

Group 5 Instructional Design Proposal

MENTAL HEALTH AWARENESS FOR OLDER ADULTS DURING
COVID-19 PANDEMIC

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I. Abstract

The purpose of this CBT is to teach older adults about the importance of mental wellbeing and ways to manage the stress and loneliness caused by COVID-19, as well as reduce feelings of social isolation. Preventing social isolation in our older population can be tremendously helpful for physical and mental well-being, this training focuses on teaching how to promote connection to friends and family with the use of face-to-face technology. The course contains five modules. The first module brings awareness to mental health and the fundamentals of emotional and mental wellbeing. This module will touch on topics such as depression caused by isolation due to COVID-19 and anxiety. The course continues to educate on the importance of social interaction and different ways to connect with friends, family, and the community around an individual. It teaches the benefits social interaction can bring to mental health and encourage the user to reach out if they are feeling socially isolated. Finally, the user is taught how to interact using Google Meet, which is a multiplatform, user friendly tool that can be used to communicate with loved ones, getting the social support lacking during the pandemic.

II. CBT Needs

The need for this CBT project is clear: studies show that chronic loneliness can worsen memory in older adults and cause other declines in mental and physical health. Seniors frequently feel the weight of isolation and loneliness, but during the pandemic the scale of senior isolation was increased dramatically leaving many people unprepared. While there is a need for additional research on the impact of older adults using online communication technology, existing studies has found it to be beneficial. One study showed that users of video chat had approximately half the probability of depressive symptoms at the two-year follow-up, compared to non-users of email, social media, and instant messaging (Teo, Markwardt, & Hinton, 2018). Another study found that after a three-month videoconference interaction program with family members, nursing home residents showed a decrease in depression and loneliness after one year (Tsai and Tsai, 2011). Additionally, Teo, Markwardt, and Hinton (2018) found that email, social media, and instant messaging were not associated with a lower risk of depression, leading us to focus on a CBT centered on video chatting.

Though the older adult population typically has a cell phone or access to the internet, many still use their phone just for emergencies. In a recent study it was reported that many older adults felt a lack of confidence in their ability to understand or access new technologies. Many of the features that older adults wished they could utilize already exist on the devices they possess, but they lacked the knowledge on how to access it. This lack of knowledge greatly diminishes the ability for older adults to communicate and therefore a CBT is necessary to bridge that gap in knowledge, bringing this population up to speed with modern communicative technology.

The biggest teaching challenges would be the varied knowledge barriers that exist within the population in regard to technology. Due to the fact that many older adults were not introduced to smart technology until later in life, their ability to adapt to the changes of different applications is a frustration point for them. They are hindered by their lack fundamental knowledge of how to

operate applications. Accessibility is an issue as instructional material is typically in small print or uses unfamiliar language or assumes a preexist base knowledge that many older adults do not have.

These seniors lean heavily on the younger generations to learn how to utilize these tools. However, when COVID-19 hit the older population, even that was taken away, leaving our older generation feeling helpless when it came to utilizing communication technologies. Helping this population to understand the basic functions of this technology as well as making them comfortable enough to take advantage of them will be one of the biggest challenges. The goal is to bridge the knowledge gap and build confidence in the population through this course.

III. Target Audience

The target audience is age 65+ older adult of any gender or ethnicity with access to a smartphone, tablet or computer and internet access. It is recommended that they have basic computer literacy. The learner should have an interest in the use of technology, improving personal mental health, and social interaction.

This will be aimed at individuals but can be adapted to a group setting and may be used to facilitate live demonstrations in communities where groups can gather. While during the pandemic, groups were not encouraged, however now we are entering a phase where that could become an option and regardless of the state of the world this training will be valuable to seniors experiencing isolation or interested in entering into more social events online.

IV. User Personas

Persona 1 – Tami S. – Age 66

Tami has some technology experience using computers for email, listening to audiobooks on her phone and sending text messages to her children. Owns an iPhone 7 and an “older computer”. She has Wi-Fi access in her home and has an Instagram account on her iPhone. She does not know how to post pictures and prefers not to. She enjoys liking pictures of her grandchildren on her feed. She is very interested in health and wellness and maintaining her mental health. Tami had a stroke at age 40 and does not drive, which limits her social interaction. She has never used face-to-face communication via FaceTime though she knows her phone has the ability. She feels anxiety about it and tells her children she would rather just call them directly though her grandchildren and children have expressed many times that they would like to try it.

Persona 2 – John L. – Age 65

John is familiar with technology and utilizes it through work at a financial company. Also, frequently plays video games via Playstation and utilizes many applications through that interface. He owns an Android phone, tablet and a “beat up” computer. John has Wi-Fi access and feels adequately knowledgeable about how to post on Facebook and Instagram. He did not know that you could use face-to-face applications with an Android phone and thought the ability was reserved for iPhones. John is interested in mental health and technology use to improve quality of life.

Persona 3—Joyce B.—Age 76

Joyce has few technology-related skills. She can use the cable box on the television and can make phone calls on her husband's iPhone X, but does not own one herself or know how to send a text message. She can download books on her Kindle but does not know how to use a web browser or send an email. Joyce has internet connection in her house but no social media accounts. She knows it is possible to video chat on the computer, phone, and Alexa device; she has actually done it quite a few times, but only with her husband or grandkids setting up the call. She does not know how to call her family or friends with these devices but would love to be able to so she could feel less isolated in her assisted living facility, which makes her feel mildly depressed, and have some social interaction with people other than her husband.

V. Behavioral Objectives

After successful completion of the CBT, the learner will be able to:

1. Define mental health issues such as depression and anxiety.
2. Explain ways in which isolation can negatively impact one's mental health.
3. Explain multiple ways to use technology to connect with friends and family members.
4. Demonstrate the ability to create/log into a Google account and make a video call using Google Meet.

VI. CBT Content

- Mental Health Awareness
 - Introduction
 - Emotional and Mental Wellness
 - Depression, Isolation and COVID-19
- Importance of Social Interaction
 - Why is social interaction important?
 - Best ways to connect to family and community
 - Benefits to mental health
- The Use of Technology for Social Interaction
 - Introduction to Face-to-Face Technology
 - How Face-to-Face Technology works and what you can do
 - What is Google Meet?
- Computer Set up for Video Chat
 - Web-cam 101
 - Microphone set up
 - Browser settings

- Google Meet Account Set Up
 - Setting up an account for personal use
 - How to start a meeting
 - How to send a message
 - Now You Try Video Chat Exercise

VII. Timescale

There are five modules that will each take approximately 20-30 minutes each. We recommend completing one module each day over the course of five consecutive days, however it can be completed in one sitting if the user desires to do so. Our suggestion of only participating in one module per day is based in not wanting to overwhelm the learner with too much new information, as well as keeping their attention as it may waver or drop off while spending an hour or longer completing multiple modules.

We would also suggest following the completion of the course that the learner immediately put the information to use by scheduling and completing a video call with a friend or relative.

VIII. Instructional Activities & Strategies

Considering the anticipated limitations on the target audience, most content will be delivered via video presentation with both audio and visual demonstrations of concepts including close captions. The relevance of each module will be explained before going into detail about the learning expectation, repeating key concepts frequently.

This CBT will inherit a constructivist approach with interactive assessments that allow the older adult to practice their newly learned skills multiple times.

It is important that our older adults are able practice navigating through the technology and take an active role in learning each step on their own so that they can become accustomed to the application and build confidence.

IX. Settings & Materials

The CBT is digital and can be completed on a computer, smartphone, or tablet, which means it can be completed from the comfort of one's home. While this allows for more freedom in deciding when to complete the CBT, it does leave room for a possible limitation, which is some users who are not technologically savvy might not have someone with them to assist them in the event of technical difficulties, from the user end, device issues, or internet connectivity problems.

Almost all materials that are used are provided digitally within the CBT, meaning the user will not need to have any physical paper or other materials handy or need to move between

various programs or browser windows during the course. The only exception to this is when the user eventually opens an internet tab to sign up for Google Meet. The CDC will be responsible for the distribution of the CBT to its desired audience.

The training is made up of a series of narrated presentations which include text, images, graphs and charts highlighting the importance of mental health and social interaction, embedded videos, and step-by-step instructions on how to sign up for a Google account and how to use Google Meet.

X. Assessment

End of module Knowledge Checks allow users to confirm that they have grasped the basic concepts and gives immediate feedback. This allows the learners to become accustomed to the nuances of the application and lend to independent abilities. These include multiple types of interactive knowledge checks throughout the CBT.

The summative assessment is creating a Google Meets meeting and inviting a friend into the meeting room with them. Even if they don't have someone to meet with at the time, demonstrating their ability to enter the meeting room with their camera and microphone activated will confirm the efficacy of the training.

XI. Tentative Member Responsibilities

Each module is a Captivate presentation with video and software walk-throughs and interactive quizzes. Presentations for each module are uploaded into a Canvas shell and include additional static resources like links to sites, articles and videos.

Breakdown of Tasks

- On camera presentation and software walkthrough – Jason Lublin
 - Script
 - Filming/Screen recording
 - Editing
- Set up Captivate presentation - Amy Albaugh
 - Compile videos
 - Add assessment/quiz slides
- Set up Canvas – Lauren Lucernoni
 - Upload Captivate to Canvas modules
 - Upload Other content to modules.

During the creation of the IDP and its editing, all three team members worked collaboratively while on a Microsoft Teams call.

Sources:

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