KA2 STRATEGIC PARTNERSHIP PROJECT

"Back to normal:
Together for health and well-being"

No. 2021-1-LT01-KA220-ADU-000025964

Educational program
"Back to Normal: Life skills for health and wellbeing"

Content

Introduction

The global Covid-19 health crisis has been hard on everybody. No matter how quickly the situation will improve, the enormous losses of life and health and the disruption of everyday social and physical activity has caused long-term damage for physical and psychological health of EU citizens. A lot of EU citizens are suffering from the long-term consequences of the Corona crisis, including the drastic limitation on our physical and social activity; missing the contacts with our loved ones and not being able to mourn those of them who had died alone in the intensive care units of Corona hospitals.

According to the recent Eurofund survey, all EU countries were negatively affected by the pandemic. In spring 2021, there was an overall increase in negative feelings, anxiety, loneliness, and depression, across most social groups. An increase in depressive feelings was recorded particularly among younger groups; 64% of young adults (18–34 years) are at risk of depression, while the highest increase in loneliness was recorded for senior citizens.

We need to respond to this ongoing crisis as soon as possible, in order to prevent more negative consequences in the future. It is well-known from the previous social crises that dealing with immediate consequences, saving lives and restoring infrastructure is not enough. Healing process has to include sharing experiences of loss and grief and building resilience and positive thinking. This process starts with acknowledgement of negative experiences. Trying to forget the past without analysing it is a recipe for post-traumatic stress disorder and more negative health and social consequences in the future.

Adult educational program "Back to normal: Life skills for health and wellbeing" aims to develop behavioural skills and competences to deal with everyday stress and long-term negative health consequences of the Covid-19 crisis. We aim to improve the health and wellbeing of the most vulnerable social groups suffering from the long-term consequences of Covid-19, including young adults and senior citizens.

Educational needs analysis

To analyse the needs of adult learners suffering from long-term consequences of COVID-19, the survey has been performed among 70 adult educators from 8 EU countries. Most of the participants were from Italy, Netherlands, Lithuania and France (see Fig. 1)
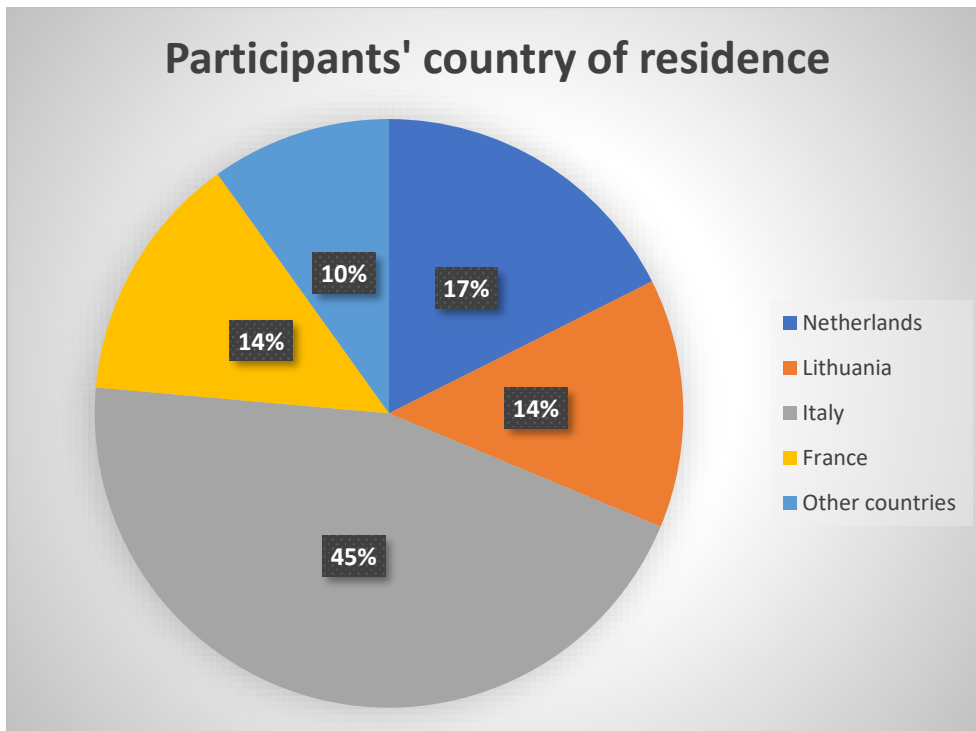
Figure 1. Participants' country of residence

Participants were experienced educators. Most of them had experience in adult education, secondary and higher education, and developing online courses (see Figure 2).
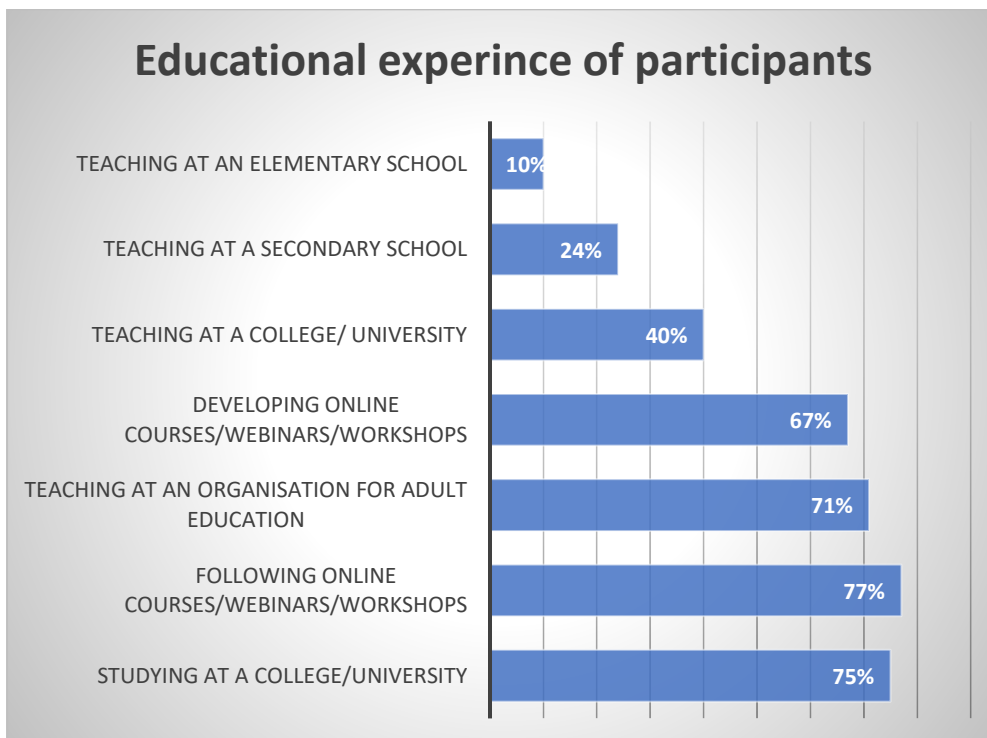
Figure 2. Participants' educational experience

Participants were asked first to compare which social groups suffered most from the long-term consequences of COVID-19. The results indicate that senior citizens are perceived as the group that suffered most, followed by essential workers and medical personnel (see Figure

3). Families with children and young adults are perceived by adult educators as the groups that suffered from relatively less consequences of Corona. However, three groups were indicated among young adults who might be more seriously affected by the COVID regulation. These groups include:

- university students,
- expats and international students who were not able to visit their home countries during the quarantine,
- young adults suffering from special conditions (such as ADHD or emotional disorders).
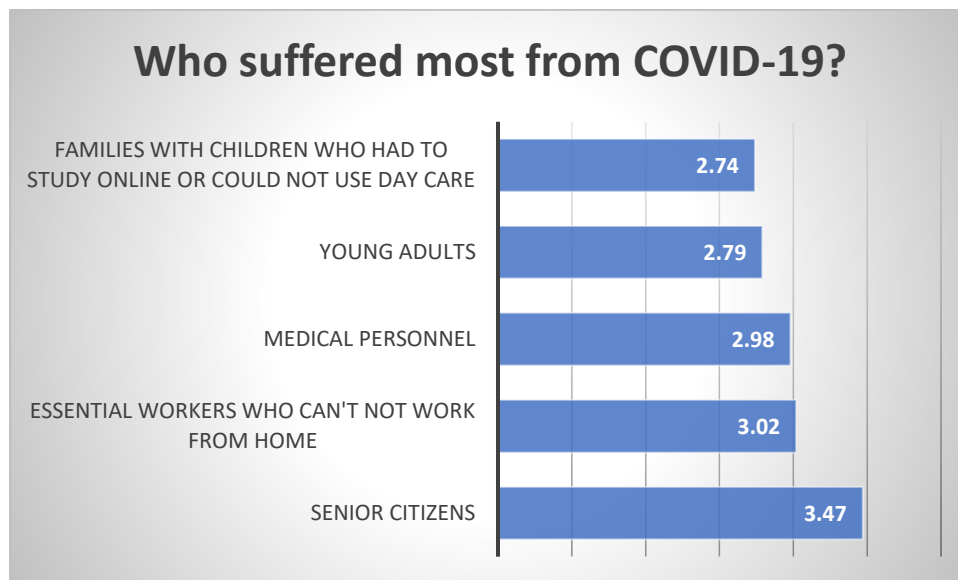
Who suffered most from COVID-19?

Group	Rating
FAMILIES WITH CHILDREN WHO HAD TO STUDY ONLINE OR COULD NOT USE DAY CARE	2.74
YOUNG ADULTS	2.79
MEDICAL PERSONNEL	2.98
ESSENTIAL WORKERS WHO CAN'T NOT WORK FROM HOME	3.02
SENIOR CITIZENS	3.47

Figure 3. Social groups that were affected the most from the negative consequences of COVID-19 (mean rating on the 5-point scale from 1= suffered the least to 5=suffered the most)

When comparing specific negative consequences of COVID-19 for two target groups of our project, senior citizens and young adults, participants found that for senior citizens the most negative experiences were being away from friends and family members, anxiety and fear of getting sick, long-term negative health consequences of Covid infection itself, and grief after the loss of family members and friends due to Covid (see Figure 4). Participants also mentioned obesity and increase in alcohol consumption, delays in health screening tests, and not being able to see grandchildren growing up because of the security rules.

For young adults, the most negative experiences were restrictions on social and cultural activities, being away from friends and family members, loneliness and depression (see Figure 4). Some participants also mentioned lack of privacy and delays in the achievement of educational and professional milestones, such as academic degrees, internships and professional advancement.
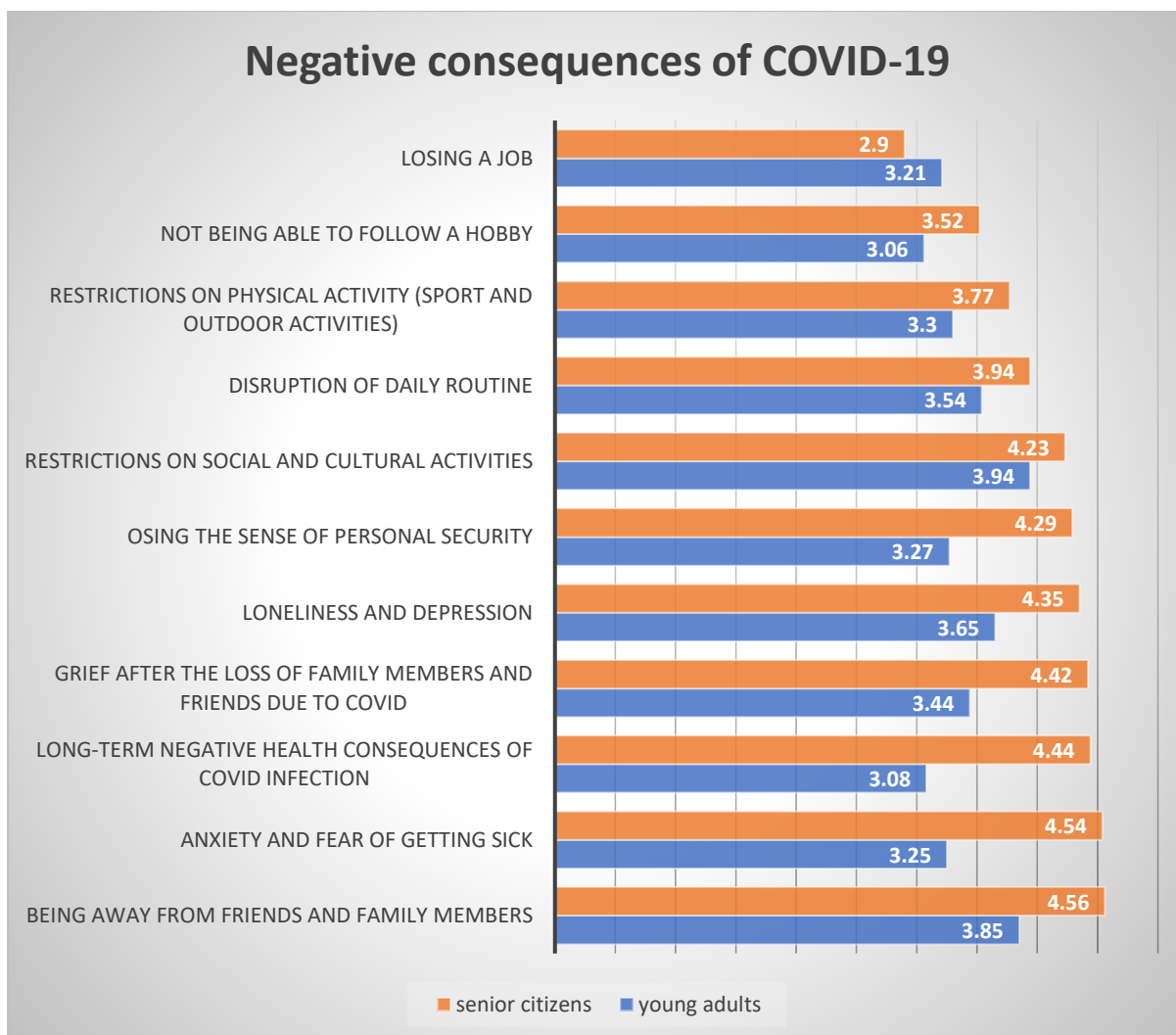
Figure 4. Negative consequences of COVID-19 for senior citizens and young adults (mean rating on the 5-point scale from 1=not important to 5=extremely important)

According to participants, the most important activities that can help to reduce negative consequences of Covid-19 crisis for health and wellbeing, include socialising with friends and family, visiting public spaces (restaurants, museums, theatres, libraries) and sport and physical activities (outdoor and indoor) (see Figure 5). Among educational activities that might help reduce the negative consequences of Corona, the following activities were mentioned most often:

- learning how to build resilience and positive thinking in self-help groups;
- learning how to deal with negative emotions (fear, grief, loneliness) in self-help groups;
- sharing experiences of loss and grief in self-help groups.

Following an online course on resilience, positive thinking and emotional management, as well as sharing negative emotions online were found less effective, which is understandable after two years of restrictions on all other activities.
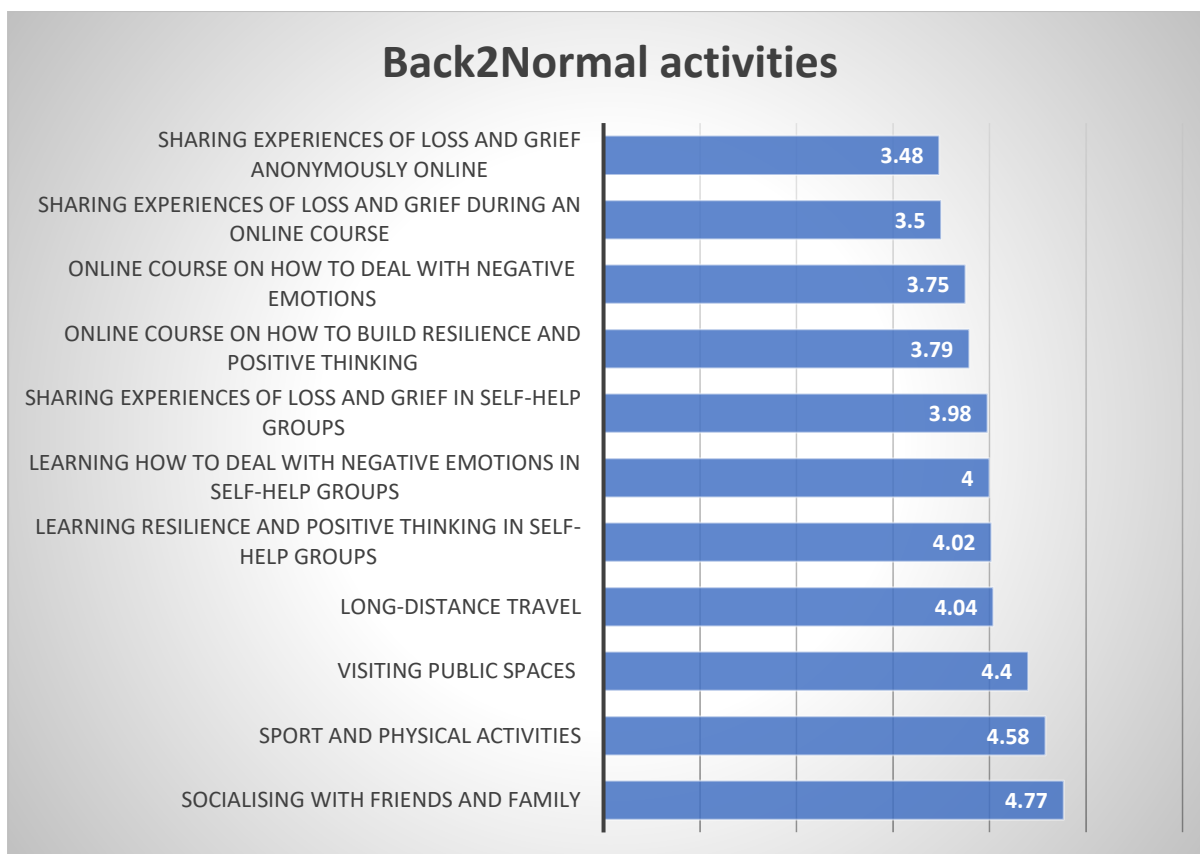
Figure 5. Activities needed to reduce negative consequences of Covid-19 (mean rating on 5-point scale from 1=not important to 5=extremely important)

Among the skills that senior citizens need to build in order to cope with the long-term consequences of Corona adult educators most often mentioned maintaining healthy lifestyle (healthy eating and physical activity); resilience, coping with stress and grief, and positive thinking, mindfulness, and meditation skills.For young adults, the most important skills, according to adult educators, are also resilience, coping with stress and grief, digital skills for online education and, quite surprisingly, active listening skills and providing support to peers (see Figure 6).

Participants were also asked to evaluate the importance of various abilities, knowledge and skills for **adult educators** in helping adult learners suffering from long-term consequences of Corona. The following skills were mentioned as the most important (see Figure 7):
● digital skills for online education and communicating via social media;
● active listening skills and providing support to adult learners;
● ability to co-create new solutions and share them with adult learners;
● practical knowledge of psychological tools and steps needed to build resilience.
Some participants also mentioned reflective skills: being aware of one's own difficulties and needs.

The results of the analysis show that resilience is considered one of the most important ways to cope with the negative consequences of COVID-19 for both our target groups. Building resilience is evaluated as an important goal for adult education activity, one of the most important coping skills for both target groups, and as an important professional skill for adult

educators themselves. Therefore, we need to put resilience in the center of both project outputs: adult education program and open online course for young adults and senior citizens suffering from the negative consequences of Covid-19 crisis.

Coping skills of adult learners

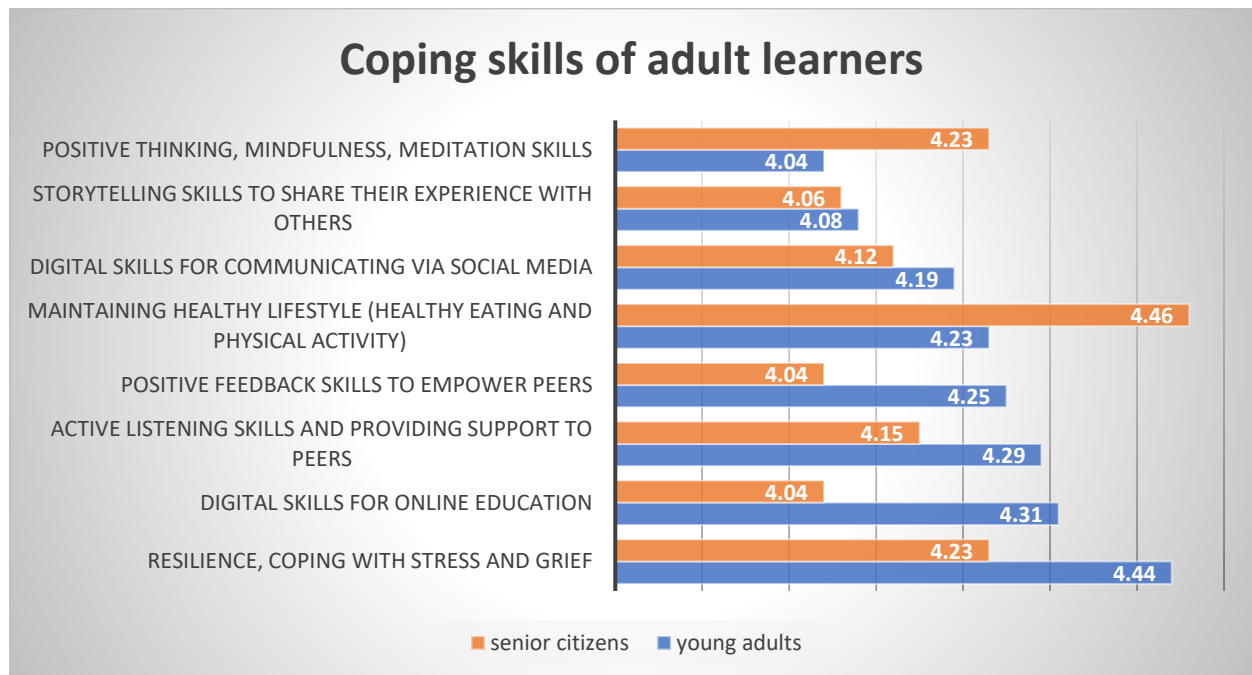| Skill	senior citizens	young adults
POSITIVE THINKING, MINDFULNESS, MEDITATION SKILLS	4.23	4.04
STORYTELLING SKILLS TO SHARE THEIR EXPERIENCE WITH OTHERS	4.06	4.08
DIGITAL SKILLS FOR COMMUNICATING VIA SOCIAL MEDIA	4.12	4.19
MAINTAINING HEALTHY LIFESTYLE (HEALTHY EATING AND PHYSICAL ACTIVITY)	4.46	4.23
POSITIVE FEEDBACK SKILLS TO EMPOWER PEERS	4.04	4.25
ACTIVE LISTENING SKILLS AND PROVIDING SUPPORT TO PEERS	4.15	4.29
DIGITAL SKILLS FOR ONLINE EDUCATION	4.04	4.31
RESILIENCE, COPING WITH STRESS AND GRIEF	4.23	4.44

Figure 6. Skills needed for senior citizens and young adults to cope with negative consequences of COVID-19 (mean rating on 5-point scale from 1=not important to 5=extremely important)

Professional skills of adult educators

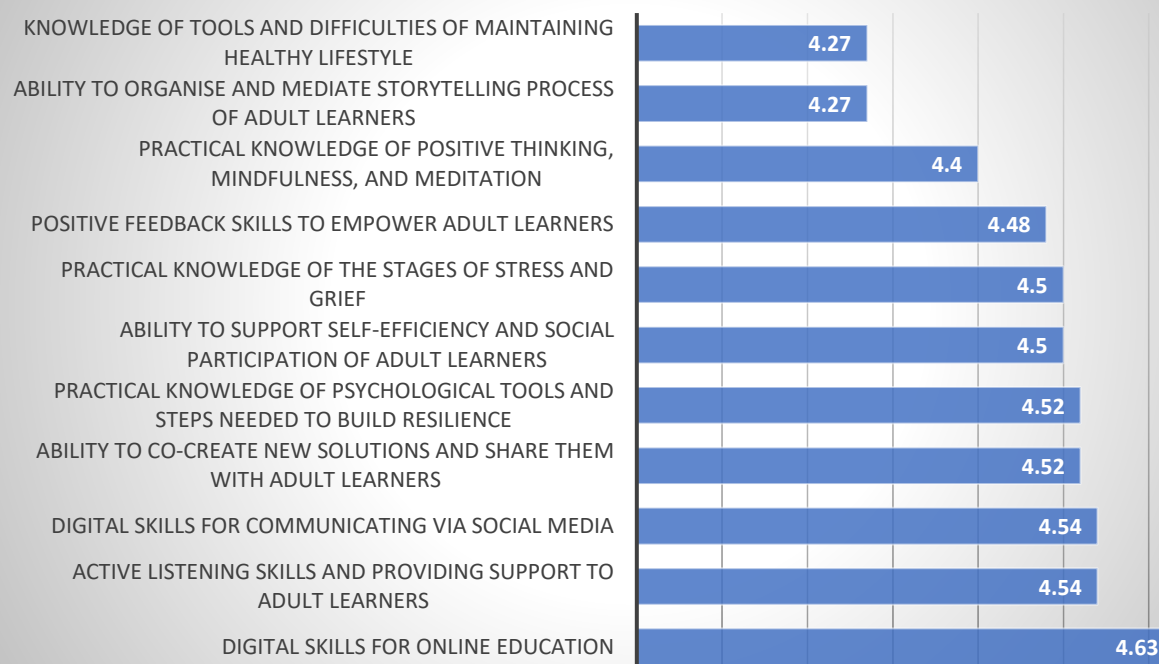| Skill	Rating
KNOWLEDGE OF TOOLS AND DIFFICULTIES OF MAINTAINING HEALTHY LIFESTYLE	4.27
ABILITY TO ORGANISE AND MEDIATE STORYTELLING PROCESS OF ADULT LEARNERS	4.27
PRACTICAL KNOWLEDGE OF POSITIVE THINKING, MINDFULNESS, AND MEDITATION	4.4
POSITIVE FEEDBACK SKILLS TO EMPOWER ADULT LEARNERS	4.48
PRACTICAL KNOWLEDGE OF THE STAGES OF STRESS AND GRIEF	4.5
ABILITY TO SUPPORT SELF-EFFICIENCY AND SOCIAL PARTICIPATION OF ADULT LEARNERS	4.5
PRACTICAL KNOWLEDGE OF PSYCHOLOGICAL TOOLS AND STEPS NEEDED TO BUILD RESILIENCE	4.52
ABILITY TO CO-CREATE NEW SOLUTIONS AND SHARE THEM WITH ADULT LEARNERS	4.52
DIGITAL SKILLS FOR COMMUNICATING VIA SOCIAL MEDIA	4.54
ACTIVE LISTENING SKILLS AND PROVIDING SUPPORT TO ADULT LEARNERS	4.54
DIGITAL SKILLS FOR ONLINE EDUCATION	4.63

Figure 7. Professional skills needed for adult educators to help adult learners suffering from negative consequences of COVID-19 (mean rating on 5-point scale from 1=not important to 5=extremely important)

Based on the analysis of educational needs of different target groups, the program will focus on two main target groups:

1. elderly citizens suffering from the restrictions on social activity and lack of contact with their friends and family, and
2. young adults suffering from disruption of their daily physical and social activity.

Senior citizens

Elderly citizens are considered the group that suffered most from the consequences of the Covid-19, both physically and psychologically. Covid-19 is the virus that was the most deadly for elderly and physically vulnerable people. To protect them, the governments of all EU countries put the most severe restrictions on movement and social activities of elderly people. In many facilities for the elderly, the visits of relatives were prohibited, and other social contacts were restricted. The most painful for elderly people and their family members was catching the virus and being put in quarantine, not being able to support their loved ones, not being able to say "goodbye" to their loved ones who suffered and died from Covid-19 or its consequences.

The most devastating mental consequences on elderly people were deterioration of their physical and mental state due to lack of social and physical activity, constant fear for their own life and the life of their friends and family member, the disruption of the socially

acceptable forms of grief for deceased relatives (due to the restrictions for hospital visits and public funerals).

Elderly people need a lot of support to get back to normal - both from their families, their caregivers and social workers, but also from adult educators working with this age group.

Young adults

Young adults often experience loss and isolation in exponential ways. They are an important group suffering from Covid-19 consequences, but they are often considered less seriously compared to other groups.

During Covid-19 crisis, their world, too, has been turned upside-down. And although we cannot change the reality of the loss they have experienced, our efforts to witness them and acknowledge their unique perspective may help the process of healing.

In the times of Covid-19 crisis, one of the most challenging tasks for young adults was to find someone who would really listen. Young adults have the burden of being affected by the reactions of other surviving family members. While overwhelmed by their own feelings, they often try to protect other family members by hiding their own problems and fears.

While stories can promote healing and enhance life, they also have the capacity to divide people and damage relationships when particular voices are unacknowledged. Young adults can exhibit signs of grief that are understandable (i.e., sadness, depression, irritability, loneliness, social withdrawal, worrying, anxiety, and difficulty sleeping) and these responses are impacted by numerous influencing factors such as age, gender, self-esteem, family environment, and knowledge of grief. Young adults often experience anger, depression, and feelings of guilt, which are complicated by poor communication in the family and isolation from peers. However, it is also quite common for them to experience difficulty and frustration in articulating their needs.

Elements of innovation

1) The program aims to solve the problem that did not exist before: consequences of global health crisis for health and wellbeing. It responds to an ongoing crisis in order to prevent even more negative consequences in the future. Dealing with immediate consequences of a crisis is not enough. Healing starts with sharing experiences of loss and grief and building resilience and positive thinking. Trying to forget the past without analysing it is a well-known recipe for post-traumatic stress disorder and future crisis.

2) We combine the needs of the two target groups, suffering from the long-term consequences of Covid-19: young adults and senior citizens. These two groups suffered from the restrictions on physical and social activities imposed by the lockdown, but they had different challenges: senior citizens lack digital skills to use social media and telecommunication devices for social communication, while young adults lack resilience and stress resistance, because they had not experienced serious hardships before. These two groups can help each other in developing coping strategies and resilience skills.

3) Innovative non-formal learning methodology based on storytelling will be used to share traumatic experiences, to create an opportunity for psychological peer support, to start the healing process and to build self-efficacy, making it a basis for building stress-resistance. We will develop the method of participatory learning to involve and empower the vulnerable groups and individuals to share their experience and to provide support to each other and to co-create new psychological tools to deal with stress and loss.

The program methodology will include non-formal storytelling methodology, including digital storytelling, and the elements of narrative therapy, including active listening and empathy practice.

Part 1. Theoretical background and methodology

Digital Storytelling

Research has demonstrated an array of benefits associated with the use of digital storytelling as a pedagogical tool (Paolini, & Sabiescu, 2009; Lisenbee & Ford, 2018; Yuksel, Robin, & Mcneil, 2010).

The main benefits include:

- consolidation of knowledge and skills
- increased learning motivation
- increased digital literacy skills
- the opportunity to make authentic connections to other learners
- the opportunity to share experiences and reflect on them

Digital Storytelling was first introduced by Joe Lambert in the early 1990s. Lambert recognized the power of digital technology and saw its transformational potential. Digital storytelling has been used as a tool to give a voice to people to tell stories about identity, family, relationships, community, health, healing, place, the environment, about work, social justice and human rights.

Digital storytelling can be defined as a combination of telling stories with a mixture of digital media, including text, pictures, recorded audio and video narration, blended together using computer software, to tell a story that usually revolves around a specific theme or topic and often contains a particular point of view.

Digital stories are relatively short (between 2 and 10 minutes) and can be viewed on a computer or other device capable of playing video files.

Digital stories can be an effective tool for adult educators and adult learners (Robin, 2006). They are also useful in developing 21st century skills, such as digital literacy, technology literacy, visual literacy and information literacy (Brown, Bryan, & Brown, 2005).

Some digital stories are video-based; others are based on photos and still others on cartoons and have varying duration. Some are written; others are spoken, while some incorporate multiple media formats (Ribeiro, 2015).

Digital storytelling is an effective instructional tool for teachers and an effective learning tool for students (Robin, 2006). In adult education, it has been used to engage and motivate adult learners (AlKhayat, 2010; Campbell, 2012) and to support teaching and learning in both skills-based and knowledge-based subjects including critical thinking (Yang & Wu, 2012) and digital literacy (Pardo, 2014).

Storytelling and dealing with trauma

The process of creating and sharing narratives is a transformational tool for building resiliency. Recently, narrative has emerged as an important concept in dealing with trauma.

Health researchers are increasingly employing digital storytelling to facilitate the creation and sharing of stories with a worldwide audience. This emerging research approach allows participants to express their thoughts and feelings using a familiar platform that facilitates the creation of personal stories. The act of communicating experiences, thoughts, and feelings can empower participants in the context of very challenging life experiences. The participatory nature of digital storytelling facilitates a highly effective approach for promoting participants' psychosocial health and well-being as well as elucidating rich narrative data and revealing hidden stories.

New digital technologies using video, photography and audio are expanding the ways we can imagine, create and share stories for healing. Digital storytelling has significant potential to initiate a dialogue about issues that are pressing and concerning to research participants. For instance, the co-creation of patients' stories alongside health professionals are beneficial for learning and healing.

For people suffering from the long-term consequences of Covid-19, grief often takes place through storytelling about their own unique experience. Narrative resources enabled grieving people to acknowledge the value of their perspectives and re-engage in life in affirming ways, reject confining scripts for "appropriate" grief and co-create new ones that felt true to their own experience. Storytelling practices help to recognise legitimacy and gain confidence in sharing your story and shaping your experience.

Recognizing the possibility for restoring the fabric of a normal life following the period of crisis involves acknowledging the traumatic experiences. Our storytelling constitutes our identity, our values, our memories, and our experiences. In the midst of a crisis, the creation of meaningful stories that can be shared with others can help us in reflecting on our experiences and learning from them. Kellas (2018) notes that shared storytelling about a trauma is related to positive outcomes, such as enhanced functioning, greater adaptability, and increased support within the community. Thus, storytelling is highly important for individual well-being.

Furthermore, resilience is constructed in relationship with others, rather than as a result of an individual' s internal processing of traumatic events (Buzzanell, 2010). By sharing their stories, individuals engage in the processes of fostering resilience, which includes creating new norms, affirming identity, learning to rely upon communication networks, legitimising feelings and pursuing positive steps forward. Genuine dialogue, in which the multiple voices are recognized, respected, and integrated in the common story, is a useful tool to help individuals, families and communities to go through the Covid-19 crisis.

Narrative therapy

We use stories to inform others, connect over shared experiences, say when we feel pain, and sort out our thoughts and feelings. Stories organise our thoughts, help us find meaning and purpose, and establish our identity in a confusing and sometimes lonely world.

Stories help people to understand what is happening in their lives, what has happened, how it has happened, and what it all means. In this way, stories provide opportunities for more meaningful life and relationships. When people distance themselves from their traumatic experiences, they become aware of how to make a better future. By creating this distance, people find the opportunity for a more meaningful life.

Narrative therapy capitalises on our storytelling tendencies. Its goal is to uncover opportunities for growth and development, find meaning, and understand ourselves better through telling stories. Narrative therapy is a method of guiding people towards healing and personal development using the stories we tell ourselves and others.

Narrative therapy was developed in the 1980s by Michael White and David Epston (White, 2015). It is based on the following principles:

1. Reality is socially constructed; our interactions and dialogue with others impacts the way we experience reality.
2. Reality is influenced by and communicated through language.
3. Stories and narratives that can be understood help us organise and maintain our reality, help us to make sense of our experiences.
4. There is no "objective reality" or absolute truth; what is true for us may not be the same for another person, or even for ourselves at another point in time (Standish, 2013).

According to the co-founder of narrative therapy, Michael White, there are three main processes in treatment:

1) Externalisation of the problem:
- Developing a particular definition of the problem;
- Mapping the effects of the problem;
- Evaluating the effects of the problem;
- Justifying the evaluation.

2) Re-authoring conversations by:
- Helping the person to include neglected aspects of themselves;
- Shifting the problem-centred narrative.

3) Remembering conversations that actively engage the person in the process of:
- Renewing their relationships;
- Removing the relationships that no longer serve them;
- Finding meaning in their story that is no longer problem-saturated, but is resilient-rich.

Building resilience through crisis

Psychological pain and emotional distress as an outcome of a crisis can contribute to resilience by developing a strong sense of self, honouring life, knowing how to proceed in life and taking actions to improve it.

People rely upon their experience of crisis in recognising what others have been through, and in responding to others with empathy and compassion. This empathy evokes a sense of solidarity with others.

Stories about traumatic experiences during the Covid-19 crisis can provide a context for the recognition of how people, through their expressions of pain and distress, are helping others to recognise what is really important for them.

1. Pain as testimony

Ongoing psychological pain in response to Covid-19 crisis might be considered a testimony to the importance of what was violated during this crisis. This can include our understandings about:
- a) the value of time spent together with friends and family;
- b) the importance of basic freedoms we lost during lockdown (the freedom of movement, travel and engaging in physical activity);
- c) treasured experiences of social activities and cultural events that were cancelled;
- d) moral obligations to support family members that we were not able to perform because of the quarantine restrictions;
- e) commitment to our way of life, our work, hobbies, social networks, etc.

Our pain of loss and restricted freedom can be considered a testimony to our values, moral obligations, goals, passions and commitments that we treasure and cherish.

2. Distress as tribute

Emotional distress in response to Covid-19 crisis in people's lives might be considered a tribute to their strong relationship to all of those activities, people, places, purposes, and commitments that people were not able to follow during lockdown. This emotional distress is a tribute to people's determination to maintain relationships with those people, activities and places that were not available during the lockdown. The pain we feel of not being able to follow 'the normal life' is the reflection of the importance of activities we were not able to perform, events we were not able to attend, people we were not able to meet. This pain and distress can be understood as the manifestation of the meaning that is shaping our life.

3. Pain and distress as a legacy

Psychological pain and emotional distress might be understood as the elements of a legacy expressed by people who, in the face of Covid-19 restrictions, remain determined to restore their life and make sure that their sacrifices were not for nothing, that things must return to normal and that this experience must increase our resilience. We might be better prepared for future crises that might again shatter our normal life, but we are not going to reproduce the same trauma.

Part 2. Skills and competences for resilience

The foundational work of the project was to first define what it meant for young adults to be resilient and then to develop a model to help others gain knowledge, skills, and abilities that can help them persist during times of crisis and build the personal capacity to thrive in the workplace and in their personal lives.

The used definition of resiliency is *"an individual's persistent development and application of knowledge, skills, and resources that effectively help one adapt to change and overcome adversity."*

The **Resiliency Competency Model** was developed to help learners gain the knowledge, skills, and abilities to endure and provide services during crises and disasters, while also building personal resiliency and abilities to thrive in changing work environments and labour markets. The resiliency competencies can be taught and developed over time through a variety of experiences.

Having the ability to integrate what one knows and can do and be able to apply these knowledge and skills in many different contexts is of critical importance. This is what faculty and employers want young adults or senior to be able to demonstrate. The Resiliency Competency Model was developed using a comprehensive process and extensive feedback from key stakeholders, including learners, college administrators, staff and faculty, employers, national experts, and industry groups. Critical thinking, adaptability, self-awareness, reflective learning, and collaboration are the competencies that make up the Resiliency Competency Model. When these competencies are in place for a learner, he/she is able to integrate his or her learning and is able to apply it in different situations, including as the transitions from the learning place to the workplace. If young adults are taught to become resilient, they will have the capability to endure challenges in their studies and in their work. The resilient worker is able to respond to issues and complexity and implement solutions quickly, efficiently, and effectively. In turn, the resilient worker serves as an indispensable team member who helps others to also respond in resilient ways. As an instructor, it is important to be purposeful and transparent to support others in thinking about, engaging with, and demonstrating these competencies. Employers demand that employees be able to function within the workplace and know how to deal with complexities and change. Demonstrating the resiliency competencies helps young adults become better people and better employees.

Five core competencies make up the model:

• **Critical thinking:** Purposeful use of reasoning to identify strengths and weaknesses of alternative approaches in diverse situations.

• **Adaptability:** Successful adjustment to a variety of positive and negative conditions and circumstances.

• **Self-awareness:** Clear understanding of one's qualities, characteristics, strengths, and weaknesses, and how they impact one's self and others.

• **Reflective learning:** Integration and application of prior and current learning to new situations.

• **Collaboration:** Working with others to achieve a goal.

For each of these competencies, the project also developed a set of actions and behaviours that demonstrate mastery of the competency. The work aims to encourage learners to use— and integrate— all of these competencies to help overcome adverse situations. The model is now available for use outside of the partnership and this handbook supports that process.

Critical thinking
Purposeful use of reasoning to identify strengths and weaknesses of alternative approaches in diverse situations.
Example actions
1. **CT1** Focuses on relevant and unique factors
2. **CT2** Analyses situations for opportunities and challenges
3. **CT3** Identifies current resources and evaluates the gaps in needed resources
4. **CT4** Proposes alternative options and strategies using analysis and evaluation
5. **CT5** Makes informed decisions

Adaptability
Successful adjustment to a variety of positive and negative conditions and circumstances.
Example actions
1. **AD1** Demonstrates curiosity, flexibility and openness to change
2. **AD2** Pursues alternative solutions, including effective use of technology
3. **AD3** Acknowledges when change is needed and takes proper action

Self-awareness
Clear understanding of one's qualities, characteristics, strengths and weaknesses, and how they impact one's self and others.
Example actions
1. **SA1** Engages in self- assessment and introspection, recognizing one's own emotions
2. **SA2** Identifies potential barriers (e.g., physical, emotional, and psychological)
3. **SA3** Makes confident, committed, and motivated choices
4. **SA4** Asks for support when appropriate

Reflective learning
Integration and application of prior and current learning to new situations.
Example actions

1. **RL1** Describes own best learning strategies
2. **RL2** Builds on prior knowledge and experiences with current knowledge
3. **RL3** Determines what learning is needed to move forward
4. **RL4** Learns from the effects of one's actions and makes improvements

Collaboration

Works with others to achieve a goal.

Example actions
1. **CO1** Initiates giving and receiving information, facilitating communications among the group
2. **CO2** Resolves conflicts by advocating for and engaging in compromise
3. **CO3** Engages in the development of relationships
4. **CO4** Prioritizes group goals while recognizing individual interests
5. **CO5** Demonstrates willingness to come to agreement with others
6. **CO6** Uses technology effectively to foster communication and teamwork

Resiliency Outcomes Matrix Example - Critical Thinking

CRITICAL THINKING	ADAPTABILITY	SELF-AWARENESS	REFLECTIVE LEARNING	COLLABORATION
Example actions	**Example actions**	**Example actions**	**Example actions**	**Example actions**
CT1 Focuses on relevant and unique factors	**AD2** Pursues alternative solutions, including effective use of technology	**SA2** Identifies potential barriers (e.g., physical, emotional, and psychological)	**RL2** Builds on prior knowledge and experiences with current knowledge	**CO2** Resolves conflicts by advocating for and engaging in compromise
CT2 Analyzes situations for opportunities and challenges	**AD3** Acknowledges when change is needed and takes proper action	**SA3** Makes confident, committed, and motivated choices	**RL3** Determines what learning is needed to move forward	**CO4** Prioritizes group goals while recognizing individual interests
CT3 Identifies current resources and evaluates the gaps in needed resources		**SA4** Asks for support when appropriate	**RL4** Learns from the effects of one's actions and makes improvements	
CT4 Proposes alternative options and strategies using analysis and evaluation				
CT5 Makes informed decisions				

Assessing the resiliency competencies

Assessment is a critical aspect of the learning process. Assessments are important for both young adults and senior to know more about:
- what a people knows and can do,
- what that young adults still needs to know and which skills still need to be developed, and
- how the individual learns and types of supports that may be needed.

By providing frequent and formative assessments, a feedback loop is established that helps senior:

- affirm what is known, identify gaps, and strategize next learning goals;
- shape perceptions of themselves as long-life learners; and
- enhance their abilities to self-assess, building upon their brains' natural capabilities.

"... people need to develop their own repertoire of assessment-related practices that they will be able to use when confronted with learning challenges throughout their working live."

In other words, the process of assessment within learning environments also helps young adults develop ways to address the complexities of work and their personal lives. Assessment becomes a lifelong and life wide skill.

Assessment is important when helping young adults and senior develop strong resiliency competencies. When teaching the resiliency competencies, one is also teaching how to self-assess and self-regulate learning. They are reciprocal processes.

Types of Assessments

Assessments can be categorized based on:

• purpose of the assessment,

• what is being assessed,

• who is conducting the assessment,

• strategies employed during the assessment, and

• final expected outcomes from the assessment.

Each choice affects the type of information gained from the assessment and how assessed can use the results. This chart is designed to help you make decisions about the assessments you use and develop an assessment plan.

The Purposes of Assessment
The purposes of assessment can range from seeking information about an individual learner's starting point to providing frequent incremental feedback to cumulative synopses of learning.
- Pre-assessments provide important information regarding knowledge the learner already has acquired and any gaps. This is an important place to start so that the learner doesn't have to repeat prior learning and can stay focused on what he or she still has to learn.
- Interim or formative assessments aim to inform progress and identify areas that may need to be addressed. They should be integrated into the personal learning process.

- Summative assessments provide a picture of knowledge, skills, and abilities at a termed end point. They can provide a learner with feedback, but tend to focus on what was gained during the designated time period.

Formative assessment occurs in the short term, as assessed are in the process of making meaning of new content and of integrating it into what they already know. Feedback is immediate (or nearly so), to enable the learner to change his or her behaviour and understandings right away. Formative assessment also enables the teacher to make quick adjustments and rethink instructional strategies, activities, and content on the basis of learner understanding and performance. The instructor's role here is comparable to that of a coach.

Formative assessment can be as informal as observing the learner's work or as formal as a written assessment. It is the most powerful type of assessment for improving individual understanding and performance.

Examples: an interactive discussion; a warm-up, closure, or exit slip; an on-the-spot performance; a quiz.

Interim assessment takes place occasionally throughout a longer time period. Feedback is quick, but may not be immediate. Interim assessments tend to be more formal, using tools such as projects, written assignments, and tests. The learner should be given the opportunity to redemonstrate his or her understanding once the feedback has been digested and acted upon. Interim assessments can help to identify gaps in understanding and instruction, and ideally assessors address these before moving on or by weaving remedies into upcoming instruction and activities.

Examples: Chapter test, extended essay, a project scored with a rubric.

Summative assessment takes place at the end of a large chunk of learning. Results may take time to be returned, feedback to the learner is usually limited, and learners usually have no opportunity to be reassessed. Thus, summative assessment tends to have the least impact on improving a young adult's understanding or performance.

Results of summative assessments can be used to see where the learner's performance lies compared with a set standard or a group of learners. The results of these assessments can be used to identify strengths and weaknesses of curriculum and instruction, with improvements affecting the next year's or term's learners.

Examples: Standardized testing; final exams; major cumulative projects, research projects, and performances.

Part 3. Educational tools and techniques

Digital storytelling tools

Digital stories are typically short videos that total 3–5 minutes, and are usually constructed from scripts consisting of approximately 250–500 words. They often tell unique and deeply personal stories.

Creating a digital story that can transform traumatic experience into a tool for resilience is a process that requires some guidance from an adult educator. It is usually done in a group, where each member has a given amount of uninterrupted time to share preliminary ideas, followed by feedback and suggestions for how to further draft and conceptualise the story. The process requires supportive, skilled facilitation that fosters self-reflection, critical interpretation of both personal and broader social issues that may be connected to a story. After scripts are collaboratively refined, technical assembly and editing of each video occurs, which includes the incorporation of digital photos, video and narrated voice. After the full media representation of the story is edited, stories are screened, also establishing limits that may be placed regarding public access to a given individual story (Lambert, 2009). Participants are not required to publicly share their stories if they are not comfortable or willing to do so.

Digital storytelling can be thought of as a tool of therapy towards healing (Gubrium, 2009). In addition, the knowledge that is gained by participants pertaining to technical and literacy skills, health promotion and resiliency is the positive outcome of this transformative process-oriented approach.

Digital Storytelling workshop includes a process that combines social and digital skill development, aided by a group-based, collaborative sharing of ideas. While a given story contains important lessons and lived experiences that may endure as truths, many stories' details and contexts may shift just as they do in the reality of life. Additionally, stories are the unique individual voice of the storyteller, thereby influenced by both individual point-of-view, the cultural context espoused by the group and social location.

Instructional Design Table

Another tool, the Instructional Design Table, expands on the Curriculum Alignment Table and offers greater detail and clarity around the learning objectives, learning outcomes, or competencies; instructional plans; activities and assignments; and assessments. The Curriculum Alignment Table provides a solid overview and outline of the program or course. The Instructional Design Table is divided into three sections: Objectives and Outcomes, Instructional and Learner Activities, and Assessments. These same sections are seen in the Curriculum Alignment Table; however, in the Instructional Design Table, each section is expanded to provide more detail on curricular plans and alignment with the resiliency competencies. More specifically, the Instructional Design Table expands by creating an area to indicate:

• Objectives, Outcomes, and Competencies - Learning Objectives
- Learning Outcomes

- Resiliency Competency Example Actions - Resiliency Outcomes

• Instructional and Learner Activities
- Types of Activities
- Products/Results/Artifacts from the Activities

• Assessments
- Assessment Components Mapped to the Resiliency Outcomes

The Instructional Design Table has three horizontal sections:

• **Objectives, outcomes, and competencies**

- Learning objectives: *what individuals are to (or will) learn from the instruction and activities.*

- Learning outcomes: *what individuals acquire through the instruction and activities; these are observable and measurable.*

- Resiliency competencies: *competencies for individuals to develop and demonstrate (from the Resiliency Competency Model).*

- Resiliency outcomes: *the resulting outcomes from developing the resiliency competencies; these are observable and measurable.*

• **Instructional and Learner Activities**

- Instructor activities and course content:

what the instructor provides before and after activities and assignments.

- Activities and assignments: *the different activities and assignments asked of individuals to explore and reinforce the concepts being taught. This may also indicate activity type, such as simulation, role play, group work, reflective work, etc.*

- Products/Results/Artifacts: *the results of the activities and assignments; they can be used to assess learning outcomes.*

• **Assessments**

- Assessment strategies: *the types of assessments used to measure learning and resiliency outcomes.*

- Assessment components: *the contents of the assessments mapped to the learning and resiliency outcomes.*

The first section of the table focuses on mapping learning objectives with the specific resiliency competencies and identifying expected outcomes. The second section focuses on developing targeted instructional and learner activities aligned to reaching those expected outcomes. The third section focuses on developing targeted assessment strategies to meet the resiliency outcomes.

Users can start filling out the table in any order. If, for example, you have yet to identify your learning objectives, you can start elsewhere in the table and build it from there. As you complete one section, you are likely to have thoughts that will inform the way you fill out other sections.

To map learning objectives with the specific resiliency competencies, first list the learning objectives and related learning outcomes from the course. Then, looking at
each of those objectives and the learning outcomes, identify which of the resiliency competencies align to your learning objectives and outcomes.

The column "example actions" is where you will articulate the specific resiliency competencies that you want your learners to develop in the context of your course. Here is where to define a clear understanding of the learner qualities, characteristics, strengths, and weaknesses that you hope learners in your course will develop. What is observable on a learner's part?

In the second section of the table, "activities," you will articulate targeted instructional and learner activities. Here is where you would delineate that lesson, again with an eye toward which of the resiliency competencies the lesson will address and how it ties to objectives for developing those competencies. Through which activities are we asking learners to address those competencies? What product, result, or artifact is likely to result from those activities?

Learning Objectives	Learning Outcomes	Resiliency Competency	Example Actions	Resiliency Outcomes
Ask good questions and relate these to appropriate statistical analyses Design a research strategy to examine one of the questions Work in teams to conduct research and solve a question using statistics.	Distinguish between different types of questions and identify which ones can be analyzed and solved Match questions to appropriate statistical analyses Coordinate with research team to design a research strategy Employ research strategies to solve an identified question Present findings using a research study format Work effectively in a team	**Critical Thinking**	CT1: Focuses on relevant and unique factors CT2: Analyzes situations for opportunities and challenges CT3: Identifies current resources and evaluates the gaps in needed resources CT4: Proposes alternative options and strategies using analysis and evaluation CT5: Makes informed decisions	Identifies and analyzes question elements to determine appropriateness for researching and applying statistical analyses Identifies needed resources and strategies to conduct research question Designs research study based on identified questions Decides on research question, strategy, and statistical analyses

Learning Objectives	Learning Outcomes	Resiliency Competency	Example Actions	Resiliency Outcomes
Ask good questions and relate these to appropriate statistical analyses Design a research strategy to examine one of the questions Work in teams to conduct research and solve a question using statistics.	Distinguish between different types of questions and identify which ones can be analyzed and solved Match questions to appropriate statistical analyses Coordinate with research team to design a research strategy Employ research strategies to solve an identified question Present findings using a research study format Work effectively in a team	Adaptability	AD1: Demonstrates curiosity, flexibility and openness to change AD2: Pursues alternative solutions, including effective use of technology AD3: Acknowledges when change is needed and takes proper action	While designing research approach, adjusts approach based on feasibility and appropriateness of question and study and makes adjustments appropriately
		Self-Awareness	SA1: Engages in self-assessment and introspection, recognizing one's own emotions SA2: Identifies potential barriers (e.g., physical, emotional, and psychological) SA3: Makes confident, committed, and motivated choices SA4: Asks for support when appropriate	Aware of and assesses one's own contributions to the team's research question and approach appropriately Contributes to the teams decision-making process and uses confident, committed and motivated choices Seeks support from team and instructor when appropriate

Learning Objectives	Learning Outcomes	Resiliency Competency	Example Actions	Resiliency Outcomes
Ask good questions and relate these to appropriate statistical analyses. Design a research strategy to examine one of the questions. Work in teams to conduct research and solve a question using statistics.	Distinguish between different types of questions and identify which ones can be analyzed and solved. Match questions to appropriate statistical analyses. Coordinate with research team to design a research strategy. Employ research strategies to solve an identified question. Present findings using a research study format. Work effectively in a team	**Reflective Learning**	RL1: Describes own best learning strategies. RL2: Builds on prior knowledge and experiences with current knowledge. RL3: Determines what learning is needed to move forward. RL4: Learns from the effects of one's actions and makes improvements	Uses declarative, procedural, and strategic knowledge to describe and document research process. Determines gaps in knowledge to conduct research and report on findings and seeks solutions
		Collaboration	CO1: Initiates giving and receiving information, facilitating communications among the group. CO2: Resolves conflicts by advocating for and engaging in compromise. CO3: Engages in the development of relationships. CO4: Prioritizes group goals while recognizing individual interests. CO5: Demonstrates willingness to come to agreement with others. CO6: Uses technology effectively to foster communication and teamwork	Participates in team work, including the giving and receiving of information and facilitating appropriate communications among the team. Works as an equal team member and supports others to accomplish the research study. Facilitates the development of the research study goals and seeks to accomplish these goals as a team member. Uses technology effectively to foster communication and teamwork

Narrative therapy tools

We all have different methods of telling our stories, and using the arts to do so has been a staple of humanity for countless generations. Narrative therapy uses different methods that can also be used in the context of adult learning:

1) *Meditation*. Guided relaxation or individual meditation can be an effective way to explore a problem.

2) *Journal.* Writing a journal has many potential benefits. Simply writing their story can lead to a greater understanding of the problem and how it influences the life of an individual.

3*) Drawing.* Adult learners can use their artistic skills to draw or paint the effects of the problem or create a cartoon that represents the problem in their life. They can also use abstract shapes with the colours of the emotions they feel, and keywords that express their reflection in that moment.

4) *Movement.* Participants can use the simple movement and mindfulness to create and express their story metaphorically and physically.

5) *Visualisation.* Visualisation techniques help to imagine how our life might look in a week, a month, a year, or a few years from now. This exercise helps to find meaning or new possibilities for life (Freeman, 2013).

Commonly Used Techniques

1. Telling a Story

As a self-help group facilitator, your job is to help participants to find their voice and tell their stories in their own words. By using storytelling, we find meaning and purpose in our experience (Standish, 2013). Helping participants to develop their stories gives them an opportunity to discover meaning, find healing, and re-establish their identity. When participants tell their stories, they are able to explore their experiences. The same events shared during the past 2 years can be told in a hundred different stories since we all interpret our experiences differently and find different meanings in them.

2. Deconstruction

Our pain can feel overwhelming, confusing, or unbearable. Deconstructing makes the negative experience more specific and reduces overgeneralizing; it also clarifies what the core issue or issues actually are. As a group facilitator, you can help to deconstruct the problem by asking participants to be more specific about what is bothering them, rather than accepting a general statement such as "my life is ruined." Deconstructing the experience helps people to understand what the pain means to them ("my life is ruined" might mean that because of the lockdown someone missed a career chance, while for another person it means the end or romantic relationships).

3. Unique Outcomes

The unique outcomes technique involves changing one's own storyline. We are not limited to just one storyline. There are many potential storylines we can create, some more helpful than others. Like a book that switches viewpoints from one character to another, our life has multiple threads of narrative with different perspectives, areas of focus, and points of interest. The unique outcomes technique focuses on different storylines than the one focused on painful events. What seems like a negative experience from one perspective can be an insignificant detail in another (Bishop, 2011). As a self-help group facilitator, you can introduce this technique by encouraging participants to pursue new storylines.

The list of questions below is intended to help participants in creating a story about their experience with Covid-19 crisis:

1. What effect did the Covid-19 have on your life?
2. How do the Covid-19 consequences impact on your energy for daily tasks?
3. Did Covid-19 have an impact on your relationship with your family members?
4. What do you think about the effects of Covid-19 on your life?
5. Are these effects acceptable to you or not?
6. Why is this?
7. How would you prefer things to be?
8. What next steps could you take to go back to normal?

Questions to ask participants as you move through their story:

1. *Opening*: Can you describe the last time you felt 'normal'? Describe this experience.
2. *Linking Opening with Preferred Experience*: Would you like more of such experiences in your life?
3. *Exploring possible Action:* How can you achieve that? What can help you with that?
4. *Linking with the Past:* Tell me more about times when you felt normal. What did you do/feel/think?
5. *Linking the Past with the Present:* When you think about those times in the past when things were normal, how are things different now?
6. *Linking the Past with the Future.* Thinking about now, what do you expect to do next to feel normal again?

Exercise 1: My Corona Story

One of the basic therapeutic principles in narrative therapy is that we find meaning and healing through telling stories.

The intention of the **My Corona Story** exercise is to separate yourself from your negative experiences and gain a broader perspective on your life. It aims to create an outline of your life that does not revolve around bad memories, but around the moments of growth.

First, you write the title of your story. Maybe it is simply "Monica's Corona Story," or something more reflective, like "Monica: A Story of Perseverance in the times of Corona."

In the next section, come up with several chapter titles, each one representing a significant stage or event during the past two years. Once you have the chapter title, come up with one sentence that sums up the chapter. For example, your chapter title could be "Fear and anxiety" and the description may read "The days I was waiting for the test results that might prevent me from visiting my family."

Next, you will consider your final chapter and add a description of your life in the future. What will you do when life returns to normal? Where will you go, whom will you meet?

Finally, the last step is to add what you learned about yourself, your values, passions, habits, and interests during the Covid-19. What is really important to you? What are the 'normal' things that you don't need in your life anymore?

This exercise will help you to organise your thoughts and beliefs about your life and weave together a story that makes sense to you. The idea is to recognize what is important in the experience of the past two years and how to use this experience to make you more reflective and more resilient.

Exercise 2: Mapping negative experience

This simple handout consists of four areas for the participants to write/talk about:

1. Name the effects of Covid-19 on your life
2. Map the effects of Covid-19 throughout each domain of life it touches (home, work, school, relationships, etc.)
3. Evaluate of the effects of Covid-19 in these domains
4. What values come to your mind when thinking about why these effects are negative?

The group facilitator can ask questions and probe for deeper inquiry, while the participants can discuss their experiences in the four areas listed above. There is power in the act of naming the traumatic events and shifting the idea that we are a passive viewer of our lives.

It is vital for participants to understand why the negative experiences affect them on a deeper level. What values are being violated during Covid-19 crisis? Why does the person feel pain about it? For example, what does the "violation of freedom of movement" bring up for them? Perhaps feelings of social isolation or a feeling of helplessness and not being able to make decisions about their life? These are questions that this exercise can help to answer.

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