

Practical Guide to Psychosocial Intervention with Immersive Experiences for Senior Care

Curated sessions by Lucía García Murgich



Introduction

This document provides a practical guide for **professionals supporting older adults** who wish to incorporate immersive projection technology as a therapeutic resource in **social care and psychosocial intervention** settings.

The use of immersive experiences has proven to be particularly valuable in interventions with older adults, as it enables the creation of meaningful, accessible, and emotionally safe environments. These environments support **emotional well-being, cognitive stimulation, social interaction, mobility, and states of relaxation and comfort**, even among individuals with physical limitations or cognitive impairment.

This manual proposes a set of guidelines, protocols, and intervention sheets that support professionals in observing, interpreting, and accompanying the emotional, cognitive, social, and behavioural responses that emerge during exposure to carefully selected audiovisual content.

Each experience described in this manual—whether urban environments, nature, animals, human activities, or abstract stimuli—is conceived as a therapeutic opportunity that can enhance key abilities throughout the aging process.

Through **guided questions, structured observation, and complementary activities**, professionals can foster self-expression, empathy, active participation, emotional well-being, and a positive self-perception, contributing to more humane, meaningful, and **person-centred interventions**.

Programs

The annual intervention program is divided into **four programs**. Each program follows a psychosocial intervention framework over one trimester and is organised around **five core dimensions of practice**.

Dimensions of practice



Emotional dimension: recognition and expression of emotions, empathy, emotional connection, and evocation of personal memories.



Social-relational dimension: stimulation of communication, social interaction, sense of belonging and meaningful relationships.



Cognitive dimension: attention, memory, orientation, scene interpretation and reminiscence.



Physical-behavioural dimension: body mobilisation, coordination, conscious breathing and gentle physical activation.



Relaxation and comfort dimension: emotional regulation, anxiety reduction, contemplation and states of calm.

Weekly schedule

The weekly schedule is organised according to each care facility's monthly planning. Based on this framework, sessions are designed according to the dimensions to be addressed—**emotional, cognitive, social-relational, physical-behavioural, and relaxation and comfort**. Professionals at each centre define participant groups and frequency of use, managing the program flexibly and contextually, in line with the needs, rhythms, and objectives of their specific care environment.

Sessions

Intervention sessions may be facilitated by psychologists, social workers, activity coordinators, occupational therapists, and physical therapists. Sessions are delivered using the **immersive projector and the Broomx content platform**. Each session lasts approximately **30 minutes** and is designed for groups of **three to ten participants**, with the aim that all group members share a similar cognitive level.

Each session is structured around a sequence of **immersive videos** linked by a common narrative thread aligned with the targeted dimension of practice. Sessions consist of four phases: **Presentation, Immersion, Activation, and Relaxation**. The Presentation, Immersion, and Relaxation phases are consistent across all sessions, while the Activation phase is **specific** to each dimension and is detailed within the description of each session in this guide.

Presentation

Through a video featuring **low levels of movement**, a brief initial introduction is conducted, including a warm greeting and simple questions—for example, about activities carried out during the day—with the aim of establishing an initial bond of trust. Gradually, the message guides the person to feel **welcomed, oriented, and safe**, supporting their understanding of where they are and the purpose of being in that space.

During this initial phase, a **clear, simple, and accessible explanation** is also provided regarding what **immersive therapies** are, what they involve, and which **specific dimension** (sensory, cognitive, emotional, or motor) will be addressed during the session. This information is presented gradually and in non-technical language, respecting the person's pace and avoiding overstimulation or information overload.

This progressive accompaniment promotes an experience of **calm, trust, and presence**, preparing the individual for the therapeutic intervention in a **respectful, contained, and non-invasive** manner, and establishing optimal conditions for active engagement in the session.

Immersion

Following the initial presentation, a **smooth transition** is made to a second audiovisual content with a **higher level of movement**. In a gradual and respectful manner, the person is introduced into the dynamic to be activated, progressively increasing visual and sensory stimulation. This controlled shift supports the **activation of sensory receptors**, attention, and engagement with the experience, preparing the individual to participate more actively, always within an environment perceived as safe and comfortable.

Activation

Activation constitutes the core of the session. It is the moment when visual content ceases to function as a passive stimulus—something merely observed—and becomes a **lived experience**. During this phase, the professional assumes an active role as a **therapeutic facilitator**, acting as a bridge between the projected image and the participant's subjective experience.

The objective is to promote sensory, cognitive, and emotional engagement by using environmental resources and supportive strategies that facilitate connection with personal perceptions, memories, and meanings.

To ensure that activation is effective and tangible, three main intervention pathways are proposed:

Guided Dialogue (Structured Verbal Intervention)

The professional should not simply wait for spontaneous reactions, but actively encourage them through **open-ended and guiding questions** that foster active exploration of the immersive environment.

Visual search and spatial orientation:

- “Can you see what is behind that tree?”
- “What color is the clothing of the person walking over there?”

This type of intervention stimulates **sustained attention, visual discrimination, and spatial orientation.**

Biographical connection and reminiscence:

- “Does this landscape remind you of a place you have been before?”
- “Did you experience something similar during your childhood?”

This approach supports work on **autobiographical memory, personal identity, and biographical continuity**, strengthening a sense of belonging and personal meaning.

Sensory Stimulation (Multisensory Integration)

To enrich the experience, it is recommended to complement the projection with **physical stimuli that are coherent with the visual content**, promoting multisensory integration.

Tactile stimulation:

- In forest scenes: handling a pinecone, leaves, or a branch.
- In beach scenes: sand, shells, or warm water.

Tactile stimulation helps **anchor the experience physically and enhances perceptual concreteness.**

Olfactory stimulation (optional and controlled):

- Natural scents such as lavender, rosemary, or coffee, when consistent with the scene.

Smell, closely linked to emotional memory, can **deepen evocation and experiential richness**, always taking into account individual sensitivities or contraindications.

Physical Engagement and Body Awareness

Activation may incorporate **gentle movements and functional gestures**, adapted to the abilities of the group.

Movement imitation:

- Following the trajectory of a projected animal with the arm.
- Reproducing the rhythm observed in the scene using the hands.

These activities promote **motor coordination, shared attention, and bodily engagement.**

Breathing regulation and posture:

In calm scenes (nature, sea, sunsets), **slow and conscious breathing** can be guided and synchronized with audiovisual stimuli. This practice contributes to **emotional regulation and a gradual reduction of physiological arousal**.

Fundamental Principle of Intervention:

The goal is not perfect performance or standardized responses. Rather, the aim is to promote **meaningful participation** while respecting each individual's pace, abilities, and willingness to engage. The quality of the experience takes precedence over formal task execution. Activation should therefore be understood as a flexible, adaptive, and person-centered process, oriented toward transforming the projection into an integrated sensory, cognitive, and emotional experience.

Relaxation

Once the main activity has concluded, a **transition and closing phase** begins, designed to support the individual in a gradual, contained, and respectful manner. During this stage, **simple evaluative questions** are introduced to facilitate expression of how the activity was experienced and what sensations, emotions, or perceptions it generated.

This closing process contributes to **emotional regulation** and the **progressive reduction of sensory activation**. These elements support the integration of the lived experience, allowing the person to consciously process what has been experienced.

This final phase promotes a state of **calm, safety, and continuity**, facilitating a conscious and positive exit from the immersive environment and ensuring a coherent conclusion to the experiential journey, aligned with the therapeutic objectives of the intervention.

Openness to spontaneity and adaptation of the intervention

The questions and proposed activities are **indicative and flexible**. If participants direct their attention toward other elements of the audiovisual environment that they find more meaningful, it is recommended to follow that interest and adapt the intervention based on their contributions. The objective is considered achieved when **participation, expression, well-being, or emotional regulation** is promoted, even if the session unfolds based on the spontaneous initiatives of the users themselves.

Immersive therapies are not conceived as performance-oriented activities or as interventions aimed at achieving immediate, measurable outcomes. Instead, they are understood as **lived experiences that prioritise how the person feels while participating**. The primary aim of these interventions is to create **safe, respectful, and meaningful** spaces in which each individual can engage without pressure, according to their own pace and capacity. When the focus shifts from performance to lived experience, a consistent **reduction in stress, increased spontaneous participation**, and the **emergence of emotional well-being** are observed. The therapeutic impact extends beyond the session itself, becoming evident in subsequent calmness, expressions of satisfaction, and the ability to connect with positive emotions, memories, and internal states. From this perspective, the experience itself becomes the primary vehicle for **care, dignity, and well-being**.

Active entertainment

A **collection of active entertainment** immersive experiences is available, conceived primarily to **promote meaningful leisure, socialisation, and subjective well-being**, rather than to train specific skills or assess participants' functional performance. This approach aligns with the conceptual frameworks of **therapeutic recreation**, which view leisure as an essential dimension of human development and a key determinant of **quality of life**, beyond its instrumental or rehabilitative function.

These experiences prioritise **enjoyment, free exploration, and spontaneous participation**, fostering positive emotional states, interpersonal connection, and a sense of presence in the here and now. From a psychosocial perspective, such proposals contribute to strengthening **emotional well-being, self-determination, and perceived competence**—core elements in contemporary models of quality of life and subjective well-being. Their design aims to create **accessible, safe, and stimulating** immersive environments that facilitate relaxation, wonder, and social exchange, without imposing explicit therapeutic goals or structured cognitive or motor demands.

Active entertainment experiences can be used flexibly and in combination, adapting to the preferences, interests, and contexts of each person or group, in accordance with the principles of **personalisation and choice** inherent to therapeutic recreation. They are particularly suitable for implementation during **meaningful moments**, such as weekends, family visits, or special events, where the aim is to enrich shared experiences, encourage **social participation**, and strengthen **interpersonal bonds—factors** closely linked to perceptions of well-being and belonging.

In this sense, these immersive proposals fulfil a **complementary role within a comprehensive approach**, extending the use of the immersive environment beyond the strictly therapeutic framework and contributing significantly to **quality of life**, understood as a subjective, relational, and contextual experience in which leisure, socialisation, and enjoyment play a central role.

Use of the immersive projector

The immersive projector is controlled via a web application on **a tablet**. The application is easy to use and allows elderly-care professionals to facilitate sessions in an **organic and flexible** manner.

Each successive video within a session is accompanied by **guidance for the caregiver** displayed on the tablet, including: guiding questions related to the target dimension, suggested complementary activities, expected responses in older adults, and adaptations according to cognitive or functional level.

Connecting the tablet

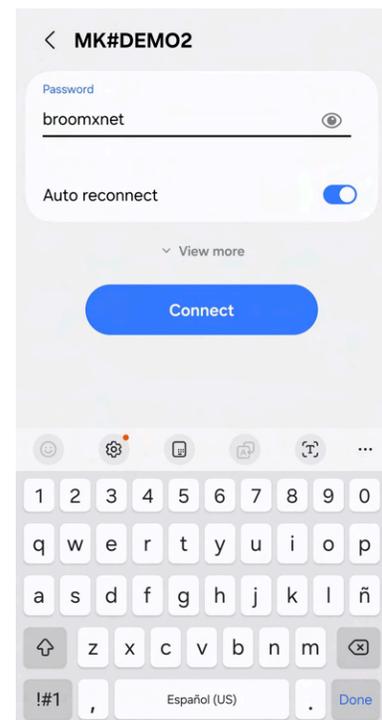
Power on the projector using the remote control.

Connect the tablet to the projector's WiFi network:

Network: **MK#**

Password: **broomxnet**

* If the connection is unstable, please disable phone data and all automatic connection to other WiFi networks.



Selecting a session

Open a web browser and enter the following address:

192.168.12.1

From the home page, select the program and the session corresponding to the dimension of practice you wish to develop.



Delivering the activity

Once the session is selected, the corresponding video sequence starts automatically: when one video ends, the next begins.

Click on **Practical Guide** to see the instructions for developing the activity associated with the video.

Close the Practical Guide window to access the 360° immersive video navigation window.



Navigating immersive videos

The transport bar at the bottom provides access to basic video playback functions.

The list icon in the lower-left corner allows access to the full list of videos within the session.

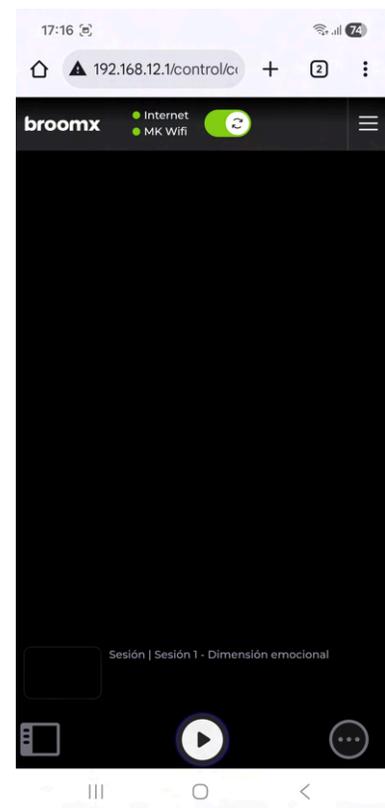
The videos are immersive and can be navigated in 360° using the touch panel. To reset the initial viewpoint, double-tap the centre of the screen.



Finalizing the session

Stop the currently playing video using the **Stop** button.

Power off the projector using the remote control.



For further information, please visit our [help center](#) or contact our [technical support](#) team.

Thank you!