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THE FRANK LAB: Social Isolation

FACILITATION GUIDE

For Families & Care Professionals

INSTRUCTOR VERSION

TABLE OF CONTENTS

Introduction

Embodied Labs Framework 4

Best Practices for Using Embodied Labs 6

The Frank Lab: Effects of Social Isolation

Introduction 8

Insight Statements 9

Facilitation Questions 10

Module 1: Home, Family and Environment
Exploring Common Causes of Isolation 10

Module 2: Unsuccessful Attempts
Identifying the Consequences of Isolation 12

Module 3: A Second Chance
Creating Communities of supportive connection... 14

Resource List 16

EMBODIED LABS VR SIMULATIONS FOR TRAINING



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immersive training

Uses & Goals

Knowledge & Training

To educate and provide information on the symptoms and unique challenges that older adults experience.

Insight & Transformation

To empower healthcare professionals and professional care partners to be able to provide more compassionate, person-centered care to persons living with chronic and progressive diseases.

Communication & Team Building

To have meaningful dialogue across your team about the shared experience of embodying older adults.

-
- 1 Prepare by taking a pre-assessment and discovering your existing knowledge.



PREPARE

- 2 Embody someone by putting on a VR headset and transporting yourself into their perspective.



EMBODY

- 3 Take a post-assessment, then use this facilitation guide to further reflect on how the VR experiences changed your views, mindset, and knowledge based on the insight you gained by embodying someone else.



REFLECT

BEST PRACTICES FOR USING EMBODIED LABS IN DIFFERENT SETTINGS

Depending on how you will be using Embodied Labs for individuals or a large group, your setup needs may differ to maximize the user experience. Here are suggested equipment and discussion formats for each mode.



Individual Mode

Technology	<ul style="list-style-type: none">• Computer, sensor, and headset from kit
Environment	<ul style="list-style-type: none">• Quiet, separate area• Moderate amount of privacy while in the headset
Materials	<ul style="list-style-type: none">• Facilitation Guide for individual reflection while waiting for the headset or right after the experience

Group Mode



Technology

- Computer, sensor, and headset from kit
- Big screen (if available). Use HDMI cord AND adapter that come with your VR kit to attach screen to back of computer
- Mirrored sound through both the computer speakers AND headset
- Set volume on audio set all the way up to 100



Note: The computer defaults to the headset's headphones when the headset is plugged in. To get audio through computer speakers so that the group can hear, click on sound icon at the bottom right-hand side of your screen and choose "Speakers")

Environment

- Quieter area, separate from larger area where most people are congregating
- Space for people to gather around without crowding the person in the headset

Materials

- Facilitation Guide for partner and group reflection while waiting for the headset or right after the experience
- Adult learners often can use the guide themselves; younger learners may need more direction on which question to discuss

THE FRANK LAB

Introduction

A Note from the Creators of The Frank Lab

As we close in on the end of 2020 in the middle of the worst global pandemic in over a hundred years, we all find ourselves living in a world where social isolation has become the norm, not the exception. Yet, social isolation is something that many older adults have been used to living with in their daily pre-pandemic lives -- many of them for years or even decades.

The newest experience from Embodied Labs, The Frank Lab: Effects of Social Isolation, will address this timely topic. By embodying Frank, living his story, and making choices as him, you will understand the most common factors that contribute to social isolation in older adults, identify the links between isolation and health, and see how individuals and communities need to work together to create an environment where older adults can engage in supportive relationships and connections that allow them to not just survive, but thrive!

This lab was created by reviewing the existing peer-reviewed literature on social isolation and older adults, reviewing best practices on combating social isolation by aging services and government organizations, and by interviewing our customer partners at Riverside County Office on Aging & Department of Social Services and Fresno County's Central California Child Welfare and Adult Services Academy. Their unique perspectives on working with and providing services to hundreds of older adults helped us create Frank's character, family, neighborhood, and environment.

We hope this unique training experience will give you greater understanding of social isolation, help you take actions to connect more meaningfully with the older adults in your life, and lead to a world where we are ALL less isolated -- and better connected to one another.

— Erin Washington, Head of Content,
& the Embodied Labs Team

THE FRANK LAB

Insight Statements

After experiencing The Frank Lab: Social Isolation, learners will be able to:

Module 1

Home, Family & Environment

- Identify the most common causes of social isolation for older adults

Module 2

Unsuccessful Efforts

- Recognize that the ability to engage with and/or connect to people, services, and interventions may be the difference between life/wellness and death/disease for a socially isolated person

Module 3

A Second Chance

- Recognize that reducing social isolation takes the effort of both individuals AND adequate networks/systems of social support
- Identify the primary ways that relationships, services, and interventions can help mitigate the effects of social isolation

THE FRANK LAB

Module 1: Frank's Home, Family & Environment

Social Isolation Factors

What are Frank's social isolation factors?

Grief - Frank is obviously grieving the death of his wife. It's also implied that she was the one that helped him be more motivated to make good choices about his health, finances, etc

Limited access to healthy food - we see that Frank isn't much of a cook, and eats a lot of convenient, packaged food

Family - Frank has two children, but they don't live in town and aren't very connected to and involved with him

Mobility - we learn that Frank had some sort of accident that may have affected his ability to be mobile and independent

Loneliness - in addition to grief, Frank is also lonely. He spends many days by himself with just himself and the TV for company

Health - we learn that Frank is diabetic and takes insulin, putting him at risk for a number of other problems, including heart disease and high blood pressure

Medical Animation

What did the program on social isolation help us and Frank learn?

That Frank has most of the social isolation factors that put older adults at risk

That Frank is at a high risk of developing dementia, in addition to his other health risks

What was Frank's main takeaway from this program?

Frank has some understanding that he is at risk and should do something about it, but decides that it is all up to him to figure it out and "take care of himself".

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Module 2: Unsuccessful attempts

Frank's Choices

Which choice(s) did you make while embodying Frank to improve your situation, and why?

Why was Frank unsuccessful in each of his choices?

Reaching out to Kristen - Frank wanted to be able to talk to Kristen, but he's not great with technology. He didn't understand that he needed a microphone and webcam to make video chat work, and his daughter was either unable or unwilling to help him figure it out.

Going to the store - Frank realized he needed to eat healthier, but didn't realize his foot had gotten bad enough that he wasn't able to drive. Living in a suburban area meant that his alternate transportation options were limited, especially after they took out a bus stop nearby.

Writing to Becca - Frank reached out to his grand daughter, both to try to connect but also to have a reason to go to the mailbox every day and perhaps to have a conversation with a neighbor. But, no one wants to talk to him, and Becca doesn't write back.

All - in all of these scenarios, Frank is unsuccessful about improving his situation of social isolation mostly because people, systems, and his environment are not set up for him to succeed. Even when the Office on Aging steps in to help after a call from his neighbor, they arrive too late.

What are some ways that individuals, systems, or community services could have better supported Frank in the scenarios above?

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Module 2: Unsuccessful attempts

Frank's Heart Attack

What leads to Frank's heart attack? What do you think happens afterward?

In the last several weeks, Frank has been:

- Unable to access his medication for his diabetes
- Unable to get adequate food due to his limited mobility and lack of access to transportation
- Lonely and grief-stricken

...all of which have led to progressively worse health, including uncontrolled blood sugar, hypertension, worsening heart disease, and symptoms resembling dementia.

How did it feel to not be seen or heard by the social worker at the end? What were other parts that you did not feel seen or heard while embodying Frank?

Trying to Solve Social Isolation

Is social isolation an individual problem, or a community problem? Both?

What would it look like for Frank to interact successfully with your organization's services?

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Module 3: A Second Chance

Same Choices, Different Outcomes

What was different about Frank's choices in this module? How did each help Frank be less isolated?

Reaching out to Kristen - This time, Kristen had taken the time to get Frank set up with what he needed to communicate with her. In addition, she offered him the opportunity to share his knowledge and skills about plumbing with her class. Feeling purposeful about your time is one way older adults can feel less isolated.

Going to the store - There was no perfect solution to Frank's mobility and transportation issues, but because his son was able to connect him with help from Frank and Maggie's church, the end result was that Frank was able to get to the store and have someone to talk to.

Writing to Becca - This time, Becca does write back and meaningfully connects with Frank, helping him with his grief and helping him feel more purposeful about his time. In addition, his neighbor is more aware of Frank's needs, and reaches out to invite him to a social gathering.

All - in all of these scenarios, Frank is successful because when he reaches out, there is someone reaching back, whether his family, his neighbor, his church, or the social worker from aging services.

How did it feel to be seen, heard, and supported in this module?

What are some of the ways that Frank's family and community helped him maintain his independence and/or dignity as they supported him?

Thinking about this alternate ending to Frank's story, does it change anything about your answer about social isolation being an individual problem or a community problem?

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Module 3: A Second Chance

The Social Worker

How did the social worker connect with Frank successfully?

Warm tone of voice; asked if she could come into his personal space and physical space; asked if she could take notes so SHE could remember things to help him feel comfortable.

What services do you think would benefit Frank the most, and why?

In-home services - if Frank qualifies through his federal or state's Medicare or Medicaid benefits, he may be able to receive in-home services such as companionship, laundry, grocery shopping, light housekeeping, bath/dressing, and others

Transportation -- Frank may be able to utilize transportation services from the office on aging to get to his appointments, to run errands, and get other places needed

Support Group -- Many aging services organizations, senior centers, and religious organizations have support groups for people living with dementia, people who are grieving the loss of a spouse, etc.

Repair Cafe -- Many community centers host intergenerational groups that bring people together around a certain topic. One that has gained traction is the "repair cafe", where people who need help fixing items can bring them in and get advice on how to fix them. The social worker thought this group would be a good fit for Frank's skills.

Library Technology Class -- nearly all public libraries have classes targeted towards older adults, such as technology classes, book clubs, health information sessions, and others. When Frank connects with Kristen, he tells her he's been on the internet -- maybe he learned how at one of these classes!

Meals on Wheels -- it very easy for older adults to qualify for Meals on Wheels, which brings a hot meal each weekday to people who are for various reasons unable to access food and/or proper nutrition, like Frank.

THE FRANK LAB

Resource List

Social Isolation Resources

Framework for Isolation in Adults over 50

From the AARP Foundation, a comprehensive overview of the issues related to social isolation in older adults, and a look which issues must be addressed to provide effective solutions.

https://www.aarp.org/content/dam/aarp/aarp_foundation/2012_PDFs/AARP-Foundation-Isolation-Framework-Report.pdf

Social Isolation, loneliness in older people

An article from the National Institute of Health that focuses on loneliness and the role it plays in social isolation and risks to health.

<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

How the loneliness of social isolation can affect older adults' brains

A look at how social isolation, loneliness, and dementia all go hand-in-hand.

<https://www.pbs.org/newshour/health/how-the-loneliness-of-social-isolation-can-affect-older-adults-brains>

CDC Information and Resources

Information about social isolation, the populations more specifically at risk, and links/resources that can help if you or your loved one are socially isolated.

<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>

Fighting Social Isolation Among Older Adults

This joint publication between GreatCall and Aging in Place Technology Watch gives an overview of the statistics, demographics, and trends of social isolation globally and in the United States. It highlights some of the best solutions that have been tried and found to help with social isolation in older adults.

<https://www.greatcall.com/docs/default-source/newsroom-files/fighting-social-isolation-among-older-adults.pdf>

Fighting Social Isolation Among Older Adults

Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health & Social Care in the Community*. 2018 Mar;Vol 26, No. 2, pp. 147-157.

doi: [10.1111/hsc.123671](https://doi.org/10.1111/hsc.123671)

NOTES



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