to promote psychological well-being and reduce suicide risk among men struggling with the transition to retirement, in the context of pandemic-related public health restrictions. This presentation will focus on adaptations to MCMG for online delivery, and share participant experiences and findings on positive and negative psychological outcomes.

Session 4370 (Symposium)

DISRUPTION TO SUBSTANCE AND OPIOID USE DISORDER: THE DEEP SOUTH SUBSTANCE AND OPIOID USE RURAL TRAINING GRANT
Chair: Rebecca Allen Co-Chair: Lindsey Jacobs
Discussant: Bruce Rybarczyk
The primary objective of this symposium is to describe our integrated, interprofessional behavioral health training program in substance use and opioid use disorders (SUD/OUD) across the adult lifespan (19 to 80) within our clinical psychology graduate program in the Deep South. Due to the COVID-19 pandemic, our assessment, treatment, and prevention delivery has occurred via telehealth. The first paper describes our Clinical Training Model in two federally qualified health centers (one peri-urban and one rural) and one residential drug and alcohol rehabilitation program. Graduate and undergraduate students provide prevention, assessment, and treatment with an emphasis on 1) mindfulness-based relapse prevention, 2) literacy-adapted treatment for chronic pain, and 3) trauma and recovery. The second paper describes the participant population. Specifically, participants (N = 105) receiving prevention, assessment and treatment services report high levels of substance and opioid use and are underserved, impoverished, and have low levels of education and health/mental health literacy. The third paper explores the relation of age, adverse childhood experiences, and PTSD symptoms within the context of substantial or severe SUD/OUD. The final paper describes issues surrounding telehealth delivery in the rural south with underserved populations. The discussant, an expert in integrated, interprofessional telehealth delivery across the adult lifespan, will provide insight on program sustainability and dissemination. Given the pronounced need for SUD/OUD treatment in underserved populations with attention to the intersection of age and urban/rural residence, this project is poised to make a substantive impact across the adult lifespan.

INTEGRATING PSYCHOLOGICAL SERVICES INTO COMMUNITY-BASED CLINICS
Lindsey Jacobs, The University of Alabama, The University of Alabama, Alabama, United States

In Alabama, where mental health stigma is a critical barrier to care, integrated behavioral health services are vital to address the mental health needs that underlie substance use disorder (SUD) and opioid use disorder (OUD). Since October 2019, our team has developed partnerships with one rural and two peri-urban primary care clinics to offer behavioral health services with an emphasis on SUD/OUD prevention, screening, and treatment. The patient populations receiving services at these three facilities are under-resourced with multiple disadvantages placing them at risk for morbidity, mortality, SUD/OUD, and poor behavioral and mental health outcomes. Behavioral health services have been delivered primarily via telehealth due to the COVID-19 pandemic. This presentation will describe the process, current status, and future goals for implementing integrated behavioral health care, with a focus on identifying the barriers and facilitators during the COVID-19 pandemic era.

CHARACTERISTICS OF OUR PATIENT POPULATION
Kyrsten Hill, The University of Alabama, Tuscaloosa, Alabama, United States

To date, 106 patients have completed behavioral health assessments across three sites: a rural primary care clinic (n = 32), urban federally qualified health center (n = 33), and state-certified residential rehabilitation facility (n = 41). Patients ranged from 18 to 65 years of age (M = 38.6, SD = 11.4). Approximately 51% were female and 75% were non-Hispanic White (followed by 22% African American). Over 60% had a high school degree or less and found it at least somewhat difficult to pay for basic needs. Most patients endorsed substantial (44%) or severe (39%) drug use, with 40% endorsing opioid use. There were no significant differences in substance use by age group. Moderate to severe symptoms of depression (43%) and anxiety (49%) were common. Approximately 70% endorsed adverse childhood experiences, and 44% reported clinically significant post-traumatic stress symptoms. Measures of cognitive functioning and objective health literacy are currently being collected.

AGE, CHILDHOOD TRAUMA, POST-TRAUMATIC STRESS DISORDER, AND SUBSTANCE USE DISORDER IN THE DEEP SOUTH
Rebecca Allen, Candice Reel, 1. University of Alabama, Tuscaloosa, Alabama, United States, 2. The University of Alabama, Tuscaloosa, Alabama, United States

We examined the relationship of childhood trauma and PTSD symptoms in a sample (N = 105) of individuals aged 19 to 80 receiving treatment for substance use and opioid use disorders in federally qualified health centers. Fifty-two percent of the sample was age 39 or younger, 30% were in their 40s and 18% were aged 50 and older. Thirty-two percent did not graduate high school and 36% had a high school education or equivalent. Seventy percent reported experiencing adverse childhood experiences (ACES). Although harmful alcohol use was low, 83% of the sample reported substantial or severe substance use, with 41% of the total reporting opioid use. ACES predicted current PTSD symptoms. Telehealth treatment considerations include: 1) internet access, 2) health and mental health literacy, and 3) monitoring for dissociation when using mindfulness-based relapse prevention treatment.