

El autocuidado, esencial para desarrollar habilidades básicas en apoyo psicosocial: experiencia basada en el apoyo a personas trabajadoras en primera línea de respuesta humanitaria VBG, en 18 países.

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Problema:

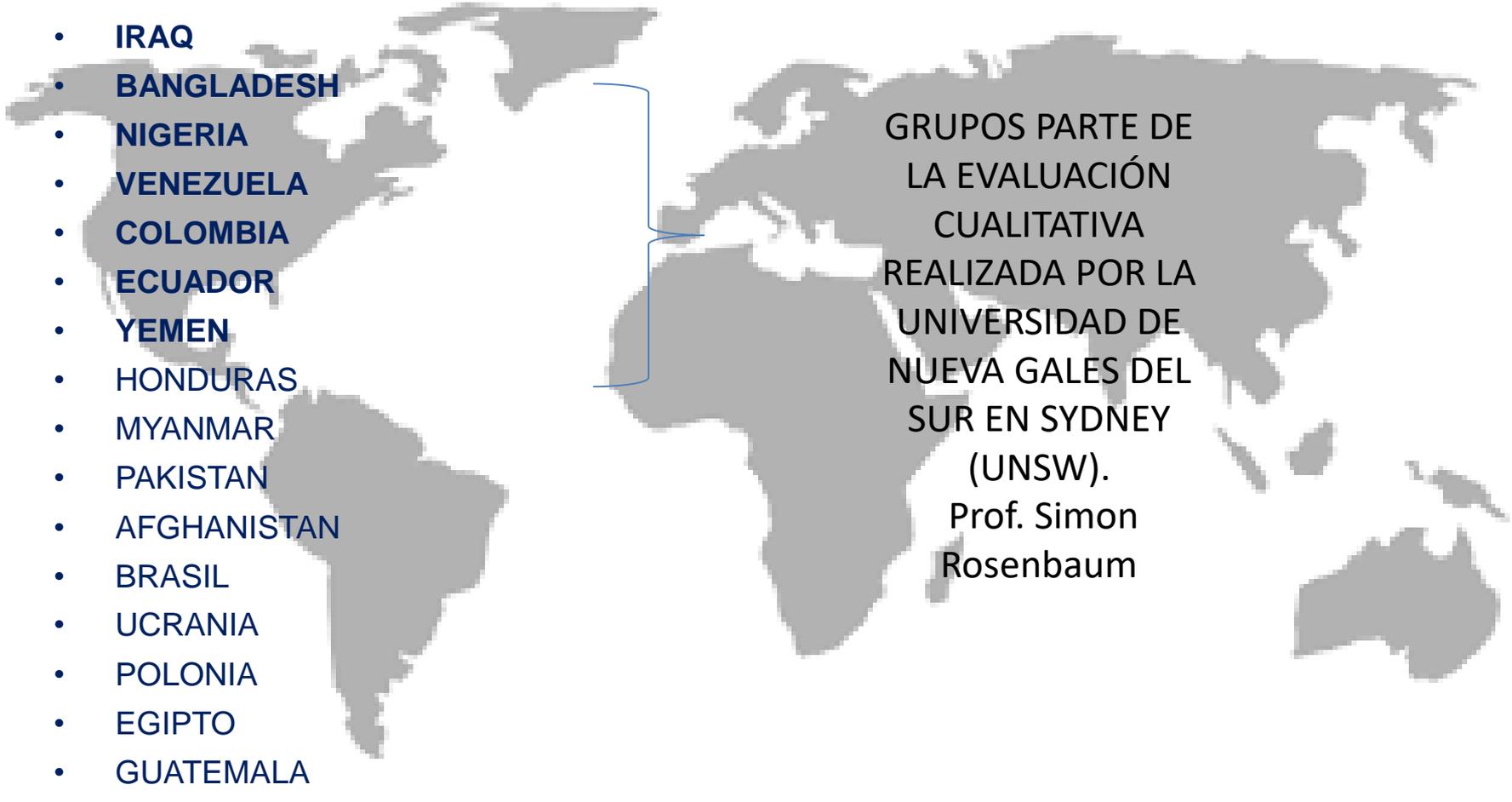
- Personas en primera línea de atención a sobrevivientes de Violencia Basada en Género con altos niveles de agotamiento (Burnout).
- La falta de prácticas de autocuidado y apoyo en salud mental en el personal de primera línea de VBG, tiene un impacto directo en la calidad de las intervenciones a sobrevivientes.



¿QUIÉNES Y DÓNDE?

Grupos de 20-25 personas convocadas a través de los subgrupos regionales de VBG:

- IRAQ
- BANGLADESH
- NIGERIA
- VENEZUELA
- COLOMBIA
- ECUADOR
- YEMEN
- HONDURAS
- MYANMAR
- PAKISTAN
- AFGHANISTAN
- BRASIL
- UCRANIA
- POLONIA
- EGIPTO
- GUATEMALA



GRUPOS PARTE DE
LA EVALUACIÓN
CUALITATIVA
REALIZADA POR LA
UNIVERSIDAD DE
NUEVA GALES DEL
SUR EN SYDNEY
(UNSW).
Prof. Simon
Rosenbaum

TEMAS DE FORMACIÓN RECOMENDADOS EN MATERIA DE HABILIDADES BÁSICAS DE APOYO PSICOSOCIAL PARA TRABAJADORES EN PRIMERA LÍNEA

Bienestar de los trabajadores

- Autoconciencia y autocuidado
- Apoyo de los compañeros
- Reconocer signos de malestar psíquico y agotamiento
- Gestión del estrés
- Solicitar atención

Comunicación de apoyo en las interacciones cotidianas

- Comunicarse con adultos y niños de diferentes edades y capacidades
- Compromiso, comunicación de la preocupación y establecimiento de relaciones

TEMAS DE FORMACIÓN RECOMENDADOS EN MATERIA DE HABILIDADES BÁSICAS DE APOYO PSICOSOCIAL PARA TRABAJADORES EN PRIMERA LÍNEA.

- Normalización de sentimientos, validación y empatía
-

- Escucha activa
-

- Evitar los juicios
-

Apoyar a las personas que sufren de estrés

- Reconocer y dar respuesta al malestar psíquico en adultos y niños de diferentes edades
-

- Técnicas de gestión del estrés y de relajación

HABILIDADES EN PRIMERA LÍNEA DE RESPUESTA VINCULADAS AL AUTOUIDADO: “lo que SOY”.

ELEMENTOS DEL CURSO

“CONSTRUCCIÓN DE CAPACIDAD EN APOYO PSICOSOCIAL BASADO EN ATENCIÓN PLENA”.



Prácticas/experimentos desde el cuerpo y el arte para reconocer lo intrapersonal en el descanso y la digestión de experiencias.

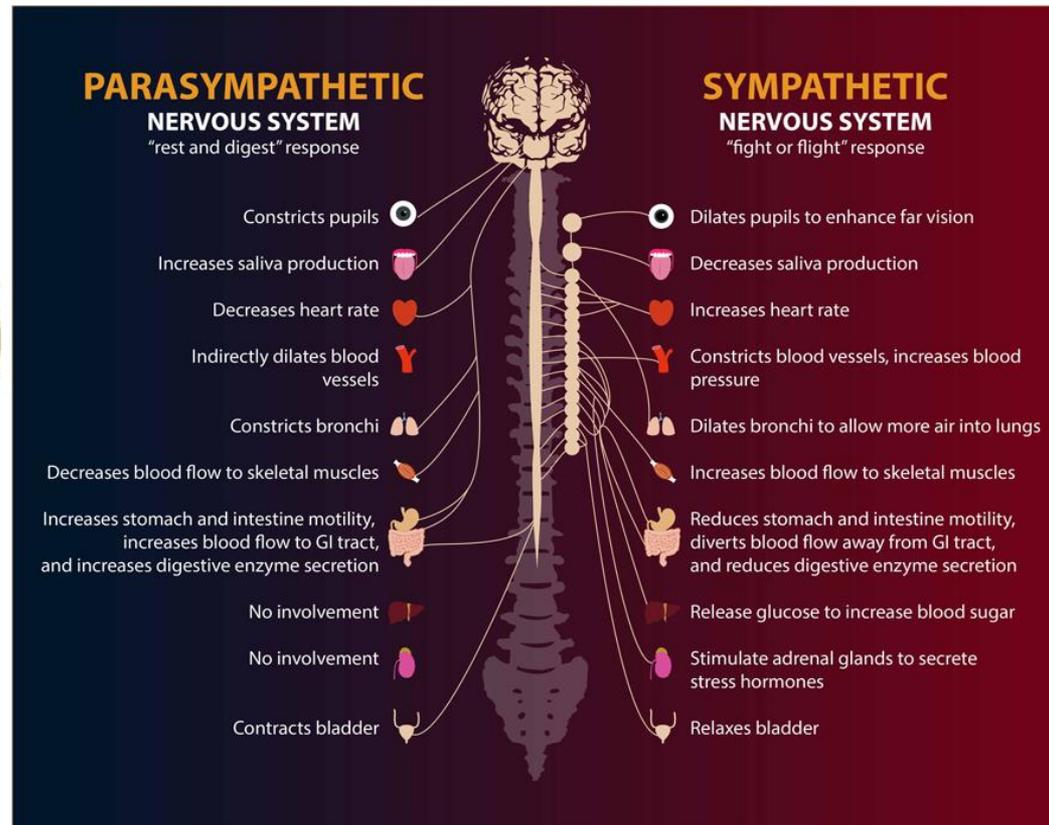
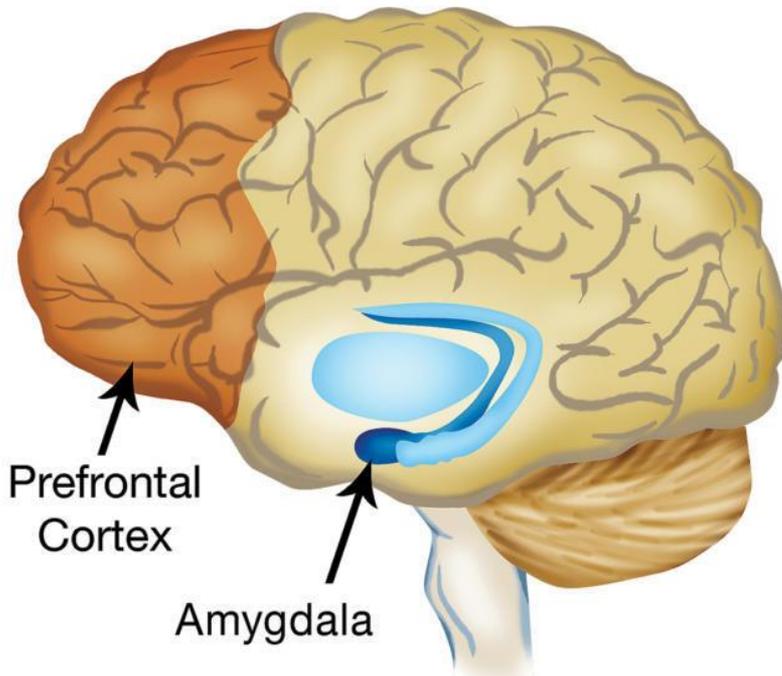


Círculo: Humanidad
Compartida y construcción
de relaciones
interpersonales.



Temas: supervivencia,
sistema nervioso, Teoría
Polivagal, Ventana de
Tolerancia.

EL AUTOCUIDADO Y EL CULTIVAR LA ATENCIÓN NO COMO UN LUJO SINO COMO UN IMPERATIVO ÉTICO.



LOS OTROS SENTIDOS

“LA CONSCIENCIA ES UN FENÓMENO QUE SUCEDE EN TODO EL CUERPO”. Damasio.



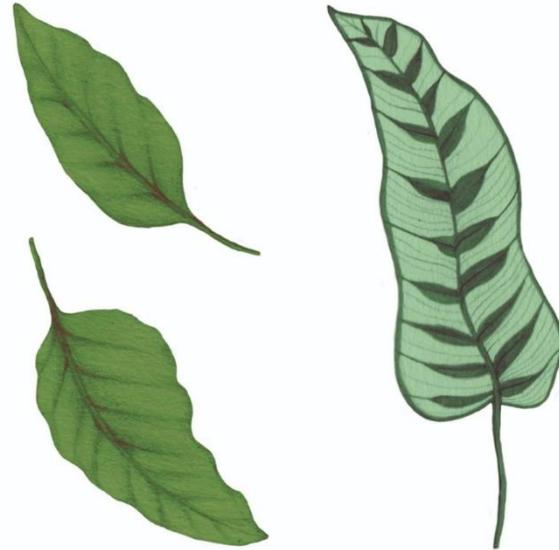
- **Interocepción:** Saber lo que está pasando momento a momento en la experiencia del cuerpo.
- **Propiocepción:** La capacidad que tiene el cuerpo para saberse en el espacio y en relación a su balance y postura.
- **Neurocepción:** La detección de seguridad o amenaza que sucede momento a momento.

LA ALINEACIÓN ES UNA BRÚJULA QUE NOS GUÍA PARA PODER ELEGIR Y TOMAR DECISIONES.

RECURSOS

Lo que sea que traiga una
sensación de seguridad,
confianza, bienestar, fuerza,
gozo...

EN OTRAS PALABRAS,
¡UNA EXPERIENCIA SENTIDA
DE EXPANSIÓN!



RECURSOS

INTERNOS

- **Inteligencia**
 - **Humor**
- **Creatividad**
- **Curiosidad**
 - **Valores**
- **Espiritualidad**



EXTERNOS

- **Amigos**
- **Familia**
- **Mascotas**
- **Lugar favorito**
- **Naturaleza**
 - **Rituales**
 - **Hobbies**

TEORÍA POLIVAGAL

Las formas de comportamiento del Sistema Nervioso.

- Parasimpático: vago dorsal y vago ventral.
- Funciona para activar sistemas de seguridad.

EL SISTEMA NERVIOSO SIEMPRE ESTÁ PREGUNTANDO SI ESTÁ A SALVO.

POLYVAGAL THEORY

The Polyvagal Theory explains the relationship between the Autonomic Nervous System (ANS) and social behavior. The ANS is the neurological architecture of the mind-body connection. Through its sensory and motor components, it provides the physiological foundation of embodiment and the neural basis for feeling.¹ It regulates our internal milieu and assesses safety or threat internally, in our relationships, and in our environment. This ability to detect degrees of safety is known as neuroception. Neuroception selectively engages specific neural circuits (Ventral Vagal, Sympathetic, Dorsal Vagal) that shift depending on whether we feel safe, in danger, or under life threat. The Polyvagal Theory maps these circuits and the ways they combine into neural platforms of behavior. It affirms that human well-being is largely social in nature, and it holds significant implications for improved understanding and treatment of our physical and mental health.

Ventral Vagal (safety)

When we experience a recognition of safety, our nervous system activates the ventral vagal pathway, the most evolved, communicative and integrating. This pathway requires our physiological state through the myelinated cranial pathway of the Vagus nerve (X). The ventral vagal pathway functions as a bridge to enable the heart's pacemaker, supporting the calmness required to foster our connection with our world and the reciprocal connection with the establishment of relationships which supporting coordination of the sympathetic and dorsal vagal circuits to support healthy functioning.

Sympathetic (danger)

The Sympathetic System mobilizes us in response to threat. In our state of arousal, as the ANS withdraws from a relaxed vagal state to maintain a recognition of danger (for example, the ANS increases to promote body movement). Sympathetic states are high-energy (probably) and activated through an fight and flight with us and who we approach. As we move into sympathetic states, our focus from the calm to engage with and positive emotions, our vision has already probably shifted, and our ears become the source of focus on noise, leaving instead our predator (low frequency) sounds.

Dorsal Vagal (life threat)

A recognition of life threat, as the ANS withdraws from an evolutionarily ancient defense strategy the dorsal vagal system (XII). Labeled a system of withdrawal, it engages basic defense strategies, including our gut, the contraction of dorsal vagal system, which necessitates defense, in our most primitive threat response. In danger, increasingly, our mind is restricted to the body, placing our systems into shutdown, numbness, and collapse, while reducing the high's state of possible consequences related to reaching the agency of unhelped death.



Social Engagement

The Social Engagement System (SES) is a neural circuit that regulates our social interactions. When we feel safe, the social engagement system helps us to form stable states that functionally enables connection with others. This system utilizes the neural regulation of the face and voice (cranial nerves V, VII, IX, and X) and the parasympathetic into the large cranial pathway of the Vagus nerve, allowing us to relate in the voice, tone, and gesture of others. Through this system, we project our attention and physiological states on our face and through our voice. Many of our bodily feelings through our face and voice enable us to form reciprocal social bonds.



Play

When we are at play, both our ventral vagal and sympathetic systems are engaged, enabling us to relate our bodies and social. The ventral vagal system may be used for withdrawal, play, arousal or competition and risk. Moved through a Polyvagal lens, play is a social exercise.



Intimacy

Intimacy occurs when the ventral vagal system is engaged in tandem with the dorsal vagal system. This state allows us to feel compassion for ourselves and for others. This is why the dorsal vagal experience of socialization is softened to ventral vagal softness, as the experience of socialization is softened and we feel the capacity to welcome others. Edges soften, bodies soften, in the attention. This allows ourselves to receive health, comfort, and attention. This allows ourselves to receive health, comfort, and attention to our own experiences and the experiences of others.



Fight

In Fight, sympathetic activation takes the form of aggression and activation. Essentially, it is connected with the anger activation from intention, to anger, to rage.



Flight

In Flight, sympathetic activation takes the form of avoidance and fleeing to escape the threat. Essentially, it is activated with the fear activation from worry, to anxiety, to terror.



Freeze

When we get captured in threat or terror, we are subjected to a blend of sympathetic and dorsal vagal systems. While the sympathetic system leads the reactive fight, the dorsal vagal system dominates.



Shutdown

The dorsal vagal system leads to collapse and shutdown. As a state of being overwhelmed, it is associated with a contraction of diaphragm, closure of the digestive tract, and shutdown to immobilization. At the extreme end of the continuum, the individual may pass out and lose consciousness.

NEUROCEPTION

Neuroception is the neural detection of safety or threat. It is based on our diffuse system across bodily awareness that triggers reflexive bodily changes in physiological state that serve as indicators for specific circuits of behavior. When neuronal evidence is trustworthy of safety, our bodies become regulated by ventral vagal pathways. When we experience neuroception of threat, our ventral vagal system withdraws and we receive focus regarding sympathetic (arousal, risk, and alert) to responding with one of two defense systems: (1) sympathetic states to actively respond to danger, or a dorsal vagal (immobilization) system to shut down the body in response to life threat. In the absence of awareness, our body (ANS) decides for us when neural platforms arise. As long as we survive, the body has always ready. However, in the absence of subtle nuances of recovery, these states often have medical effects.

NEURAL PLATFORMS

The way in which our behavior, emotional state, and physiological state (heart rate, breathing, arousal), how we experience sensation, what we feel and think, how we interpret the world, and our behavior.

physiological state
- how we experience sensation
- what we feel and think
- how we interpret the world, and
- the behaviors available to us

Neural platforms represent a physiological state that flow and change our body to influence and act upon changing our environment, perceptions, they feel we act. When we experience safety, we see, hear, and feel different things than when we experience threat. In this way, the neural platforms shape our experience of reality.

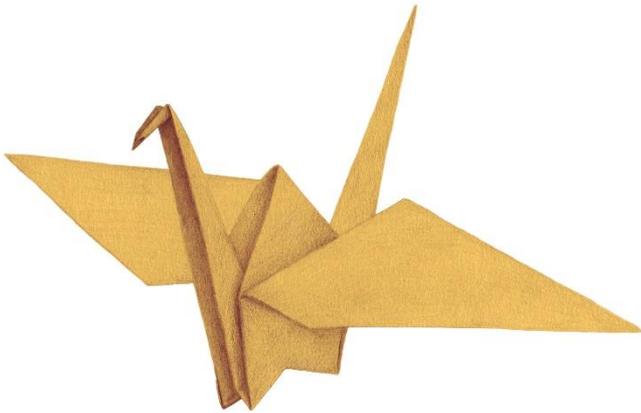
IMPLICATIONS

The Polyvagal Theory explains fundamental aspects of the mind-body and brain-body connection. It affirms the importance of social connections and social communication in our health and well-being. It has significant implications for physical and mental health, suggesting that many illnesses currently viewed as unrelated may be due to an impaired regulation of autonomic states that change neuroception processes in highly predictable ways. The theory proposes that physical, emotional, and cognitive symptoms of distress are related to excessive neural circuitry mediated by the regulation of the ANS. It suggests healing of awareness in new ways, and will lead to new medications that address underlying neurophysiological dysregulation directly.

¹Neuroception: neuroception is the neural detection of safety or threat. It is based on our diffuse system across bodily awareness that triggers reflexive bodily changes in physiological state that serve as indicators for specific circuits of behavior. When neuronal evidence is trustworthy of safety, our bodies become regulated by ventral vagal pathways. When we experience neuroception of threat, our ventral vagal system withdraws and we receive focus regarding sympathetic (arousal, risk, and alert) to responding with one of two defense systems: (1) sympathetic states to actively respond to danger, or a dorsal vagal (immobilization) system to shut down the body in response to life threat. In the absence of awareness, our body (ANS) decides for us when neural platforms arise. As long as we survive, the body has always ready. However, in the absence of subtle nuances of recovery, these states often have medical effects.

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¿Cómo se activa el vago ventral?



- Relacionarse con otras personas.
- Respiración consciente.
- Movimiento consciente.
- Auto toque – contención.
- Tomar agua.
- Activar la voz/sonidos.
- Atención de las manos: creatividad.
- Seguridad cultural.
- Estar en contacto con la naturaleza.

“El trauma no es lo que nos sucede, sino lo que queda guardado adentro ante la falta de un testigo compasivo”. Peter Levine.



**EL CUIDADO PROPIO NO
COMO UN LUJO,
SINO COMO UN
IMPERATIVO ÉTICO:
LA SEGURIDAD ERES TÚ.**

¡GRACIAS!

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