

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:

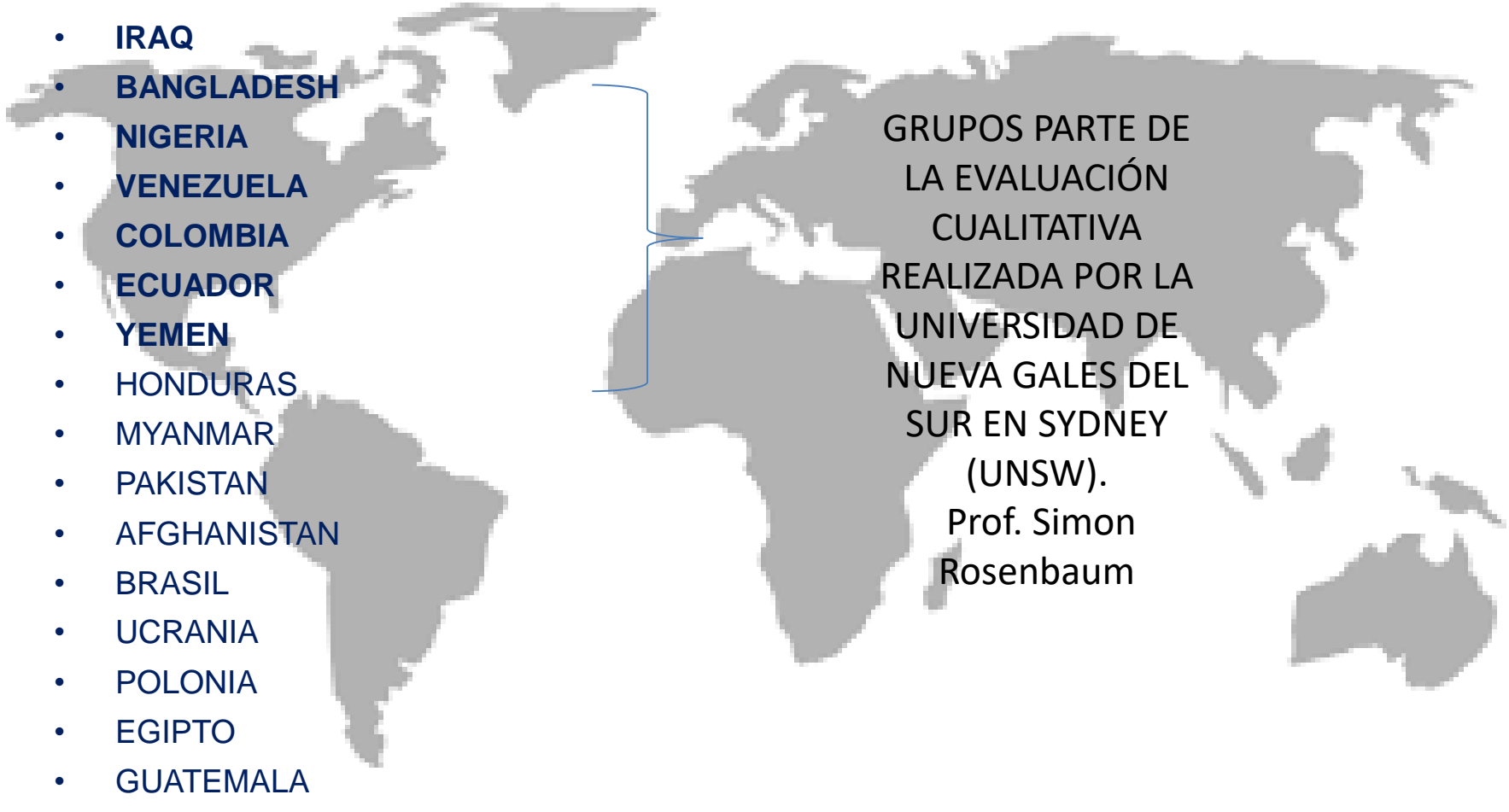
- Personas en primera línea de atención a sobrevivientes de Violencia Basada en Género con altos niveles de agotamiento (Burnout).
- La falta de prácticas de autocuidado y apoyo en salud mental en el personal de primera línea de VBG, tiene un impacto directo en la calidad de las intervenciones a sobrevivientes.



# ¿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**

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- 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 AUTOCUIDADO: “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.

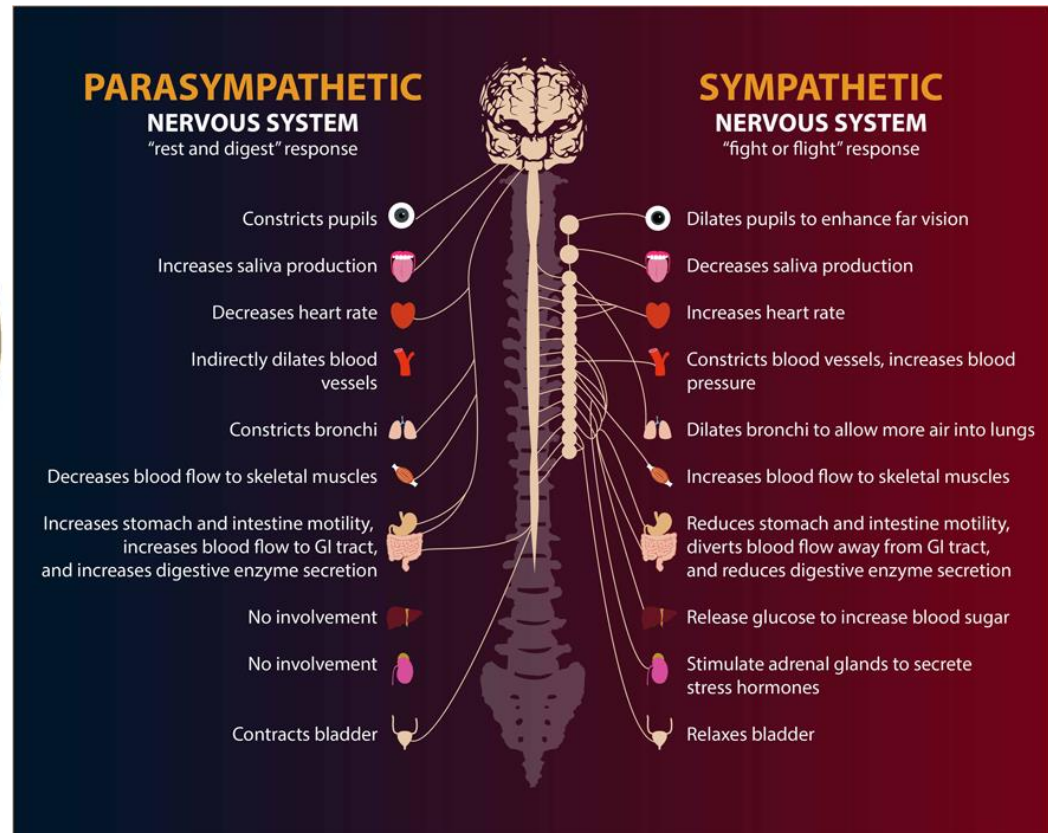
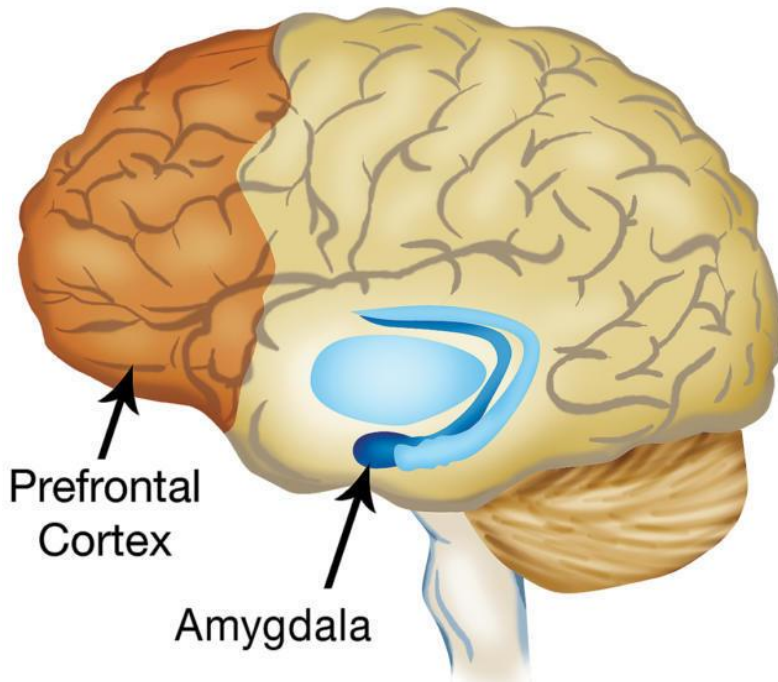


Círculo: Humanidad  
Compartida y construcción  
de relaciones  
interpersonales.



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.

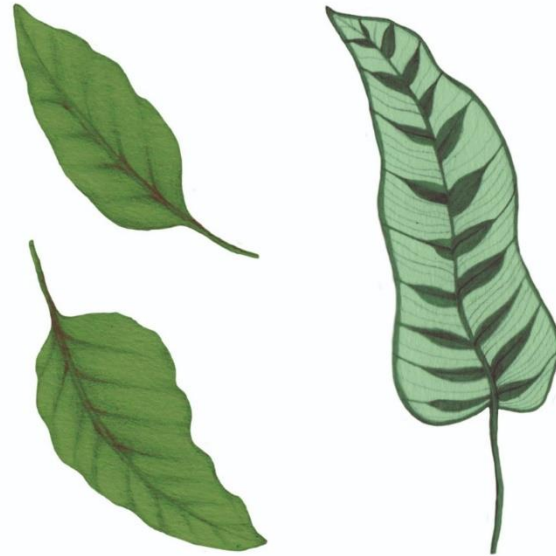
**LA ALINEACIÓN ES UNA BRÚJULA QUE NOS GUÍA PARA PODER ELEGIR Y TOMAR DECISIONES.**



# 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.

## 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.<sup>1</sup> 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, conservative, and conserving. This pathway requires our physiological state through the myelinated cranial pathway of the Vagus nerve (X). The ventral vagal pathway functions as a brake on 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 support 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 an high-energy (probably) and unrelaxed (fight or flight) state 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 a relaxed state activates defense coverage (the dorsal vagal system level). Though a system conserving, it requires large energy discharges, including our gut, the contraction of dorsal vagal systems, which necessitates defense, in our view presents the greatest threat to life. In response to threat, we increase our body, playing our systems into stiffness, numbness, and collapse, while reducing the high state of parasympathetic (conservative) to reduce the agency of unrelaxed sounds.



### Social Engagement

The Social Engagement System (SES) is a neural circuit that integrates the social engagement system (SES) into our social state that functionally enables connection with others. This system utilizes the neural resources 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. Moving of our bodily feelings through our face and voice enables us to have reciprocal social bonds.



### Play

When we are at play, both our ventral vagal and sympathetic systems are engaged, enabling us to meet our bodies and social. The ventral vagal system may be used for submission, play, defiance 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, or the experience of socialization is softened but not 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 submission. Essentially, it is connected with the anger continuum from defiance, to anger, to rage.



### Flight

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



### Freeze

When we are frozen in terror or panic, we are entering a kind of sympathetic and dorsal vagal system. While the sympathetic system leads the reactive fight, the dorsal vagal system conserves.



### Shutdown

The dorsal vagal system leads to collapse and shutdown. As a state of being overwhelmed, it is associated with a continuum of dissociation from numbing, from dissociation, to disorientation, to depersonalization. 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 (conservative) 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 (digital state) of the mind-body and brain-body connection (analog state) is regulated by our internal and external world, and our behavior.

Neural platforms represent different physiological states that flow and change our body in response to an event, changing our movement, perception, and how we act. When we experience safety, we are, but we 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 connection 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.

<sup>1</sup>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 (conservative) 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.



# VAGO VENTRAL

## POLYVAGAL THEORY

The Polyvagal Theory explains the relationships between the Autonomic Nervous System (ANS) and social behavior. The ANS is the neurological architecture of the body's internal systems. Through its sensory and motor components, it provides the physiological foundation of embodiment and the neural basis for feeling. It explains our internal states and sensory skills as they relate to our relationships, and to our experiences. The ability to direct sensory skills is known as neuroception. Neuroception is a specific, rapid, and automatic process that allows us to sense the safety of our environment. It is a process that is largely unconscious, and it is a process that is largely automatic. The Polyvagal Theory explains these states and the ways they enable us to sense the safety of our environment. It offers a model of human well-being, a largely unconscious process, and it has significant implications for improved understanding and treatment of our physical and mental health.

**Ventral Vagal (Safety)**  
When we experience a sensation of safety, our vagus nerve system activates the ventral vagal complex, which includes the nucleus ambiguus and the nucleus reticularis. This complex is responsible for the regulation of the heart rate, blood pressure, and other physiological functions. The ventral vagal complex is also responsible for the regulation of the digestive system, and it is a process that is largely unconscious. The ventral vagal complex is a process that is largely unconscious, and it is a process that is largely automatic.

**Sympathetic (Alert)**  
The Sympathetic Nervous System is responsible for the regulation of the heart rate, blood pressure, and other physiological functions. It is a process that is largely unconscious, and it is a process that is largely automatic. The Sympathetic Nervous System is a process that is largely unconscious, and it is a process that is largely automatic.

**Dorsal Vagal (Life Threat)**  
A sensation of the threat of the ANS is an embodiment of the threat of the ANS. It is a process that is largely unconscious, and it is a process that is largely automatic. The Dorsal Vagal Complex is a process that is largely unconscious, and it is a process that is largely automatic.

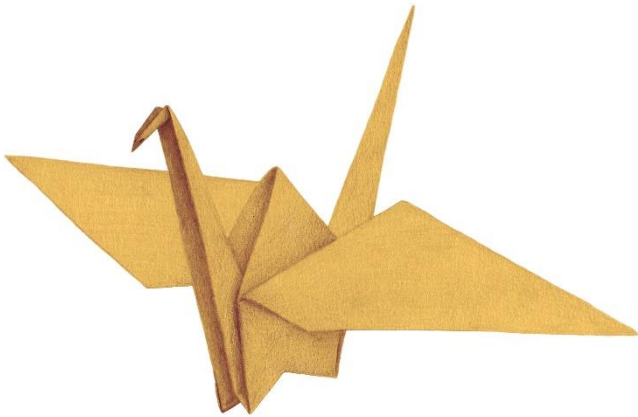
**Neuroception**  
Neuroception is a process that is largely unconscious, and it is a process that is largely automatic. It is a process that is largely unconscious, and it is a process that is largely automatic. Neuroception is a process that is largely unconscious, and it is a process that is largely automatic.

**Neural Platforms**  
Neural platforms are a process that is largely unconscious, and it is a process that is largely automatic. They are a process that is largely unconscious, and they are a process that is largely automatic. Neural platforms are a process that is largely unconscious, and they are a process that is largely automatic.

**Implications**  
The Polyvagal Theory explains the relationships between the ANS and social behavior. It is a process that is largely unconscious, and it is a process that is largely automatic. The Polyvagal Theory explains the relationships between the ANS and social behavior. It is a process that is largely unconscious, and it is a process that is largely automatic.

- El Vago Ventral evolucionó para nuestro bienestar.
- Se conecta con cara, voz, ojos, oído medio y la regulación del corazón y los pulmones.
- Aprendido de madre o cuidadores (apego).
- Es donde sucede el sistema de interacción social.

## ¿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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