

**Bachelors Degree Programme in Psychology
(BPCE-023)**

HANDBOOK ON INTERNSHIP



**Discipline of Psychology
School of Social Sciences
Indira Gandhi National Open University
Maidan Garhi, New Delhi- 110068**

Programme Coordinator

Prof. Vimala Veeraraghavan
Emeritus Professor, Psychology
SOSS, IGNOU, New Delhi

Preparation Team

Prof. Vimala Veeraraghavan

Dr. Suhas Shetgovekar

Dr. Swati Patra

Dr. Monika Misra

Print Production

Mr. Manjit Singh
Section Officer (Publication)
SOSS, IGNOU, New Delhi

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SECTION I

1.0 INTRODUCTION

Internship is an important component of the BDP- BA Psychology programme of IGNOU. This internship is to be carried out for a minimum period of 120 hours (4 credits) by the learner depending on his/her specialization. The academic counsellors with the help of the agency staff/ supervisor where the learners are placed for internship will supervise the learners. Variety of methods will be used to help the learner develop counseling skills, case conceptualization, develop the ability to self evaluate and develop into a full fledged professional.

2.0 OBJECTIVES

- To provide comprehensive training to learners
- To help learners develop skills and techniques to provide the needed services to individuals, groups and organizations
- To develop professional competence amongst the learners
- To encourage learners to maintain the highest standards in offering services to individuals, groups and organizations

3.0 ROLE OF THE ACADEMIC COUNSELLOR

The academic counselor is expected to confirm the suitability of the organization/ agency where the learner has been placed. During the course of the internship, the learner is expected to regularly interact and report about the cases taken by him/ her to the academic counselor, who in turn will discuss the cases with learner and clarify any doubts in the learner's mind. The report pertaining to the cases is to be corrected by the academic counselor. The academic counsellor is expected to evaluate the learner on the basis of the report written, intervention designed by the learner and the overall understanding of the cases displayed by the learner.

4.0 ROLE OF THE AGENCY SUPERVISOR

The agency supervisor has to provide the learner with suitable cases that will be handled by the learner under his/ her supervision. The learner will have to take up five cases as part of Internship. The agency supervisor may provide at least two cases to the learner for observation of intervention being carried out. To the extent possible the agency supervisor may try to provide the learner with diverse cases. The agency supervisor will evaluate the learner on the basis of his/ her sincerity, professional competence, and assessment (case history taking, Mental Status Examination, Interview, Psychological Testing etc.), interaction with the patients/ clients/ employees and overall impression.

5.0 SELECTION OF AGENCY

The selection of an agency can be made by academic counselors or learners themselves. If learner selects the agency, s/he must inform the academic counselor/programme incharge at the

studycentre about the training agency. After finding out the suitability of these agencies suggested by the learner, the programme incharge/ academic counsellor can decide to use that particular agency for learner's placement. If any agency or organization selected initially does not provide the needed exposure to learners, the same can be given up and another similar agency may be selected in place of it. While selecting organizations for internship, the learners should preferably approach reputed/established organizations in that particular field.

In the area of ***Clinical Psychology***, the following organizations may be approached:

- 1) Government Hospitals
- 2) Government Psychiatric and Mental Health Institutions
- 3) Reputed Private Hospitals
- 4) Private Clinics (Psychiatrists/ Clinical Psychologists) functioning for minimum three years
- 5) Non Governmental Organizations (NGOs) registered and functioning for minimum three years.
- 6) Other organizations like rehabilitation centres and half way homes, registered and functioning for minimum three years.

In the area of ***Counselling Psychology***, the following organizations may be approached:

- 1) Government Schools/ Colleges having school counsellors
- 2) Private Schools having School Counsellors
- 3) Guidance and Counselling Centres in the Universities
- 4) Government Hospitals and other organizations like, NACO and State AIDS Control Societies, dealing with counselling issues.
- 5) Non Governmental Organizations (NGOs), registered and functioning for minimum three years.
- 6) Private Counselling Centres registered and functioning for minimum three years.
- 7) Other organizations like orphanages, old age homes, rehabilitation centres, half way homes, registered and functioning for minimum three years.

In the area of ***Industrial and Organizational Psychology***, the following organizations may be approached:

- 1) Public Sector Units
- 2) Manufacturing industry with Human Resource Department/ Personnel Department with at least five employees.
- 3) Nationalized and Private Banks with Human Resource Department/ Personnel Department
- 4) Hotels and other service industries with Human Resource Department/ Personnel Department with at least five employees.

To carry out internship in organizations that do not comply with the above requirements, the learner will have to submit the organizational profile to the programme incharge/ academic counselor, who will then decide about the suitability of the organization to carry out internship.

6.0 GUIDELINES FOR LEARNERS

Learners must follow the standards of ethical and professional conduct required of psychologists working in different fields. If progress in any of these areas is not satisfactory, the learner will be advised to improve his/her behavior/performance. Each agency/organization has its own ethical and professional standards. The learners need to adhere to these standards and display professionalism in their manner and functioning. If the learners face any difficulties/ problem/ conflicts at the agency/organization, the same may be reported to the academic counselor/ programme incharge. The academic counselor may then discuss the matter with the learner as well as the academic supervisor and try to sort out the problem. The learner will have to submit a 'Declaration' (appendix- I) to the programme incharge/ academic counselor before starting the internship. The learner has to maintain a diary regarding his/ her activities of each day at the agency/ organization where s/he is carrying out internship. This diary will help the learner in further discussion and clarifications with regard to cases with agency supervisor/ academic counselor.

7.0 EVALUATION

At the end of internship, the learners have to prepare a report on their internship. The total marks for internship is 100. For successful completion of internship, a learner should secure a minimum of 35% marks. The breakup of the evaluation is given below:

Assessment by academic counselor carries 20% weightage, assessment by agency supervisor carries 30% weightage and assessment by the external examiner (viva – voce) carries 50% weightage. The breakup of the evaluation according to the specialization is given in the relevant sections.

Internal Marks by Academic Counsellor

Details	Maximum Marks
Report	10
Provisional diagnosis and Planning of Intervention	5
Overall Understanding of Cases	5
Total Marks	20

Internal Marks by Agency Supervisor

Details	Maximum Marks
Sincerity and professional competence	10
Assessment (Case history, Mental Status Examination, Interview, Psychological Testing etc.)	15
Overall interaction and handling of cases	5
Total Marks	30

External Marks

Details	Maximum Marks
Viva	50
Total Marks	50

Remuneration will be paid to the academic counsellor, agency supervisor and external examiner as per IGNOU norms.

The learner has to ensure that the marks from agency supervisor are sent to the academic counselor in a sealed envelop with signature and stamp. The internal marks (from agency supervisor and academic counselor) along with external marks (by external examiner) are to be included in the Award form for Internship and the same may be submitted to the Regional Centre to be forwarded to the SED, IGNOU, New Delhi. [Please refer to 7.0 Evaluation on page No. 7]

8.0 CONDUCTION OF TERM END EXAMINATION

The Term End Examination (Viva Voce) will be conducted at the respective Regional Centres. The TEE for Internship will be conducted at the Regional Centre as per their convenience during the time period provided to them by the Discipline of Psychology, IGNOU, New Delhi. The viva voce may be arranged for one day/ two days/more depending on the number of students. An external examiner will be selected from the approved list and invited on the stipulated date of examination. The learners need to carry their internship report during their viva voce.



SECTION II

INTERNSHIP IN CLINICAL PSYCHOLOGY

Internship provides learners with an opportunity to integrate theoretical knowledge, research, and clinical skills. The choice of agency is left to the learner/academic counsellor. The internship goal is to help learners acquire skills in clinical psychology. The learners thus, will learn and acquire skills and professional acumen under trained practitioners in the concerned setting. There will be one to one supervision and the learners will be closely supervised by the supervisor who will give them feedback about their performance. The agency supervisor could be a psychologist or a psychiatrist. While receiving supervision directly from professional psychologists working in the clinics, the learners will be required to work with complete commitment and dedication. The learners will assess and plan strategies so as to help patients and clients from different settings to overcome their problems. They will learn to deal with diverse population including children, adolescents and adults, and learn to administer tests and carry out assessments.

Five cases with case history, Mental Status Examination and psychological testing are to be handled by the learner during the internship. The learner also needs to plan and suggest intervention for all the cases. S/he should observe at least two cases where the intervention is being carried out. A report in proper format has to be submitted by the learner to the Academic Counsellor.

Activities to be Carried Out During the Internship in Clinical Psychology

Assessment and diagnosis including interviewing, case history taking, administration of psychological tests, scoring and interpretation of the test results and arriving at a correct diagnosis of the problem, needs to be carried out by the learner. Learners may be involved in providing individual and group psychotherapy, behavioural treatment, assessment, and working with an interdisciplinary treatment team. The learners are required to complete 120 hours of internship.

Organisations/ Agencies for Undertaking Internship

- 1) Children's Centre/NGOs serving children and adolescents.
- 2) Agencies catering to population with severe emotional disturbances requiring psychiatric treatment.
- 3) Community mental health centers serving children, adolescents, adults, and geriatric populations.
- 4) State hospitals
- 5) Counseling centers where learners may participate in individual psychotherapy, group psychotherapy, outreach consultation, vocational testing and counseling, psychological assessment, and learning disability assessment.
- 6) Correctional institution, where learners can take up issues ranging from adjustment problems to severe persistent mental disorders. They may carry out assessment, consultation, and group and individual psychological interventions.
- 7) Children's home, home for women, special homes for the handicapped, home for beggars, mental hospitals, nursing homes dealing with mentally ill persons, where assessment, consultation and group and individual therapies are carried out.

Specific Requirements from Learners in Clinical Setting

The learner will take up **five cases** for interviewing and case history. These will be referred to the learner by the agency supervisor over a period of time. The agency supervisor could be a psychologist or a psychiatrist. The learner will conduct the initial interview and also the Mental Status Examination. The initial interview will contain information about the following in the given format. The format may vary depending on the case. The intake information to be taken is given in the box.

Intake information

Registration No.:

Address:

Name:

Age:

Gender:

Educational qualification:

Occupation:

Income:

Marital status:

Patient stays with parents/ with spouse:

Has any siblings, if so, how many:

What is the position of the patient in the family: Eldest, middle or youngest or only child:

Any one in the family is suffering/has suffered from any mental disorder:

Anyone in the family is suffering/has suffered from any physical disorders:

Presenting complaints: (this should be recorded as the patient narrates what he is feeling in the order in which the patient is stating it):

Date of onset of illness (the first attack):

Precipitating factor if any:

Duration of illness:

Intensity of illness (on a scale of 10):

Treatment taken:

Got well at any time in between; duration of such period of wellness:

Was there any precipitating factor at each relapse:

How many relapses:

Any other treatment tried in between:

What was the effect:

In what ways the illness causes inconvenience?

- Has to take leave from work place / school/ college
- Cannot carry on even the routine works
- Has to depend on others for everything
- Want to lie down and take rest
- Don't want to do anything
- Any other

Interview with family members:

- Their view point in regard to all of the above.
- In what ways the illness causes them inconvenience?

All the above things need to be recorded in detail as told by the patient/family members. After case history taking, the next thing to do is to conduct a Mental Status Examination (MSE).

This is given below in detail.

Mental Status Examination (MSE)

Definition: A Mental Status Examination (MSE) is an assessment of a patient's level of cognitive (knowledge-related) ability, appearance, emotional mood, and speech and thought patterns at the time of evaluation.

It is one part of a full neurologic (nervous system) examination and includes the examiner's observations about the patient's attitude and cooperativeness as well as the patient's answers to specific questions.

Purpose: The purpose of a mental status examination is to assess the presence and extent of a person's mental impairment. The cognitive functions that are measured during the MSE include the person's sense of time, sense of place and personal identity, memory, speech, general intellectual level, mathematical ability, insight or judgment, and reasoning or problem-solving ability. The MSE is an important part of the differential diagnosis of dementia and other psychiatric symptoms or disorders. The MSE results may suggest specific areas for further testing or specific types of required tests. MSE can also be given repeatedly to monitor or document changes in a patient's condition.

Precautions: The MSE cannot be given to a patient who

- cannot pay attention to the examiner, for example as a result of being in a coma or being
- unconscious; or is completely unable to speak (aphasic); or
- is not fluent in the language of the examiner.

Description: Given below is the description of all aspects of MSE to be conducted. The case history and Mental Status Examination (MSE) are the most important diagnostic tools to make an accurate diagnosis. Although these important tools have been standardized in their own right, they remain primarily subjective measures that begin the moment the patient enters the psychologist's room.

Steps to be followed are given here:

Step 1: The psychologist must pay close attention to the following regarding the patient:

- Patient's presentation
- Patient's personal appearance
- Patient's social interaction with office staff and others in the waiting area
- Whether the patient is accompanied by someone (This helps to determine if the patient has social support)

The above few observations can provide important information about the patient that may not otherwise be revealed through interviewing or one-to-one conversation.

Step 2: When patient enters the office, pay close attention to the following:

- Note the personal grooming
- Note things as obvious as hygiene
- Note things such as whether the patient is dressed appropriately according to the season
- Note if patient is talking to himself or herself in the waiting area
- Note if the patient is pacing up and down outside the office door
- Record all observations

These types of observations are important and may offer insight into the patient's illness.

Step 3: Establish rapport

The next step for the psychologist is to establish adequate rapport with the patient by introducing himself or herself. Speak directly to the patient during this introduction, pay attention to whether the patient is maintaining eye contact. Mental notes such as these may aid in guiding the interview later. Note if patients appear uneasy as they enter the office, then immediately attempt to ease the situation by offering small talk or even a cup of water. Many people feel more at ease if they can have something in their hands. This reflects an image of genuine concern to patients and may make the interview process much more relaxing for them. A complete MSE is more comprehensive and evaluates the following ten areas of functioning:

- 1) **Appearance:** The psychologist notes the person's age, sex, and overall appearance. These features are significant because poor personal hygiene or grooming may reflect a loss of interest in self care or physical inability to bathe or dress oneself.
- 2) **Movement and behaviour:** The psychologist observes the person's gait (manner of walking), posture, coordination, eye contact, facial expressions, and similar behaviours. Problems with walking or coordination may reflect a disorder of the central nervous system.
- 3) **Affect:** Affect refers to a person's outwardly observable emotional reactions. It may include either a lack of emotional response to an event or an over reaction.

- 4) **Mood:** Mood refers to the underlying emotional “atmosphere” or tone of the person’s answers, whether the person is in a sad mood, happy mood, angry mood, etc.
- 5) **Speech:** The psychologist evaluates the following:
 - a) The volume of the person’s voice
 - b) The rate or speed of speech
 - c) The length of answers to questions
 - d) The appropriateness of the answers
 - e) Clarity of the answers and similar characteristics
- 6) **Thought content:** The examiner assesses what the patient is saying for indications of the following which are indicative of certain typical disorders. Each of the following will have to be checked by the learner/ trainee.

Hallucinations: Hallucinations are false or distorted sensory experiences that appear to be real perceptions. These sensory impressions are generated by the mind rather than by any external stimuli, and may be seen, heard, felt, and even smelt or tasted.

To test for hallucination the question to be asked is:

- Do you sometimes hear some voice telling you to do something or not to do something?
- Do you sometimes hear some voice when no one is present?
- Do you feel that someone is talking about you and loudly saying whatever you are doing?

Delusions: A delusion is an unshakable belief in something untrue. These irrational beliefs defy normal reasoning, and remain firm even when overwhelming proof is presented to dispute them.

To test for delusions the questions to be asked are:

- Do you sometimes feel that people are after you?
- Do you sometimes feel that people are talking about you?
- Do you sometimes feel that your phone is tapped?
- Do you sometimes feel people are overhearing your conversation?

Dissociation: Dissociation refers to the splitting off of certain memories or mental processes from conscious awareness. Dissociative symptoms include feelings of unreality, depersonalization, and confusion about one’s identity. The questions to be asked would include:

- What is your name?
- Who are you?
- What work do you do?
- Do you sometimes feel that you do not know who you are?

Obsessions: A persistent unwanted idea or impulse that cannot be eliminated by reasoning.

To find out about the obsessions, the questions to be asked include the following:

- Do you feel that a particular thought keep coming to your mind again and again despite your not wanting it?
 - Do you feel sometimes a strange idea or feeling which you think is not correct and however much you try the thought does not go?
 - Do you find sometimes an impulse to keep washing your hands or other things at home even though you know it is unwarranted?
- 7) **Thought process:** Thought process refers to the logical connections between thoughts and their relevance to the main thread of conversation. Irrelevant detail, repeated words and phrases, interrupted thinking (thought blocking), and loose, illogical connections between thoughts, may be signs of a thought disorder. These can be noted by the psychologist and recorded as and when these occur.
- 8) **Cognition:** Cognition refers to the act or condition of knowing.

The evaluation assesses the person's

- Orientation (ability to locate himself or herself) with regard to time, ask the person what time is it now?
 - Orientation to place (ask the person where are you now)
 - Orientation to personal identity (ask who are you and what your name is)
 - Long- term memory and short-term memory (ask the person what he had for breakfast. To test longterm memory, ask him to tell the name of the school in which he studied).
 - Ability to perform simple arithmetic (counting backward by threes or sevens)
 - General intellectual level or fund of knowledge (identifying the last five Presidents, or similar questions)
 - Ability to think abstractly (explaining a proverb)
 - Ability to name specified objects and read or write complete sentences (Show some objects and ask the person to name the same. Show simple sentences and ask the person to read or write the same.)
 - Ability to understand and perform a task (showing the examiner how to comb one's hair or throw a ball)
 - Ability to draw a simple map or copy a design or geometrical figure (draw a design like square or a triangle and ask the person to draw it after you.)
 - Ability to distinguish between right and left (touch the person's left hand and ask what hand is it. Same thing repeat with the right hand).
- 9) **Judgment:** The examiner asks the person what he or she would do about a commonsense problem, such as running out of a prescription medication. Or ask the person what he would do if he or she finds a sealed envelope on the road)

- 10) **Insight:** Insight refers to a person's ability to recognize a problem and understand its nature and severity. (Do you think you are ill? If the person says he or she is not ill and that the family member who has brought him or her is ill, that shows lack of insight).

Note: The length of time required for a Mental Status Examination depends on the patient's condition. It may take as little as five minutes to examine a healthy person. Patients with speech problems or intellectual impairments, dementia, or other organic brain disorders may require fifteen or twenty minutes. The examiner may choose to spend more time on certain portions of the MSE and less time on others, depending on the patient's condition and answers. After the Mental Status Examination is over, record the entire thing in detail. Then take up the interview with the family member or members who have accompanied the patient.

The interview with the family members

The interview with family members should cover all aspects that are covered in the interview with the patient. In addition the following need to be covered.

Relationship: Patient's relationship with family member:

- If unmarried: Relationship with mother, father, brothers, sisters, any other relative staying with patient
- With Friends: How many friends does the patient have? How does the patient relate to them?
- With neighbours
- With school and class mates
- With the teachers in school
- With other authority figures
- With playmates

Educational history:

- Whether attended school/ college?
- How is the patient in studies and academic performance?
- Does the patient come up to the expectations of parents and teachers?
- How has the performance been over the years?
- Do they find that there is sudden deterioration in studies and academic performance?
- Have they received any complaints from the school authorities regarding the patient's performance?
- Since when have they noted that the patient is not the same in regard to academics as he or she used to be?
- Have they done anything about it so far? If so, what?
- Had there been any improvement after their efforts?
- When did they decide to consult a mental health specialist?

Work history:

- What occupation is the patient involved?
- How regular is the patient for work?
- Has the patient been complaining about work place? If so what?
- Has the patient been on leave? If so for how long?
- When was the time they noticed that the patient was reluctant to go for work?
- What reasons were given by patient for not attending to work?
- Generally how has the patient been fairing in work?
- Has there been any complaint about non performance etc. about the patient?
- What is their perception about patient's relationship in the workplace?

With boss:

With colleagues:

With subordinates:

- Has the patient ever mentioned about any one bothering her/him at workplace? How much importance have they given to such complaints by the patient?

If married: Relationship with spouse in terms of

- Day to day dealings
- Sex life
- Work relationship (if spouse is working)
- Relationship with children
- Relationship with persons of opposite sex
- Decision making (who takes the decision – spouse or self)
- Sharing of work at home with the spouse
- Relationship with spouse's relatives
- Relationship with spouse's friends

Record every issue in detail, that is, as is being narrated by the patient's family members. All these cases should be written verbatim in a narrative style. What questions were asked by the psychologist and what answer was given by the patient. At the time of answering the questions how was the patient answering? For instance, was the patient hesitating? Was the patient free incommunicating? Was the patient evading any question? Was the patient focusing on the interview? Was the patient getting easily diverted and distracted? Had the questions to be repeated a number of times before the patient replied? What was the general demeanour of the patient while answering in the interview session? Was the patient in a hurry to finish the interview and go off? Was the patient showing unwillingness to continue with the interview? Was there a pause in the replies to certain questions? Was the patient cooperative and ready to answer? Was the patient showing concern about the illness?

An example of how to write the interview session is given below:

Patient's name:

Interview No.: Date:

Session No.: Time:

Purpose of the Interview:

The patient was referred to me for taking a detailed case history and Mental Status Examination.

Start of the session:

The patient Mr. X came in. He looked a little confused as to whether he was in the right place. I saw the patient entering and told him to please come in. I then offered the seat opposite to my chair to sit. He was accompanied by his wife and son who appeared around 20 years old. I offered them also a seat. However as the interview started I asked Mr. X if it would be all right we both talked alone and his wife and son waited for a while outside. It is always important that we meet the patient alone first and hear the patient's version before interviewing those who accompany the patient. The reason is that such behaviour on the part of the psychologist makes the patient feel that he is a person of worth and capable of telling him many things that he would like to. This is the first step in establishing rapport. However, if the patient is violent, unruly and is not coherent and cannot talk etc., it would be better to talk to the family members who accompany the patient. Patient's appearance: The patient was well dressed, neat and clean. He looked depressed and also anxious. He looked a little nervous and confused. He sat down and was rubbing his hands as if he is anxious and nervous. I decided to make sure that the patient is comfortable and told him that he is in the right place.

I am a psychologist working here and would like to talk to him. Mr. X smiled and said that he knew I am a clinical psychologist and wondered why he has been referred to me. I said, well, if you tell me about yourself and the problem for which you approached the hospital, I will be able to tell you why you are here. I continued as I found the patient silent. I asked him if he had any particular problem or illness or symptoms that are bothering him. May be I could help if he tells me something about the reason for his approaching the hospital.

Then Mr. X started to tell me that he has not been doing well for the past few months. He is constantly sad, depressed and disinterested in life in general. He has no inclination to go to work nor does he want to stir out of his room despite his wife and children trying to make him get up and talk to them etc. (He looked sad and sounded worried. I nodded my head to indicate that I understand his problem and asked him to continue.)

Symptoms as told by Mr.X : (To be clearly written)

.....
.....

Next question:

The patient's reply (along with the learner's observations):

How did the interview session end?

For example, as the time allotted to the patient was one hour, I ended the interview in the following manner:

Mr. X, I think today we have discussed your problem particularly from the relationship and your experience angles. It has been possible to understand when your problems started what precipitated it and how you have been handling the same. Your efforts are really appreciated. However there are many things we need to discuss with each other. For instance, the difficulties you are facing in your office and your relationship with your family members in the last few years need further exploration. Do you think I have understood your problems correctly? Would you like to come for another session sometimes next week as is convenient to you? Can we fix up next Thursday 12 p.m. for the next session? May be we will like to give some psychological tests which may help us and you to understand your problem better. The patient responded he would like to come next week at the time specified which was suitable to him also. We both stood up, and shook hands and the patient took leave.

My observation: When the patient left I found that he was looking slightly more relaxed and smiled before he left. My feeling is that his talking about his problems and verbalizing his feelings had relaxed him considerably.

Plan of action: Continue the interview and gather more information about the dynamics underlying the various conflicts that he has expressed. I need also to talk to his family members to understand the problem from their point of view.

The purpose with which today's session started, was achieved.

Important: Everything being told by the patient and by the learner should be recorded verbatim as given above. The impressions that the learner has about the patient and the manner in which the patient answers, the various gestures that the patient makes, the hesitation between sentences, the gaps and the time taken to answer question, the discomfort expressed by the patient, etc. should be noted. **This would show to the agency supervisor how far the learner has been able to empathize with the patient, how far the learner has put across the questions in the right manner and what kind of questions have been asked which are not relevant, etc. The report should be written on plain sheets, with 1 inch margin on the left side and 2 inch margin on the right side so that the supervisor could write his or her comments and indicate the errors in the interview. The supervisor may also indicate what more questions and in what manner they could have been asked.**

Role of the Agency Supervisor

The supervisor should read all the cases submitted by the learner and then discuss the same with the learner. For this, there is a need to schedule a learner-supervisor conference as and when needed, but at least once a month. This conference should focus on the work carried out by the learner. The learner is then given guidance as to how to proceed in the next session with the patient. The supervisor can also give the learner some materials to read if necessary and point out the errors as well as the correctness of the interview and whether the skills required were

present in the interview that he or she conducted. The supervisor may advise the learner on professional development when the learner questions about whether the interview conducted was in order.

The supervisor must make sure that the learner is not demoralized in any way. S/he may reinforce the positive aspects in the learner and provide guidance for further improvement.

Preparation of Internship Report

The case history, MSE, any psychological tests administered, verbatim and intervention planned, etc. should be included case-wise in the Internship report by the learner. The content in the report may be a combination of print and handwritten. The report should include the Consent letter (Appendix II) duly signed by the agency supervisor, the Declaration (Appendix III) duly signed by the learner and Certificate (Appendix V) duly signed by the learner, academic counselor and agency supervisor.

INTERNSHIP IN COUNSELLING

Internship provides learner with an opportunity to integrate theoretical knowledge, research, and counselling skills. The choice of agency is left to the learner/ academic counsellor. The training goal is to help learners acquire skills in counselling. The learner, thus will learn and acquire skills and professional acumen under trained counsellors in the concerned setting. There will be one to one supervision and the learner will be closely supervised by the supervisor who will give feedback about his/her performance. The agency supervisor can be a psychologist or a trained counselor. The Head/Principal of the institution, incharge of counselling centres/NGOs can also be the agency supervisor. While receiving supervision directly from professional psychologists working in the counselling agencies and welfare organizations, the learners will have to work with complete commitment and dedication.

The learners will take up cases and conduct psychological assessment and evaluations. The learners will assess and plan strategies so as to help clients from different settings to overcome the problems. They will learn to deal with diverse population including children, adolescents and adults and learn to conduct tests and assessments making proper interpretations of the results emerging from the testing. **Five cases** with case history and psychological testing are to be handled by the learner during their internship. A report in proper format has to be submitted by the learner to the academic counsellor.

Activities to be Carried Out During Internship in Counselling Psychology

Assessment and diagnosis including interviewing, case history taking, administration of psychological tests, scoring and interpretation of the test results and arriving at a correct diagnosis of the problem, needs to be carried out by the learner. Learners may be involved in providing individual and group counselling, behavioural treatment, assessment, and working with an interdisciplinary treatment team. The learners are required to complete 120 hours of internship.

Organisations/ Agencies for Undertaking Internship

- 1) Schools
- 2) Hospitals
- 3) Private clinics

- 4) NGOs/Welfare agencies providing service for women and children and other deprived population
- 5) Correctional institutions
- 6) Child Guidance Centres/clinics

Specific Requirements from Learners in Counselling Setting

The learner will take up **five cases** for interviewing and case history. These will be referred to the learner by the agency supervisor over a period of time. The agency supervisor can be a psychologist or a trained counselor. The learner will conduct the initial interview which will contain information about the following in the given order even though depending on the case, the order may be somewhat altered. The intake information to be taken is given in the box.

Intake information in the box	
Registration No.:	Address:
Name:	
Age:	
Gender:	
Educational qualification:	
Occupation:	
Income:	
Marital status:	
Whether client stays with parents/spouse:	
Whether have any siblings, if so how many:	
What is the position of the client in the family: eldest, middle or youngest or only child:	
Any one in the family having conflicts:	
Anyone in the family is suffering/has suffered from any physical disorders:	
Presenting problem: (this should be recorded as the client narrates)	
Date of onset of the problem:	
Precipitating factor if any:	
Duration of problem:	
Any counseling taken:	

How intense is the problem and how does it affect the client?

- Has to take leave from work place / school/ college
- Cannot carry on even the routine work
- Does not want to do anything

Interview with family members/spouse/the concerned person

Their view point in regard to all of the above

- The interview with family members should cover all aspects that are covered in the interview with the client. In addition the following need to be covered.

Relationship: Patient's relationship with family members:

- If unmarried: Relationship with mother, father, brothers, sisters, any other relative staying with patient
- With friends: How many friends does the patient have? How does the patient relate to them?
- With neighbours
- With school and class mates
- With the teachers in school
- With other authority figures
- With playmates

Educational history:

- Whether attended School / College:
- How is the client in studies and academic performance?
- Does the client come up to the expectations of parents and teachers?
- How has the performance been over the years?
- Do they find that there is sudden deterioration in studies and academic performance?
- Have they received any complaints from the school authorities regarding the client's performance?
- Since when have they noted that the client is not the same in regard to academics as he or she used to be?
- Had they done anything about it so far? If so what?
- After their efforts had there been any improvement?
- When did they decide to consult a counselor?

Work history:

- What occupation is the client involved?
- How regular is the client for work?
- Has the client been complaining about work place? If so what?

- Generally how has the client been fairing in work?
- What is their perception about client's relationship in the workplace?

With Boss:

With colleagues:

With subordinates:

If married: Relationship with spouse in terms of:

- Day to day dealings
- Sex life
- Work relationship (if spouse is working)
- Relationship with children
- Relationship with opposite sex persons
- Decision making (who takes the decision – spouse or self)
- Sharing of work at home with the spouse
- Relationship with spouse's relatives
- Relationship with spouse's friends

Record every issue in detail verbatim, that is as is being narrated by the patient's family members. All the cases should be written verbatim in a narrative style. What questions were asked by the psychologist and what answer was given by the client. At the time of answering the questions how was the client answering? For instance, was the client hesitating? Was the client free incommunicating? Was the client evading any question? Was the client focusing on the interview? What was the general demeanour of the client while answering in the interview session? Was the client in a hurry to finish the interview and go off? Was the client showing unwillingness to continue with the interview?

An example of how to write an interview session is given below:

Client's name:

Interview No.: Date:

Session No.: Time:

Purpose of the Interview:

The client was referred to me for taking a detailed case history.

Start of the session:

The client Ms.Y came in. I greeted her and asked her to please come in and take her seat. She was accompanied by her husband. I offered him also a seat. However as the interview started I asked Ms.Y if it would be all right we both talked alone and her husband waited for a while outside. It is always important that we meet the client alone first and hear her version before interviewing those who accompany. The reason is that such behaviour on the part of the psychologist makes the client feel good and contributes to establishing rapport

quickly. The client's appearance: The client was well dressed, neat and clean. She looked bright but somewhat anxious. I decided to make sure that the client is comfortable and told her that she can make herself at home here and whatever she would tell me will be kept completely confidential. Only that information which she says can be passed on to other family members would be done so. I am a psychologist working here and she can feel free to convey whatever she wants. Then Ms.Y started to tell me about the problems she is facing with her husband. He does not seem to understand her and suspects her if she goes out. She said that she is also working and in her work she has to interact with a lot of men and her husband does not like it and most of the time fights with her. In the last few months the husband has started doubting her integrity.

The problem as told by Ms. Y should be written down verbatim and clearly.

.....
.....

Next question:

The client's reply (along with the learner's observations):

How did the interview session end?

As the time allotted to the client is generally one hour, I ended the interview in the following manner.

Ms. Y, I think today we have discussed your problem particularly from the relationship and your experience angles. It has been possible to understand when your problems started, what precipitated it and how you have been handling the same. Your efforts are really appreciated. However there are many things we need to discuss with each other. For instance, the difficulty you are facing in your relationship with your husband and the effect of all this on your family life, work life, etc. Do you think I have understood your problems correctly? Would you like to come for another session sometimes next week as is convenient to you? Can we fix up next Saturday 10 a.m. for the next session? May be we will like to give some psychological tests which may help us and you to understand your problem better. The client responded that she would like to come next week at the time specified. I called the husband for a while and told him that I would like to see him next time when Ms. Y comes for the session. We both stood up, and shook hands and the client and her husband took leave. My observation: When the client left I found that she was looking slightly more relaxed and was happy that she was listened to and her problem could be put across by her clearly to the counselor.

Plan of action: Continue the interview and gather more information about the dynamics underlying the various conflicts that she has expressed. A session with the husband is required to understand the problem from his angle too.

Today's session was able to achieve the purpose with which it started.

Important: Everything being told by the client and by the learner should be recorded verbatim as given above. The impressions that the learner has about the client and the manner in which the client answers, the various gestures that the client makes, the hesitation between sentences, the gaps and the time taken to answer question, the discomfort expressed by the client if any, etc., should all be noted. **This would show to the agency supervisor how far the learner has been able to empathize with the client, how far the learner has put across the questions in the right manner and what kind of questions have been asked which are not relevant, etc. The report should be written on plain sheets, with 1 inch margin on the left side and 2 inch margin on the right side so that the supervisor could write his or her comments and indicate the errors in the interview. The supervisor may also indicate what more questions and in what manner they could have been asked.**

Role of the Agency Supervisor

The supervisor should read all the cases submitted by the learner and then discuss the same with the learner. For this, there is a need to schedule a learner-supervisor conference as and when required, but at least once a month. This conference should focus on the work carried out by the learner. The learner is then given guidance as to how to proceed in the next session with the client. The supervisor can also give the learner some materials to read if necessary and point out the errors as well as the correctness of the interview and whether the skills required were present in the interview that he or she conducted. The supervisor may advise the learner on professional development when the learner questions about whether the interview conducted was in order.

The supervisor must make sure that the learner is not demoralized in any way. S/he may reinforce the positive aspects in the learner and provide guidance for further improvement.

Preparation of Internship Report

The case history, psychological tests administered, verbatim and intervention planned, etc. should be included case-wise in the Internship report by the learner. The content in the report may be a combination of print and handwritten. The report should include the Consent letter (Appendix II) duly signed by the agency supervisor, the Declaration (Appendix III) duly signed by the learners and Certificate (Appendix V) duly signed by the learner, academic counselor and agency supervisor.

INTERNSHIP IN INDUSTRIAL AND ORGANISATIONAL PSYCHOLOGY

Industrial and organizational psychologists apply psychological principles and research methods to work environment in order to improve the efficiency, productivity, and quality of the work-life balance. After the appropriate training, the learner may be involved in research on management principles and human dynamics in organizations. Learners are placed in settings that allow them to gain experience in an area relevant to their career goals as well as to contribute to the work being done in these settings. Examples of internship settings include the Human Resources Departments of different companies, private, national and multinational as well as, consulting agencies. The learners have to complete their 120 hours of required internship while they are taking courses in the program. Internship provides learner with an opportunity to integrate theoretical knowledge and research. The learners opting for industrial psychology would be

required to work in the HR department of any corporate / company, and do their internship under the HR manager. The choice of agency is left to the learner. The agency supervisor can be an industrial/organizational psychologist or HR personnel. While receiving supervision in the industrial/organizational set up, the learners will have to work with complete commitment and dedication. The training goal is to help learners acquire skills in human resource management. The learners thus will learn and acquire skills and professional acumen under trained HR managers in the concerned setting. There will be one to one supervision and the learners will be closely supervised by the supervisor who will give them the feedback about their performance.

Five case studies/ processes with psychological testing or any human resource activity are to be handled by the learner during the internship. The learner also needs to plan and suggest interventions for the cases. A report in proper format has to be submitted by the learner to the Academic Counsellor.

Activities to be Carried Out During the Internship in Industrial and Organisational Psychology

The following human resource activities/ processes may be observed and studied by the learner:

- Selection and recruitment
- Interviewing of candidates
- Placement
- Job analysis
- Human resource training
- Management of conflicts
- Reducing absenteeism
- Enhancing motivation of employees
- Reduction of workplace conflicts and violence
- Devising of scales and tests as required by the companies

Some of the tasks in which the learners may be trained are given below:

The learners may be exposed to recruitment, selection, placement, job analysis, training, conflict management, worker motivation, reduction of absenteeism, compensation and benefits administration, talent management, record management, and research in the area as required by the concerned company or organization. They will also be trained in performance appraisal, team building skills, and organizational analysis techniques. The learners may also be asked to conduct an organizational analysis to determine how to structure teams to meet objectives and provide valuable insight into improving the quality of a workplace and the well-being and effectiveness of employees in order to ensure smooth operations. Many times the learner may be given the tasks to try and tackle a particular problem, which may overlap disciplines, such as organizational management, group psychology, and operations management. Depending on the level of training completed, those with the appropriate training can work in human resources organizations side-by-side as an assistant to a HR Manager. They can also be asked to conduct research on how humans interact and behave in the workplace.

Specific Requirements from Learners in Industrial Setting

The learner will visit the different divisions/departments within the company or organization and draw a profile of the company or organization in which the learner has been placed for training. This would help the learner to get an idea in regard to all aspects of the company the various branches, their functioning, their various divisions/ departments and their aims and objectives, roles and their contribution to the company or organization as a whole.

The learner will prepare a document covering all of the above aspects including the HR department where the learner is placed for training and submit this document to the academic counselors. The academic counsellor will discuss the objectives of the training programme for the learner with the HR manager and ask the Manager to involve the learner in the different human resource management activities. The learner can also be involved in administering psychological tests and writing the report in detail.

Preparation of Internship Report

The Internship report will include reporting of individual cases as well as the human resource processes observed by the learner. Individual cases may be reported case wise with case history, psychological tests administered and intervention planned/ suggested. With regard to processes in Human Resource Management like selection, performance appraisal, etc., each process may be individually reported in the intervention report along with the information about various aspects of the process, how the process is carried out in the organization, personnel involved and any other observation. Interventions suggested by the learner may also be included. The content in the report may be a combination of print and handwritten. The report should include the Consent letter (Appendix II) duly signed by the agency supervisor, Declaration (Appendix III) duly signed by the learners and Certificate (Appendix V) duly signed by the learner, academic counselor and agency supervisor.

SECTION III

ASSESSMENT / PSYCHOLOGICAL TESTING

Psychological tests are written, visual, or verbal evaluations administered to assess the cognitive and emotional functioning of children and adults. Tests are used to measure skill, knowledge, intelligence, capacities, or aptitudes and to make predictions about performance.

Purpose: Psychological tests are used to assess a variety of mental abilities and attributes, including achievement and ability, personality, and neurological functioning. For children, academic achievement, ability, and intelligence tests may be used as tools in school placement, in determining the presence of a learning disability or a developmental delay, in identifying giftedness, or in tracking intellectual development. Intelligence testing may also be used with teens and young adults to determine vocational ability (e.g., in career counseling). Personality tests are administered for a wide variety of reasons, from diagnosing psychopathology (e.g., personality disorder, depression) to screening job candidates. They may be used in an educational setting to determine personality strengths and weaknesses.

Description: Psychological tests are standardized measures of mental functioning. Most are objective and quantifiable (inventories, questionnaires, scales) however; certain tests like projective tests (TAT, Rorschach) may involve some level of subjective interpretation. Psychological tests are administered in a variety of settings, including preschools, primary and secondary schools, colleges and universities, hospitals, and social agencies. They come in a variety of formats, including written, verbal, and computer administered.

Achievement and Ability Tests: Achievement and ability tests are designed to measure the level of a child's intellectual functioning and cognitive ability. Most achievement and ability tests are standardized in that they have norms established during the design phase of the test by administering the test to a large representative sample of the test population. Achievement and ability tests follow a uniform testing protocol, or procedure (i.e., test instructions, test conditions, and scoring procedures) and their scores can be interpreted in relation to established norms. Common achievement and ability tests include the Wechsler intelligence scale for children (WISC-III) and the Stanford-Binet intelligence scales.

Personality Tests: Personality tests and inventories evaluate the thoughts, emotions, attitudes, and behavioral traits that comprise personality. The results of these tests can help determine a person's personality strengths and weaknesses, and may identify certain disturbances in personality, or psychopathology. Tests such as the Minnesota Multiphasic Personality Inventory (MMPI) and the Millon Pre-Adolescent Clinical Inventory III (M-PACI), are used to screen subjects for specific psychopathologies or emotional problems. On the other hand projective test asks a person to interpret some ambiguous stimuli, such as a series of inkblots. The individual's responses provide insight into his or her thought processes and personality traits. For example, the Rorschach Inkblot Test uses a series of inkblots that the subject is asked to interpret. Thematic Apperception Test (TAT) is another projective test which asks the individual to tell a story about a series of pictures. Some consider projective tests to be less reliable than objective personality tests. If the examiner is not well-trained in psychometric evaluation, subjective interpretations may affect the evaluation of these tests.

Neuropsychological Tests: Persons who have experienced a traumatic brain injury, brain damage, or other organic neurological problems, are administered neuropsychological tests to assess their level of functioning and identify areas of mental impairment. Neuropsychological tests may also be used to evaluate the progress of a patient who has undergone treatment or rehabilitation for a neurological injury or illness. In addition, certain neuropsychological measures may be used to screen children for developmental delays and/or learning disabilities.

Precautions: Psychological testing requires a trained examiner. All psychological tests should be administered, scored, and interpreted by a trained professional. Psychological tests are only one element of a psychological assessment. They should never be used as the sole basis for a diagnosis. A detailed clinical and personal history of the individual and a review of psychological, medical, educational, or other relevant records are required to lay the foundation for interpreting the results of any psychological measurement. Cultural and language differences among individuals may affect test performance and may result in inaccurate test results. The test administrator should be informed before psychological testing begins if the test taker is not fluent in English and/or belongs to a different culture. In addition, the subject's level of motivation may also affect test results.

Preparation: Prior to the administration of any psychological test, especially in case of children, the psychologist should provide the child and the child's parent with information on the nature of the test and its intended use, complete standardized instructions for taking the test (including anytime limits and penalties for incorrect responses), and information on the confidentiality of the results. After these disclosures are made, informed consent should be obtained from the child (as appropriate) and the child's parent before testing begins.

The same procedure should be followed for an adult on whom a psychological test has to be administered. He or she should be told all about the test, why it is being administered and what kind of results are expected and how it would be helpful and the confidentiality of the test results etc. After getting the informed consent of the subject the examiner may proceed with the administration of the test.

Remember: No test should be administered on a routine basis. Every test has a purpose and the test should be administered only if it is the most appropriate one and which in turn will give the needed results in order to confirm a diagnosis or understand the underlying dynamics of a problem, etc.

All psychological and neuropsychological assessments should be administered, scored, and interpreted by a trained professional. When interpreting test results, the psychologist will review with the subject (if the subject is capable of understanding) and the family members what the test evaluates, its precision in evaluation, any margins of error involved in scoring, and what the individual scores mean in the context of overall test norms and the specific background of the individual concerned. There are no significant risks involved in psychological testing. Test anxiety can have an impact on a subject's performance, so the individual and the family members should not place over emphasis on the importance of any psychological testing. This is all the more so in case of a child. Parents should speak with their child before any scheduled tests and reassure them that their best effort is all that is required. Parents can also ensure that their children are calm on the testing day and are in a relaxed state of mind.

Test Administration

In the previous section, we have given a description of the psychological testing procedure and the precautions that are needed to be taken. During the test administration, the learner has to select an appropriate test for administration with the help of the agency supervisor. The psychological tests need to be selected on the basis of the nature of the problem or requirements of the concerned individual/ organization. Having selected the test the supervisor then explains how the test should be administered, scored and interpreted (here the assumption is that the learner is well acquainted with the process of administration, scoring and interpreting the tests in the laboratory in the 2nd year of BDP-BA (Psychology) programme).

As the test administration starts, the learner greets the candidate and tells him / her the details of the test that he has selected to administer and explains what the test would do and how it would help in understanding the causes of the problem. The learner also has to take the consent of the subject to go through the test and gets the same in writing. This is called the informed consent. After the consent form is signed, the learner takes the test material and gives instructions as per the test manual. After completion of the test, the subject is asked to give the response sheet back to the learner. The learner then informs the subject that the test is complete and that s/he will receive the results in the next session. The learner thanks the subject for cooperation and fixes an appointment for the next session which is mutually convenient. After the subject leaves, the learner records (verbatim) the entire session as it happened. An example of such a record is given in the box below:

Recording of a session is given in the box below:

As the client entered at the appointed time, I was ready with the test that I have to administer. I greeted him and asked him to take his seat. The client wanted to know about the test and said he was a little nervous about the same. I explained to him in very simple terms what the test is, how it will be administered, however everything will be demonstrated and how the test will be administered only when the candidate feels comfortable. I then explained the purpose of the test and how with the help of test we could find out his level of anxiety based on the test results. Also I explained how there are two aspects of anxiety, one normal anxiety and the other extreme anxiety. I pointed out to him how when we are anxious much of our thinking gets affected adversely and our performance also becomes reduced. Hence we have to bring down our anxiety level for which I can help you later. I made sure that the client is relaxed and comfortable before I proceeded with the next step of requesting him to sign the informed consent form. As he signed and gave I told him that we will now proceed with testing. I had kept a glass of water for the candidate to drink as and when he felt the need for the same. On the whole the atmosphere in the testing room was very pleasant and comfortable. Then I took the test booklet and showed him the number of items and the categories of answers, such as "Yes" and "No". I gave him the instruction as given in the manual. I told him to answer the first question, after reading out that statement to him. He replied with "Yes" and I asked him to tick mark the appropriate option. I made sure that he was able to read the statements himself and is able to answer. Then I left him to work on the booklet. Whenever he had some doubts about a question he asked me to explain the same and I did. After he completed the same, he handed over the booklet and I thanked him for the cooperation and told him that I will get back to him in a few days time. Or we could fix up an appointment for next session for the next week and asked him if he would like to come. He agreed to come and thus, a session was fixed for the next week.

Scoring: I completed the scoring by giving 1 to all the "YES" responses and zero to all the "NO" responses. The total scores were taken up of the "YES" responses and this total indicated the anxiety scores.

(Here, the learner should give complete record of the scores and also attach the original responses to the statements, as given by the subject and as recorded by the learner)

Interpretation: Following the manual I interpreted the scores regarding the level of anxiety in the client as per the responses given by him. The learner submits the record to the academic counselor and fixes up a time to discuss the test results and to learn the further action to be taken.

The academic counsellor may take into account the following:

- 1) The academic counsellor must know his or her learner thoroughly.
- 2) Must have time to go through the entire record written by the learner and give due guidance.
- 3) Must fix a scheduled date for such meetings with the learner.
- 4) These meetings are called individual conference session and can be scheduled once a month though preferably once in 15 days.
- 5) The academic counsellor should be in constant touch with the agency supervisor and make sure that the right kind of cases is being referred to the learner for handling.
- 6) It is always advisable to discuss with the agency supervisor (psychologist/psychiatrist/HR manager) under whom the learner is placed for training about the type of cases to be given to the learner and the progress that the learner is making.
- 7) The academic counsellor must evaluate the learner's work and progress session by session in terms of the reports that are being submitted by the learner and also the skills and knowledge that the learner is acquiring over the period of time.
- 8) The supervisory sessions are mainly meant for the following:
 - i) Guide learner how to take case history and conduct an interview, establish rapport, etc.
 - ii) Guiding the learner regarding administering the tests, scoring and interpretation
 - iii) To arrive at a diagnosis based on the history and the tests administered
 - iv) To make the learner proficient in interviewing methods, working out case history, administering test, scoring and interpretation of the same.
 - v) To discuss the therapy sessions observed by the learner and help learner how to unravel the psychodynamics based on the sessions
 - vi) To help learner to plan a therapy programme for the patient whom he or she had interviewed and also tested.
 - vii) To make sure that session by session there is some progress in the learner's understanding of the cases and where no progress is noted, finding out where the problem lies and helping the learner overcome the same.
 - viii) Through out the internship, the academic counselor who is the supervisor of the learner should continuously evaluate the learner's performance. This is to be done in the following manner:

- a) Regular checking of the records submitted by the learner.
 - b) Conducting individual supervisory conferences regularly as scheduled.
 - c) Having continuous liaison with the agency supervisor who refers cases to the learner concerned.
 - d) Evaluating the work of the learner as the verbatim report gets submitted.
 - e) Informing the learner about his or her progress.
 - f) Informing the learner where he/she needs to improve.
 - g) Monitoring the visit of the learner to the agency and the work that is assigned.
 - h) Evaluating the learner's performance particularly in terms of acquisition of skills and techniques regularly, that is once a month or so and sharing the same with the learner during the supervisory conferences.
 - i) Asking the learner to evaluate his or her own performance in terms of acquisition of skills, etc., and helping the learner to overcome any problems that he or she faces.
 - j) Discussing with the agency supervisor and finding out how the agency personnel feel about learner's performance.
 - k) Having a discussion with the agency personnel and the learner with regard to what all could be done to improve the learner's performance.
 - l) Evaluate the agency itself in terms of learning requirement and whether that agency is suitable and if not what alternatives could be considered.
- ix) The academic counsellor can evaluate performance of the learner in terms of varied aspects that are given in the box. Such an evaluation can also be done by the learner in terms of self-evaluation. Both the supervisory evaluation and the learner's evaluation may be discussed at the evaluation conference between the supervisor and the learner. This evaluation conference is to make the learner understand how far he has acquired the needed skills and proficiency in dealing with patients/clients/employees.

Box: Items for self evaluation and evaluation by the supervisor

- 1) Name of the learner:
- 2) Name of the Agency in which the learner was placed for training
- 3) Name of the supervisor at the Center
- 4) Name of the supervisor at the agency
- 5) Duration of training:
- 6) Date of Joining and completing:
- 7) Attendance at the place of training: Regular / Irregular / Excellent / Average / Poor
- 8) Attendance at the supervisory conferences: Regular / Irregular / Excellent / Average / Poor

- 9) No. of cases referred for Case history
 - 10) No. of cases referred for testing:
 - 11) No. of cases observed at therapy sessions:
 - 12) What the learner has learned
 - 13) What the learner is good at **** Rating ****
- 1) Interpersonal and professional competence**
 - 1) Maintains professional conduct (timeliness, dress code, language, etc.) 5 4 3 2 1
 - 2) Interacts well with supervisors 5 4 3 2 1
 - 3) Interacts well with other trainees 5 4 3 2 1
 - 4) Interacts well with office staff 5 4 3 2 1
 - 5) Interacts well with other professionals 5 4 3 2 1
 - 6) Interacts appropriately with patients and their families 5 4 3 2 1
 - 7) Respects roles and boundaries 5 4 3 2 1
 - 8) Is aware of how he / she impacts others 5 4 3 2 1
 - 9) Is able to openly reflect on personal behaviour / choices 5 4 3 2 1
 - 10) Is able to effectively resolve interpersonal problems 5 4 3 2 1
 - 11) Maintains appropriate patient confidentiality 5 4 3 2 1
 - 12) Adheres to ethical practices 5 4 3 2 1
 - 13) Overall interpersonal and professional competency 5 4 3 2 1
 - 2) Assessment**
 - 1) Obtains thorough and relevant patient history 5 4 3 2 1
 - 2) Obtains relevant information from outside sources when appropriate (family members, agencies like school etc) 5 4 3 2 1
 - 3) Observes and reports accurately on patient behavior 5 4 3 2 1
 - 4) Administers psychological tests as per standard procedures 5 4 3 2 1
 - 5) Accurately scores and summarizes the data 5 4 3 2 1
 - 6) Properly interprets and integrates results of assessments 5 4 3 2 1
 - 7) Demonstrates knowledge of diagnosis and is able to make differential diagnosis 5 4 3 2 1
 - 8) Makes appropriate and useful treatment recommendations 5 4 3 2 1
 - 9) Clearly communicates results of comprehensive assessment in written report 5 4 3 2 1
 - 10) Submits written reports to supervisor by due date
 - 11) Synthesizes feedback from supervisor's comments in written reports 5 4 3 2 1
 - 12) Learns from previous mistakes in subsequent reports 5 4 3 2 1
 - 13) Provides understandable and useful feedback to patients 5 4 3 2 1

14) Demonstrates knowledge and applicability of legal and ethical principles regarding assessment. 5 4 3 2 1

15) Overall Assessment Competency 5 4 3 2 1

3) Interviewing and understanding of therapy sessions

- 1) Demonstrates the ability to establish rapport with patients 5 4 3 2 1
- 2) Demonstrates empathy and caring for patients 5 4 3 2 1
- 3) Appears comfortable and confident in therapy sessions 5 4 3 2 1
- 4) Maintains appropriate boundaries with patients 5 4 3 2 1
- 5) Maintains necessary documentation and submits notes within allotted time 5 4 3 2 1
- 6) Develops appropriate and realistic treatment plans collaboratively with patients 5 4 3 2 1
- 7) Demonstrates knowledge of theoretical orientations and techniques 5 4 3 2 1
- 8) Demonstrates ability to conceptualize a patient's problem 5 4 3 2 1
- 9) Demonstrates sensitivity to diversity issues 5 4 3 2 1
- 10) Demonstrate appropriate termination of interview plans 5 4 3 2 1

4) Supervision

- 1) Comes prepared to supervision sessions 5 4 3 2 1
- 2) Uses supervision to gain skills and knowledge 5 4 3 2 1
- 3) Is open to and receives constructive feedback 5 4 3 2 1
- 4) Provides evidence of incorporating supervisor's suggestions in work with patients 5 4 3 2 1
- 5) Seeks extra supervision as needed 5 4 3 2 1
- 6) Effectively presents case formulation 5 4 3 2 1
- 7) Effectively presents assessment findings 5 4 3 2 1
- 8) Establishes and monitors personal goals for training 5 4 3 2 1

Rating

5 = Exemplary competency

4 = Competency

3 = Developing competency

2 = Inadequate skills

1 = Incompetent / requires remediation

APPENDIX- I FORMAT FOR REFERENCE LETTER

Date:

To,

Dear Sir/ Madam,

This is state that Mr./ Ms. _____, Enrolment No. _____ is a student of IGNOU and is presently pursuing BDP- BA in Psychology from Regional Centre _____, Study Centre _____. As a part of BDP- BA Psychology programme he/ she has to carryout internship () for 120 hours. You are requested to kindly provide him/ her with permission to undergo internship at your esteemed organization. You are also requested to assign one supervisor for the learner under whom the learner will carry our his/her internship.

Yours faithfully,

Programme Incharge/Study Centre Coordinator/Regional Director

APPENDIX-II CONSENT LETTER

This is to certify that the internship in for the partial fulfillment of **BDP- BA Programme** of IGNOU will be carried out by Mr./Mrs. _____ **Enrollment No.** _____, under my supervision.

(Signature)

Name of the Supervisor :

Designation:

Address:

Date :



APPENDIX-III DECLARATION

I Ms./Mr./Dr. _____ hereby declare that I am a Learner of BDP- BA Psychology (Part III), July/ January _____ year, at the study centre Code _____, Regional Centre _____ and I want to do my Internship at _____ on my own free will. I will adhere to the standards of the organization and display professionalism during my internship.

Signature of the Learner

Name of the Learner:

Enrollment No.:

Date:

Place:



APPENDIX- IV EVALUATION SCHEME FOR INTERNSHIP

Name of the Programme:

Course Code:

Study Centre:

Regional Centre:

Name of the Learner:

Enrolment No.:

Internal Marks by Academic Counsellor

Details	Maximum Marks	Obtained Marks
Report	20	
Provisional diagnosis and Planning of Intervention	5	
Overall Understanding of Cases	5	
Total Marks	30	

Internal Marks by Agency Supervisor

Details	Maximum Marks	Obtained Marks
Sincerity and professional competence	10	
Assessment (Case history, Mental Status Examination, Interview, Psychological Testing etc.)	15	
Overall interaction and handling of cases	5	
Total Marks	30	

Comments, if any:

.....

.....

.....

Signature _____

Signature _____

Name of Academic Counsellor

Name & Address of External Examiner

Date:

Date:

APPENDIX-V CERTIFICATE

CERTIFICATE

This is to certify that Ms./Mr. _____
of BA III (BDP- BA Psychology Programme) has conducted and successfully completed the
Internship in BPCE-023 in the place _____.

Signature of the Learner

Name:

Enrolment No.:

Name of the Study Centre:

Regional Centre:

Place:

Date:

Signature of Agency Supervisor

Name:

Designation:

Name of the Organization:

Address:

Place:

Date:

Signature of Academic Counsellor

Name:

Designation:

Place:

Date:

APPENDIX-VI REMUNERATION BILL

To

The Director (SR&E)
IGNOU
Maidan Garhi
New Delhi - 110068

- 1) Programme Code: BDP- BA
- 2) Course Code:
- 3) Name of Supervisor (Academic Counsellor/Agency Supervisor/External Examiner):

- 4) Residential Address: _____

- 5) Designation: _____

- 6) Official Address: _____

- 7) Telephone No. Office: _____ Residence: _____

Mobile: _____

Sr.No.	Enrolment No.	Name of Student	Amount

I certify that, I have supervised/ conducted viva voce for the above students for their internship work.

Dated: _____ Signature of the Supervisor/examiner: _____

Certified that the above examiner for internship work was approved and recommended by the concerned school of study and above claim may be admitted.

Dy./Asst. Registrar

Section Officer

Dealing Assistant.