



Girah-e-Ishtiraq

Knots of Collaboration

Project Report





Acknowledgements

We extend our sincere gratitude to the International Organization of Migration (IOM) for their support in making this project possible. We truly acknowledge the leadership from Dr Maria Iqbal that has made this training more impactful and shaped for sustenance and success. Our deepest appreciation to the experts Sara Khatri, Abeer Ahmed, Najaf Ali, Waliya Mughal, and Rutaba Syed whose expertise and guidance enriched the content of the curricula. Your beautiful humanistic contributions have ensured the warmth and strength of the training materials, enhancing lives and enriching the landscape of Mental Health. The unparalleled support from M. Imran Khan & Shabbir Ahmed has kept the spark alive in us throughout. The warmest appreciation for the dedicated team of Girah-e-Ishtiraq who has worked tirelessly, including all leads, designers, illustrators, administration, researchers, interns, and coordinators to make this project come to life. Your commitment to excellence and collaborative spirit have been indispensable throughout the entire process.

To our extended team at PHC Global and Centre For Arts-Based Methodologies & Wellbeing (CFAW), we truly stand stronger as an organization because of you all. Furthermore, we wish to thank the extended community for their continued support, vulnerability, honesty, and love for Nani Ghar, CFAW, this city and themselves.

And much gratitude for our dearest Reshma, who is not only a tabby cat but a teacher to us all. Thank you all.



Background

In Pakistan, high rates of post-traumatic stress disorder (PTSD) are documented among relief workers, victims of terrorist activities, and individuals displaced by the 2022 floods (Khalily 2012- Aslam 2016). In addition, high rates of domestic violence predispose women to have PTSD (Naz 2018).



There is a high need for tailored therapeutic services addressing trauma, relationship and family counselling, and adolescent mental health. The lack of investment in mental health services in the country, coupled by lack of human resource, regulation for mental health services (Mental health atlas 2020 country profile: Pakistan 2020, Sikander 2020), and a limited number of training institutes means that access to relevant and quality mental health services is limited despite this great need.



There are only twenty in person master's in clinical psychology programs in Pakistan and only five PhD programs (MS Clinical Psychology Universities in Pakistan - Online and Regular, 2011, PhD Clinical Psychology Universities in Pakistan - Online and Regular, 2011). There are none to minimal programs offering specialized curricula in family counselling, trauma, or child and adolescent psychology or therapy. This means that even professionals interested in these domains are unable to obtain the prerequisite care to these populations.

In addition, within Pakistan there is very limited to nonexistent training on arts-based therapeutics, which given the high rates of stigma (Shah 2018), and discomfort with traditional talk therapy (Naeem 2018) is an effective, contextually relevant supplemental therapeutic skill. Arts-based therapies are an adjunct or alternate to traditional talk therapy for various compelling reasons. They offer enhanced self-expression, allowing individuals with verbal communication difficulties to convey emotions through creative means like art, music, or movement. These therapies reduce the stigma associated with mental health treatment by presenting a more approachable and less clinical approach (Daykin, 2010). Their adaptability makes them suitable for a diverse range of clients, including children, those with developmental disorders, and individuals with language barriers, promoting inclusivity



Through the Girah e Ishtiraq Project, we wish to address this gap by linking locally practicing Pakistani mental health professionals to Pakistani Diaspora mental health professionals, leveraging the commitment of the diaspora community to contribute to their homeland and their access to specialized trainings.

I will be treating my trauma patients differently now. It will be helpful for my patients to tell them about mindful techniques - **Participant Perspective**



Our Approaches

Learning about trauma-informed approaches specific to art therapy provided a deeper understanding of how to create a safe and supportive environment for trauma survivors. Exploring various healing practices from around the world enriched the understanding of diverse therapeutic methods and their cultural significance - **Participant Perspective**



The Decolonizing Lens

In this project, we have attempted to incorporate local metaphor, oral and written literary traditions, as well as local spiritual systems to view existing knowledge of Trauma. Our training was developed and delivered using the lenses of these local traditions. Through qualitative analysis of the generated art, and participant reflections, we wish to add to the body of knowledge documenting existing mental health, wellbeing and spiritual growth frameworks that function within the Pakistani subconscious.

We believe that for a mental health intervention to be successful, it must be locally contextualized, in terms of vision, planning and implementation. Furthermore, we believe that our local traditions have a wealth of knowledge and wisdom to add to the existing global mental health knowledge, and wish to use this platform to contribute to building that knowledge base. Story building of a narrative that has a view of the empowered self and society is a key component of many therapeutic approaches, and through our use of local metaphor, we wish to provide elements for this narrative building that are easily accessible to our communities.

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The Arts Based Lens

Arts Based approaches allow direct expression of the subconscious. Reflective art allows space for recognition of subconscious processes by the conscious, allowing for integrating of traumatic experiences, and building of new narratives. Arts based methods can also serve as a gateway for entering into present moment awareness, a core component of mindfulness.

The purpose of an arts-based lens was to explore expression thoughts and ideas through visual imagery and words that were brought to light through a collective discussion. Processing through visuals with different art mediums unlocks a creative connection in an individual that they usually have lost touch with after growing out of adolescence. Reconnecting with their playful yet powerful realm of individuality served as a reinforcement to engage with the content.

According to renowned South Asian Art Therapist, Sangeeta Prasad, inner balance and peace can be the results of artistically expressed and reframed old feelings, which this training hoped to execute with the participants.

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The Community Based Lens

Centre for Arts Based Methodologies and Wellbeing as a core value and belief in the role of community in wellbeing. Our thoughts, beliefs and view of self and the world are deeply influenced by the structure of the community around us. In addition, the supportive community has an immense role to play in recovery and reintegration after severe mental illness or trauma exposure. Community also has key roles to play in trauma prevention, access to child and elderly care, education and schooling and financial growth, which are all determinants for positive mental health. Through our work, we wish to empower communities to recognize and strengthen the ways in which they are already playing these essential roles.

اشتراق

The Trauma Informed Lens

The trauma informed lens recognizes that the impact of difficult life experiences is profound and deeply embedded into human psyche and physiology. It recognizes that many pathologized processes are in fact essential to survival during times of trauma, and need to be treated as sacred adaptations that we can let go off once the traumatic situation is over. It recognizes the need to work using multiple approaches to create a realistic perception of safety, as well as the ability to experience safety, opening up the potential for a meaningful life with deep and stable relationships, a sense of personal agency and meaning, and an ability to respond according to situations as needed. The trauma informed lens also recognizes the need for advocacy to mobilise society in a direction that helps create this sense of interpersonal, organizational, political and societal safety.

علم

The Bottom-Up Lens

Traditional psychotherapeutic approaches focus solely on the psyche and are aimed at reducing pathology. The bottom-up approach suggests that the bodies physiological processes and the psyche are deeply linked, and one cannot be worked upon without working with the other. Bottom-up approaches use exercises tailored to work with physiology in order to influence the psyche and vice versa.

Additionally, bottom up approaches move away from a pathologizing approach to the adoption of a more holistic lens that is aimed at optimising healing and wellbeing.

Therapeutic tools, techniques, and practices tailored to work with physiology in order to influence the psyche and vice versa, with the goal of improving the mind-body connection. (feel free to change the words around)

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The Mindfulness Based Lens

Mindfulness is the awareness of the present moment experience. Mindfulness is a powerful tool for emotional regulation, awareness of thought patterns, and regulation of physiology. In addition, it is a tool for cultivation of an empowered self, a key component of positive mental health.

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The Training

The 2 week online and offline blended training utilized arts based approaches.

Here are some of the arts-based techniques that we utilized for this project:



Yarn Circle



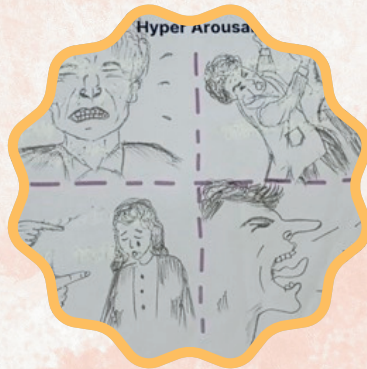
Window of Tolerance Mapping



Clay Therapy



Sound-Based Meditation



Nervous System State Mapping



Reflective Character Mapping

The following Modules were covered in this training:

Introduction to Trauma

Trauma-Informed Care

Trauma-Informed Cognitive Behavioral Therapy

Neurodivergence and Trauma-Informed Care

Arts-Based Methodologies in Trauma Informed Care

Each of us have a different Type and Size of Tolerance window through which we see and experience the world, if we are able to keep it broad and fulfilling, the more it would keep us psychologically and physically more stable to manage and self regulate ourselves - **Participant Perspective**



Monitoring and Evaluation

We utilized mixed method monitoring and evaluation approaches including:



Pre and Post Test Scores

Arts-Based Data

Feedback Forms

Impact

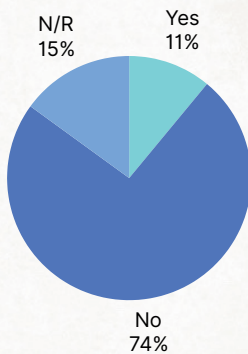
27 Participants Trained

6 Public Sector Organizations Reached

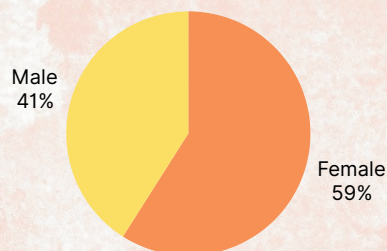
Offered to Participants from Karachi and Hyderabad

5 Trauma Informed Modules Developed with Accompanying Workbook

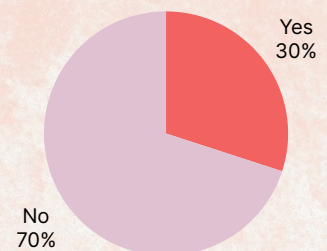
We trained roughly equal number of male and female participants, with the female participants being slightly more in number. 74% of our participants had not attended Arts Based Trainings in the past. 70% of our participants had not attended Trauma Informed Trainings in the past, proving the novelty and need for such trainings.



No. of Participants who have received Arts-Based Training in the Past

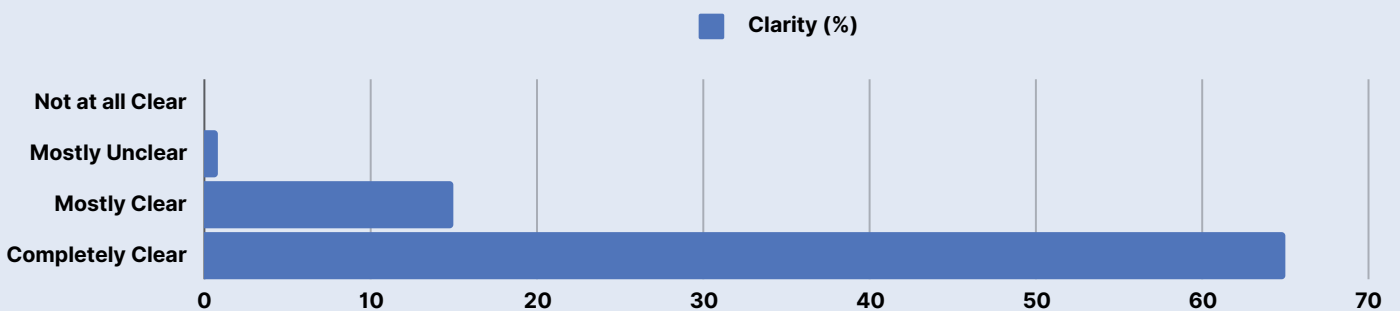
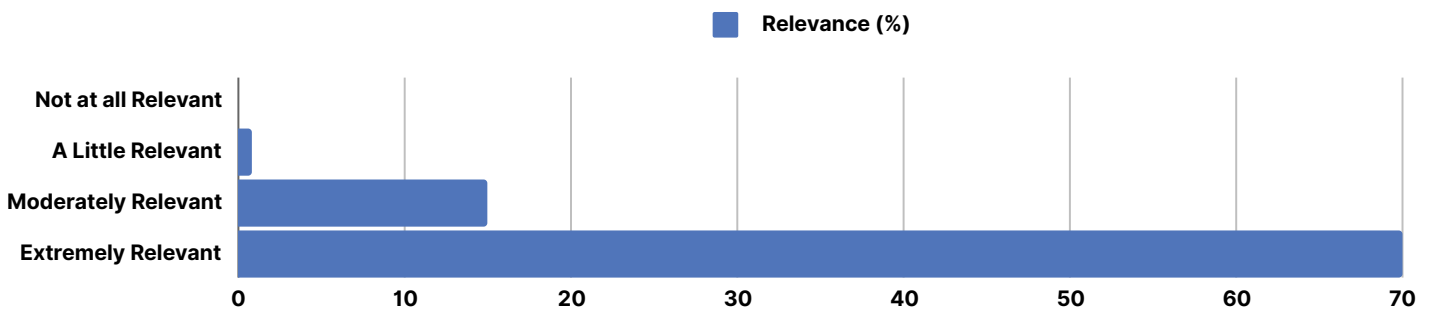
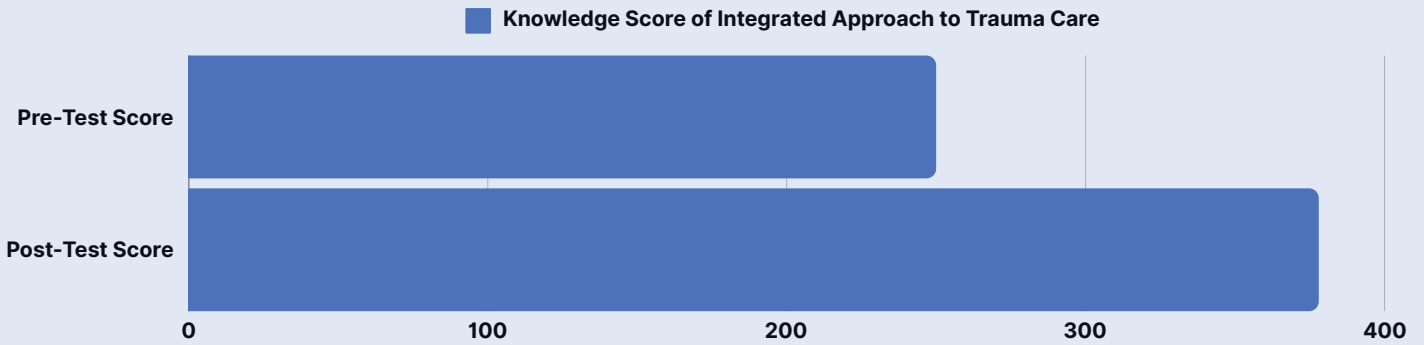


Gender Ratio Among Participants



No. of Participants who have received Trauma-Based Training in the Past

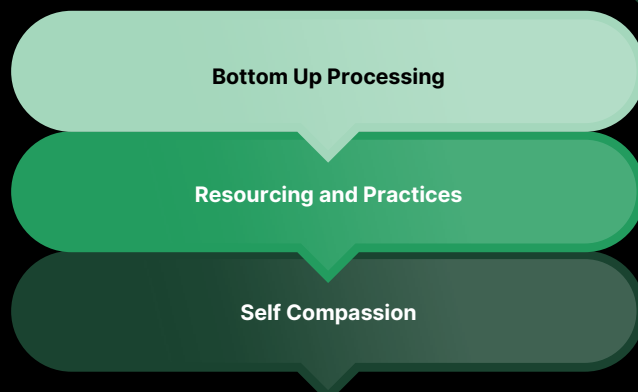
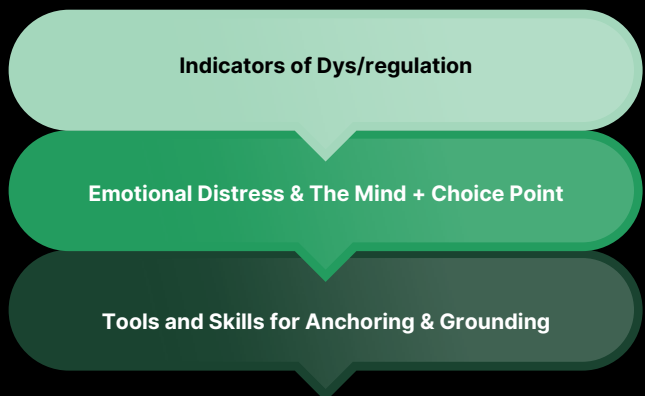
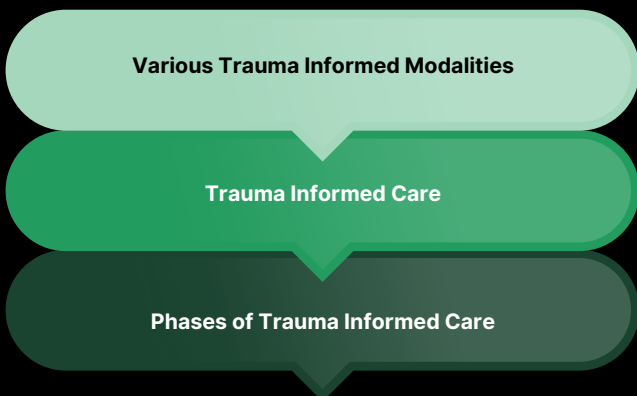
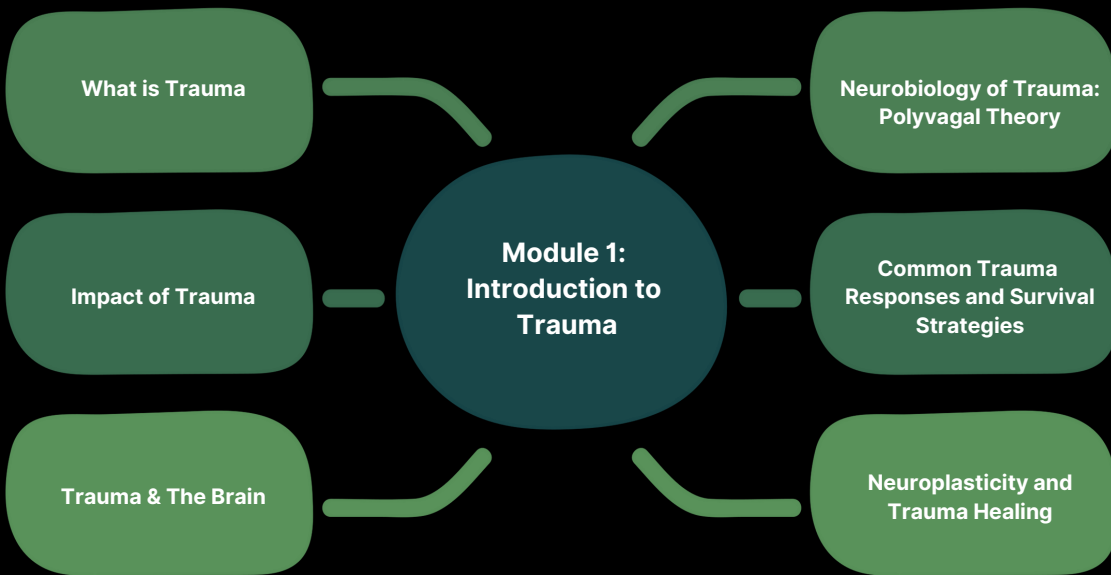
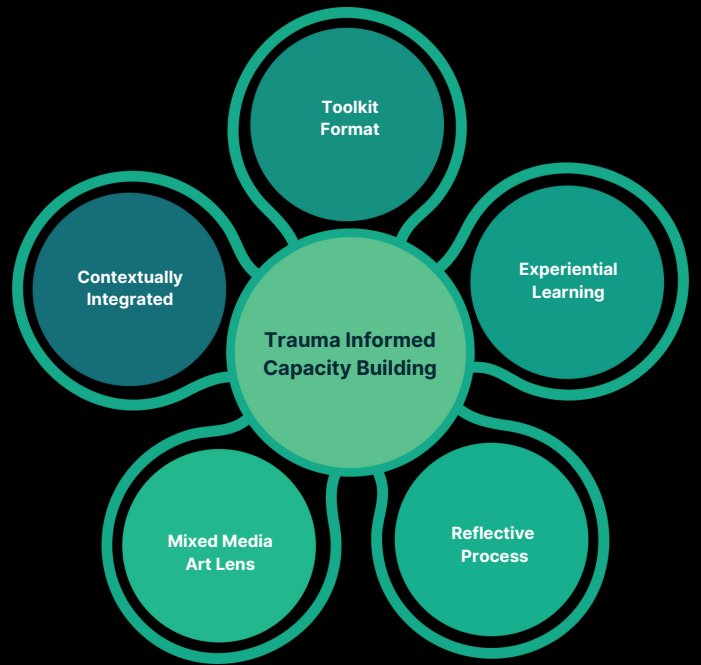
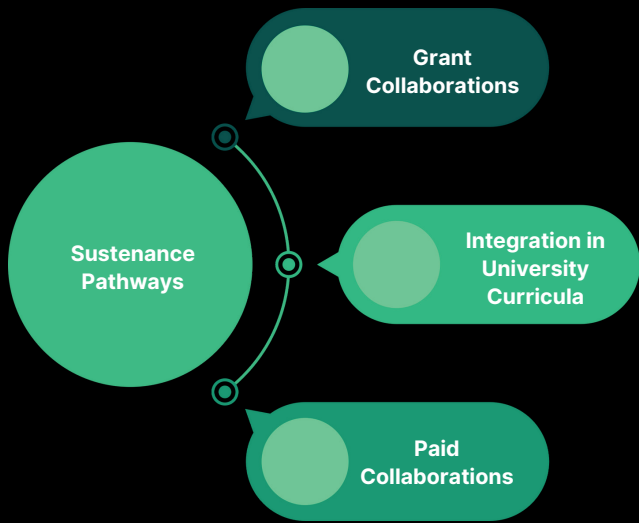
The pre-and post test results show a increase of 128 points from the pre test to the post test after our training. This shows a **statistically significant improvement** via a paired t-test using an Alpha of 0.05 and 95% confidence interval. The p-value was 3.331 e-14 with a **large effect size** of 3.17 and a t value of 15.83.



70.1% of responses showed our training to be extremely relevant. 64.95% of responses indicated our training to be extremely clear, and 15.04% of responses indicate the training to be mostly clear.

Do not label children in a jiffy. Look at their disorders in a problem solving manner or consider them differently abled, not disabled - **Participant Perspective**





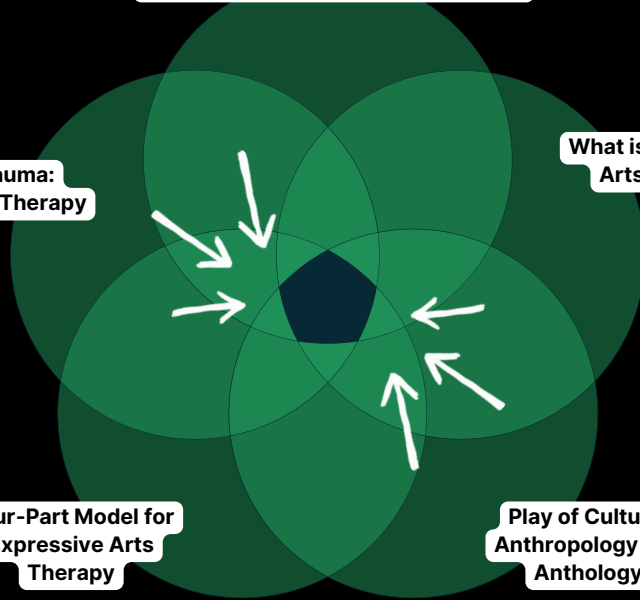
Phase 1 Skills: Bottom Up Processing

**Body, Art & Trauma:
Sensorimeter Art Therapy**

**What is Expressive
Arts Therapy**

**Four-Part Model for
Expressive Arts
Therapy**

**Play of Cultural
Anthropology and
Anthology**



Understanding
Neurodiversity
and
Neurodivergence

1

Principles of
Trauma Informed
Care

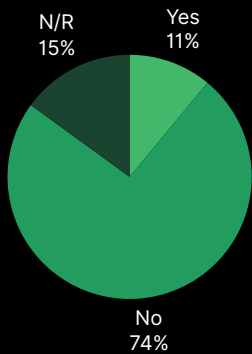
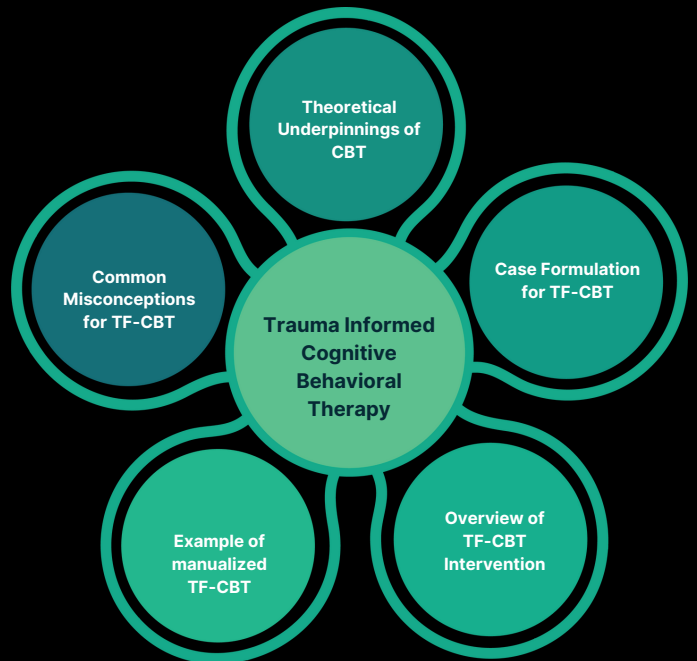
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Best Practices for
Inclusivity:
Challenges & Future
Directions

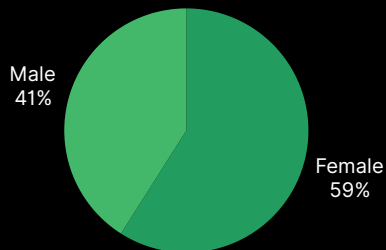
3

Integrating trauma-
informed care for
Neurodiverse
Patients

4



No. of Participants who have received Arts-Based Training in the Past



Gender Ratio Among Participants