfulness intervention for caregivers and persons with dementia. Finally, the discussant, Lauren Moo, MD, an expert in assessing the efficacy of telehealth interventions will tie findings together and provide directions for future research and innovation.

TELEHEALTH DELIVERY OF GROUP FORMAT COGNITIVE REHABILITATION TO OLDER VETERANS WITH TBI

Erica Kornblith,¹ Sara Schweizer,² Kristine Yaffe,³ and Tatjana Novakovic-Agopain,¹ 1. *SFVA/UCSF, San Francisco*,

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.