

**Master's Degree Programme in Psychology
(MAPC)**

**HANDBOOK ON INTERNSHIP
(MPCE-015/MPCE-025/MPCE-035)**



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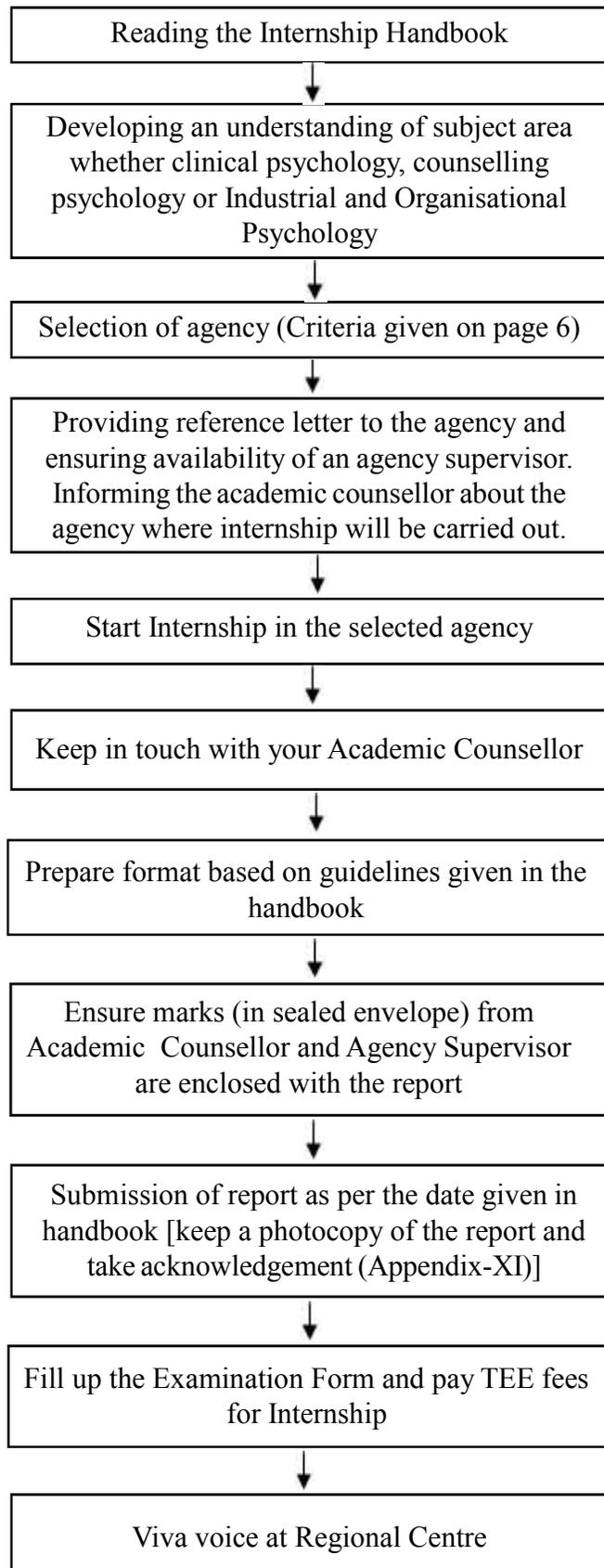
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Internship Flow Chart



SECTION I

1.0 INTRODUCTION

Internship (MPCE 015/025/035) is an important component of the MA Psychology programme of IGNOU. Internship is to be carried out for a minimum period of 240 hours (8 credits) by the learner depending on his/her specialization. The academic counsellor, with the help of the agency supervisor where the learner is placed for internship will supervise the learner. Internship will help the learner get hands on experience in the area of specialization chosen by him/her.

2.0 OBJECTIVES

The objectives of this course are to:

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

3.0 ROLE OF 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 AGENCY SUPERVISOR

The agency supervisor has to provide the learner with suitable cases that will be handled by the learner under his/her supervision. 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 and professional competence, on the basis of assessment (case history taking, Mental Status Examination, Interview, Psychological Testing, etc.) conducted by the learner, interaction with the patients/clients/employees and overall impression.

5.0 CRITERIA FOR SELECTION OF AGENCY

The selection of an agency can be made by the learners or academic counselors. If learner selects the agency, s/he must inform the academic counselor at the study centre about the organisation/ agency. If any agency or setting 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. The intership is to be carried out in only one organisation/agency.

While selecting organizations for internship, the learners should preferably approach reputed/ established organizations in the particular field.

In the field 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, halfway homes registered and functioning for minimum three years.

In the field of Counselling Psychology, the following organizations may be approached.

1. Government Schools/ Colleges having school counsellors
2. Private Schools having Schools Counsellors
3. Guidance and Counselling Centres in the Universities
4. Government Hospitals and other organizations e.g. (NACO, State AIDS Control Society), dealing with counseling 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 field 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.

6.0 GUIDELINES FOR LEARNERS

Learners/trainees 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/Regional Centre. The academic counselor may then discuss the matter with the learner as well as the agency supervisor and try to sort out the problem.

The learner will have to fill up a Declaration (Appendix-I) before starting the internship. This needs to be attached with the final internship report.

The learner can submit a Reference letter (Appendix II) if the agency/organization requires it. The learner also needs to have the Consent Letter (Appendix III) of the Agency Supervisor and attach it in the internship report.

The learner has to maintain a diary regarding his/her activities of each day at the agency/organization where he/she is carrying out internship. The diary will help the learner in further discussion and clarifications with regard to cases with agency supervisor/ academic counselor. Further, the learner has to maintain a record of visits/activities (Appendix IV) related to his/her internship and attach this in the internship report.

The format for writing the Internship report is given in Appendix IX. The learner needs to submit the Internship report at the Regional Centre only.

7.0 EVALUATION

At the end of internship, the learners have to prepare a report on their internship. They are required to submit the internship report at the study centre. They are advised to keep a copy of it with themselves. The total marks for internship is 100. For successful completion of internship, a learner should secure a minimum of 40% marks. The breakup of the evaluation is given below:

Assessment by academic counselor carries 30% weightage, assessment by agency supervisor carries 30% weightage and assessment by the external examiner (viva - voce) carries 40% weightage. Thus total internal marks are 60~ and total external marks are 40%. The breakup of the evaluation according to the specialization is given below.

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 with patients, clients & employees and handling of cases	5
Total Marks	30

Internal Marks by Academic Counsellor

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

External Marks (Viva Voce)

Details	Maximum Marks
Viva	40
Total Marks	40

Note: Please refer to the evaluation scheme for internship given in **Appendix-V, VI and VII.**

Reevaluation of Internship report: There is no provision of reevaluation of internship report

Learner failing in internship will have to repeat the internship again.

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

8.0 CONDUCTION OF TERM END EXAMINATION

The Term End Examination (TEE) in terms of viva voce will be conducted at the Regional Centres as per their convenience during the time period provided by the Discipline of Psychology, School of Social Science, IGNOU, New Delhi. The viva voce may be arranged for a single day or two days depending on the number of learners (a maximum of 25 learners per day.)

An external examiner has to be selected from the approved list and invited on the stipulated date of examination. The external examiner can go through the internship reports submitted by the learners and conduct viva-voce.

Date Range for TEE

July Cycle	July 1st to August 14th
January Cycle	January 1st to February 15th

The learners need to carry the copy of their internship report during the viva voce alongwith his/her identity card. The learner also has to pay examination fee of Rs. 120/- to appear for TEE in Internship. **Last date for submission of Internship report is 31st May for July admission batch and 30th November for the January admission batch.**

9.0 POINTS TO REMEMBER

1. Internship report could be combination of print and handwritten. The Psychological tests and the case history format could be in print, though the information filled in can be handwritten. The case report, observations and interventions suggested by the learner should be handwritten. The internship report needs to be written in English.
2. Ensure that the final report has
 - Title page
 - Certificate
 - Record of Visits/Activities carried out by the learner.
3. Internship report should not be plagiarised or copied from another learner. If a report is found to be plagiarised or copied from another learner or any other source the learner will have to repeat the Internship.
4. Learners should keep a copy of Internship report as the report once submitted will not be returned to the learner.

SECTION II

INTERNSHIP IN CLINICAL PSYCHOLOGY (MPCE 015) (8 CREDITS)

Internship provides learners with an opportunity to integrate theoretical knowledge, research, and clinical skills. The choice of agency is left to the learner. The training 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 the feedback about their performance.

The agency supervisor could be a **psychologist or a clinical psychologist**. 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 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.

Ten cases with case history, Mental Status Examination (MSE) 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 prepared by the learner at the end.

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. Trainees may be involved in providing individual and group psychotherapy, behavioural treatment, assessment, and working with an interdisciplinary treatment team.

ORGANISATIONS/ AGENCIES FOR UNDERTAKING INTERNSHIP

- 1) Children's Centre/NGO 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. Client problems may include moderate to severe family and individual dysfunctions. Services provided include individual assessment, individual, family, and group therapy. Some agencies focus on specific populations, such as patients with life-threatening illnesses or sexual problems like HIV/AIDS/STD. These also may be taken up.

- 4) State hospital with clients from every age group.
- 5) Counseling centers where clients range in age from late adolescence through 60's, suffering from problems such as adjustment disorders, mood disorders, psychotic disorders, alcohol/drug problems, career decision making and learning disabilities. Trainees may participate in individual psychotherapy, group psychotherapy, outreach consultation, vocational testing and counseling, psychological assessment, and learning disability assessment.
- 6) Correctional institution, wherein the inmates with problems ranging from adjustment issues to severe persistent mental disorders, to facing crises could be attended to by the learners during the training. For example, learners may do 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 on.

SPECIFIC REQUIREMENTS FROM LEARNERS IN CLINICAL SETTING

The learner will take up 10 cases for interviewing and case history and these will be referred to the learner by the agency supervisor over a period of time. 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 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

Registration No:	Address:
Name:	
Age:	
Gender:	
Educational qualification:	
Occupation:	
Income:	
Marital status:	
Patients stays with parents:	
Stays 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:	

Any one 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 learner 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 behavior.** The psychologist observes the person's gait (manner of walking), posture, coordination, eye contact, facial expressions, and similar behaviors. 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 overreaction.
- 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- and short-term memory (Ask the person what he had for breakfast. To test long term 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: With Mother
 Father
 Brother(s)
 Sister(s)

Any other relative staying with patient

- With Friend(s): How many friends does the patient have? How does the patient relate to them?
- With neighbour(s)
- With school and class mate(s)
- With the teacher(s) in school
- With other authority figure(s)
- With playmate(s)
- In the games field

Educational history:

- In 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 anyone bothering at workplace? How much importance have they given to patient's such complaints?

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 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 in communicating? Was the patient evading ally 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 'scat. 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 but 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 ears 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 points of view.

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

Important: Everything being said 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 all be noted.

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. This conference should focus on the works of the learner. The work is discussed and the learner is given guidance as to how to proceed in the next session with the patient etc. 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 and reinforce the positive aspects in the learner while pointing out clearly how the errors could be omitted and what the learner should do on his or her part.

PREPARATION OF INTERNSHIP REPORT

The internship report is to be written in English.

The case history, psychological tests administered, verbatim record or sessions 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 III duly signed by the agency supervisor, the Declaration (Appendix I) duly signed by the learners and Certificate (Appendix VIII) duly signed by the learner, academic counselor and agency supervisor. **Format for writing the Internship Report is given in Appendix IX.**

INTERNSHIP IN COUNSELLING PSYCHOLOGY (MPCE-025)

Internship provides learner with an opportunity to integrate theoretical knowledge, research, and counselling skills.

The choice of agency is left to the learner. The goal of internship is to help learners acquire skills in counselling. The learners 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 learners will be closely supervised by the supervisor who will give them the feedback about their performance.

The agency supervisor can be a psychologist or a trained psychological counsellor. While receiving supervision directly from professional psychologists working in the counselling agencies and welfare organisations, the learners will have to work with complete commitment and dedication.

The learners will take up cases and conduct psychological assessment and evaluation. 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.

Ten 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 prepared by the learner at the end.

ACTIVITIES THAT COULD 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. Trainees may be involved in providing individual and group psychotherapy, behavioural treatment, assessment, and working with an interdisciplinary treatment team.

ORGANISATIONS/ AGENCIES FOR UNDERTAKING INTERNSHIP

- 1) Schools
- 2) Hospitals
- 3) Private clinics/counselling centres
- 4) NGOs/Welfare agencies providing service for women and children and other deprived population
- 5) Correctional institutions, children's home, home for women, special homes for people with Disability, Shelter homes.
- 6) Child Guidance Centres/clinics
- 7) Community Mental Health Centres

SPECIFIC REQUIREMENTS FROM LEARNERS IN COUNSELLING SETTING

The learner/trainee will take up 10 cases for interviewing and case history. These will be referred to the learner by the agency supervisor over a period of time.

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:	
Whether client stays with 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:	
Anyone 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: 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
- In the games field

Educational history:

- In 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.

Steps to be followed during the session are given here:

Step 1: The learner must pay close attention to the following regarding the client:

- Client's presentation
- Client's personal appearance
- Client's social interaction with office staff and others in the waiting area

- Whether the client is accompanied by someone (This helps to determine if the client has social support)

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

Step 2: When client 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 client is dressed appropriately according to the season
- Note if client is talking to himself or herself in the waiting area
- Note if the client is pacing up and down outside the office door
- Record all observations

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

Step 3: Establish rapport

The next step for the psychologist is to establish adequate rapport with the client by introducing himself or herself. Speak directly to the client during this introduction, pay attention to whether the client is maintaining eye contact. Mental notes such as these may aid in guiding the interview later. Note if clients 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 clients 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 behavior.** The psychologist observes the person's gait (manner of walking), posture, coordination, eye contact, facial expressions, and similar behaviors. 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 overreaction.
- 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 client 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.

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 in communicating? 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 the 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 a 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 said 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.

ROLE OF THE AGENCY SUPERVISOR

The supervisor should read all the cases submitted by the learner and then discuss the same with him/her, For this there is a need to schedule a learner-supervisor conference as and when needed. This conference should focus on the works of the learner. The work is discussed and the learner is given guidance as to how to proceed in the next session with the client etc. 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 and reinforce the positive aspects in the learner while pointing out clearly how the errors could be omitted and what the learner should do on his or her part.

These 10 cases of case history and intake interview and MSE would equip learners on all these three skills including how to conduct an interview with ease, how to establish rapport with the patient etc.

PREPARATION OF INTERNSHIP REPORT

The internship report is to be written in English.

The case history, MSE, any psychological tests administered, verbatim record of sessions 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 III) duly signed by the agency supervisor, the Declaration (Appendix I) duly signed by the learner and Certificate (Appendix VIII) duly signed by the learner, academic counselor and agency supervisor. **Format for writing the internship report is given in Appendix IX.**

INTERNSHIP IN INDUSTRIAL AND ORGANISATIONAL PSYCHOLOGY (MPCE 035)

Industrial and organizational psychologists apply psychological principles and research methods to a work environment in order to improve the efficiency, productivity, and quality of the work-life balance.

The learners have to complete their 240 hours of required internship. Internship provides learner with an opportunity to integrate theoretical knowledge and research. The learners opting for industrial and organizational psychology would be required to work in the Human Resource(HR) department of any organisation, and do their internship **under the personnel manager/Human Resource(HR) Manager/Industrial Psychologist**. The choice of agency is left to the learner. Learners can carry out internship 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 training goal is to help learners acquire skills in industrial and organisational psychology. 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.

During the internship in industrial and organisational psychology, the learner can either study the activities/processes related to human resource management or take up individual case studies. With reference to the activities/processes related to human resource management, the learners can study selection process, performance appraisal system etc. that are followed in the organisation. This can be done mainly by interacting with the personnel manager/human resource manager or other concerned persons. With regard to case studies, employees having high absenteeism, having any psychological problems and issues etc. can be taken. Thus in such a way a total of ten activities/processes and/or case studies can be taken up by the learner.

ACTIVITIES THAT COULD BE CARRIED OUT DURING THE INTERNSHIP IN INDUSTRIAL AND ORGANISATIONAL PSYCHOLOGY

The learners may study 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 organisation. They may also study performance appraisal, team-building skills, organisational analysis techniques.

Besides the learners could also study employees having high stress level, depression, anxiety other psychological issues/problems, high absenteeism etc.

ORGANISATIONS/AGENCIES FOR UNDERTAKING INTERNSHIP

- 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.

SPECIFIC REQUIREMENTS FROM LEARNERS IN INDUSTRIAL SETTING

The learner will visit the different sections within the company or organisation and draw a profile of the company or organisation 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 and their aims and objectives, roles and their contribution to the company or organisation as a whole.

Besides studying the various processes in industrial set up. The learner can also study individual cases. The following format can be used for individual cases.

Registration No:	Address:
Name:	
Age:	
Gender:	
Educational qualification:	
Occupation:	
Income:	

Marital status:

Whether client stays with parents:

Whether client stays with 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:

Anyone 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: 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
- In the games field

Educational history:

- In 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.

Steps to be followed during the session are given here:

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

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

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

Step 2: When employee 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 employee is dressed appropriately according to the season
- Note if employee is talking to himself or herself in the waiting area
- Note if the employee is pacing up and down outside the office door
- Record all observations

These types of observations are important and may offer insight into the employee’s illness.

Step 3: Establish rapport

The next step for the psychologist is to establish adequate rapport with the employee by introducing himself or herself. Speak directly to the employee during this introduction, pay attention to whether the employee is maintaining eye contact. Mental notes such as these may aid in guiding the interview later. Note if employees 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 employees 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 behavior.** The psychologist observes the person’s gait (manner of walking, posture, coordination, eye contact, facial expressions, and similar behaviors. 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 overreaction.
- 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 employee 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.

The client Ms Z came in. She was referred to me by her supervisor because her performance had deteriorated and she was remaining absent from work frequently.

The client's appearance: The client was well dressed, neat and clean. She looked tired and 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 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.

The Ms Z started telling me about the workload and role ambiguity that she was facing at the workplace. This was causing stress and interfering with her work performance.

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

Next Question:

The client's reply (along with learner's observation)

How did the interview session end?

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

Ms Z, I think today we have discussed your problem at your work place. 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 and the effect of all this on your work performance. 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 employee responded that she would like to come next week at the time specified.

My observation: When the employee 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.

Plan of action: Continue the interview and gather more information about the dynamics underlying the various conflicts that she has expressed. Certain stress management techniques can be taught

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

Important: Everything being said 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.

ROLE OF THE AGENCY SUPERVISOR

The supervisor should read all the cases submitted by the learner and then discuss the same with him/her. For this there is a need to schedule a learner-supervisor conference as and when needed. This conference should focus on the works of the learner. The work is discussed and the learner is given guidance as to how to proceed in the next session with the client etc. 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 she conducted. The supervisor may also give suggestions with regard to Human Resource Practices studied and observed by the learner.

The supervisor must make sure that the learner is not demoralized in any way and reinforce the positive aspects in the learner while pointing out clearly how the errors could be omitted and what the learner should do on his or her part.

PREPARATION OF INTERNSHIP REPORT

The internship report is to be written in English.

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 combination of print and handwritten. The report should include the consent letter (Appendix III) duly signed by agency supervisor, Declaration (Appendix I) duly signed by the learners and Certificate (Appendix VIII) duly signed by the learner, academic counselor and agency supervisor. Format for writing internship report is given in Appendix-IX.

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, depressive disorder) to screening job candidates. They may be used in an educational setting to determine personality strengths and weaknesses.

Description: Psychological tests are formalized measures of mental functioning. Most are objective and quantifiable; however, certain projective tests may involve some level of subjective interpretation. Also known as inventories, measurements, questionnaires, and scales, 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.

Another type of personality test is the projective tests. A 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 any time 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 well rested on the testing day and are in a relaxed state of mind.

SUPERVISORY SESSIONS BY ACADEMIC COUNSELLOR

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/ organisation. Having selected the test the supervisor then explains how the test should be administered, scored and interpreted (Here the assumption is that the learner has completed many of these tests and learned the process of administering, scoring and interpreting the tests in the laboratory in the 1st year of MA programme).

As the test administration starts, the learner greets the candidate/examinee 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 examinee 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 examinee is asked to give the answer sheet back to the learner. Then the learner tells the person that the test is complete and that s/he would be working on the results and inform him/her about the results of the test in the next session. The learner thanks the examinee for cooperation and fixes an appointment for the next session which is mutually convenient. After the candidate leaves the learner records the entire session as it happened verbatim. An example of such a record is given in the box below. Learner discusses each case with the academic counsellor based on his or her report.

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, how 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 it. 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. When ever 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 day next week was fixed to meet.

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 the complete record of the scores and also attach the original responses to the statements, as given by the client 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 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 feels 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 below. 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: Date of Joining and
- 6) Date of 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

I. 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	5 4 3 2 1
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 associated with each	5 4 3 2 1
8. Demonstrates ability to conceptualise a patients 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	

FAQ (MPCE015/025/035)

- Q1. What is internship?
- A. Internship gives you hands on experience or field experience in the specialization chosen by you.
- Q2. Can I do internship in my organization/agency, where I am working?
- A. Yes, you may, provided it fulfills the criteria mentioned in the Handbook.
- Q3. Who will help me in finding an organization/agency for internship?
- A. The learner may find a suitable organization/agency on their own (as per the criteria given in the internship handbook). S/he may also approach the academic counsellor for any help.
- Q4. How is the internship report to be written?
- A. The report is to be written as per the format given in the Handbook of Internship.
- Q5. Where will the TEE(viva-voce) for internship be held?
- A. Viva-voce will be held at respective Regional Centre.
- Q6. Do I need to carry Internship Report for TEE (viva-voce)?
- A. Yes, without the Report, you will not be allowed to appear for TEE. You also have to carry the Identity card issued by IGNOU.
- Q7. What are the passing marks for internship?
- A. Passing marks are 40.
- Q8. Who should I contact in case I have any doubts for feedback/suggestions about internship?
- A. You can e-mail on psychology@ignou.ac.in/sshetgovekar@ignou.ac.in
- Q9. Do I need to pay any examination fee for TEE in internship?
- A. Yes, you need to pay Rs. 120/- as examination fee for appearing in the TEE of internship.
- Q10. Can internship be submitted for reevaluation?
- A. No
- Q11. In what language should the internship report be written?
- A. English
- Q12. Will the date for internship TEE be displayed in Datesheet on iGNOU website.
- A. No, the date will be given by your Regional Centre.
- Q13. What if fail in internship?
- A. You will have to repeat the internship again.
- Q14. Can an Academic Counsellor be taken as agency supervisor as well.
- A. No same person cannot be Academic counsellor and Agency supervisor for a learner.

APPENDIX-I DECLARATION

I Ms./Mr./Dr. hereby declare that I am a Learner of M.A. Psychology (Part II), January/ July ____ year, at the Study Centre Code _____ Regional Centre _____ and I want to do my Internship (MPCE-015/MPCE-025/MPCE-035) 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

Date:

Name of the Learner:

Place:

Enrollment No.:

APPENDIX-II FORMAT FOR REFERENCE LETTER

Date:

To,

Dear Sir/ Madam,

This is state that Mr./ Ms. _____, Enrollment No. _____ is a student of IGNOU and is presently pursuing MA in Psychology from _____ Regional _____ Centre _____, Study Centre _____. As a part of MA Psychology programme he/ she has to carry out internship (MPCE-015/MPCE-025/MPCE-035) for 240 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 under whom the learner will carry out his/ her internship. The supervisor will also have to evaluate the learner as per the given criteria.

Yours faithfully,

Academic Counsellor/Study-Centre Coordinator
/Regional Director

APPENDIX-III CONSENT LETTER (Agency Supervisor)

This is to certify that the internship in MPCE-015/MPCE-025/MPCE-035 for the partial fulfillment of MAPC Programme of IGNOU will be carried out by Mr./Mrs. _____
Enrollment No. _____, under my supervision.

(Signature)

Name of the Agency Supervisor:

Designation:

Address:

Date:

APPENDIX-IV RECORD OF VISITS/ACTIVITIES CARRIED BY LEARNER

Date of Visit	Time Duration		Place Visited	Nature of Work	Name and Signature of Concerned Authority	Remarks
	From	To				

Note:

- This includes visit to the organization/institute where the internship is carried out and interaction with the academic counsellor allotted to the learner.
- This is to be duly signed and attached in the final Internship report.
- Multiple copies of the blank form can be taken.

Signature of the Learner

Signature of Academic Counsellor

APPENDIX-V EVALUATION SCHEME FOR INTERNSHIP— (AGENCY SUPERVISOR)

Name of the Programme:

Course Code:

Study Centre:

Regional Centre:

Name of the Learner:

Enrollment No.:

Internal Marks by Agency Supervisor

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

Comments, if any: _____

Signature _____

Name of Agency Supervisor

Date:

Note:

1. At the end of the Internship the marks are to be given by the Agency Supervisor in the above format and is to be sent to the concerned study centre address in a **sealed envelope**.
2. The Study Centre will then send the marks given by the Agency Supervisor along with the marks given by the Academic Counsellor to the Regional Centre while sending the Internship Report of the Learners to the Regional Centre.
3. The marks given by the Agency Supervisor and the Academic Counsellor will be totalled and entered in the Award Sheet during the TEE of the Internship at the Regional Centre; The total internal marks are 60.

APPENDIX-VI EVALUATION SCHEME FOR INTERNSHIP— (ACADEMIC COUNSELLOR)

Name of the Programme:

Course Code:

Study Centre:

Regional Centre:

Name of the Learner:

Enrollment No.:

Internal Marks by Academic Counsellor

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

Comments, if any: _____

Signature _____

Name of Academic Counsellor

Date:

Note:

1. At the end of the Internship the marks are to be given by the Academic Counsellor.
2. The concerned Study Centre will then send the marks given by the Academic Counsellor along with the marks given by the Agency Supervisor to the Regional Centre while sending the Internship Reports of the Learners to the Regional Centre.
3. The marks given by the Academic Counsellor and the Agency Supervisor will be totalled and entered in the Award Sheet during the TEE of the Internship at the Regional Centre. The total internal marks are 60.

APPENDIX-VII EVALUATION SCHEME FOR INTERNSHIP (EXTERNAL EXAMINER)

Name of the Programme:

Course Code:

Study Centre:

Regional Centre:

Name of the Learner:

Enrollment No.:

External Marks (Viva Voce)

Details	Maximum Marks	Marks Obtained
Viva	40	
Total Marks	30	

Comments, if any: _____

Signature _____

Name & Address of External Examiner

Date:

Note: The marks given by the External Examiner are to be entered in the Award Sheet along with the internal marks received from the Study Centre at the time of TEE of Internship.

APPENDIX-VIII CERTIFICATE

CERTIFICATE



This is to certify that Ms./Mr. _____
of MA Psychology Second Year (MAPC Programme) has conducted and successfully completed
the Internship in MPCE 015/ MPCE 025/ MPCE 035 (please tick one organisation/clinic/agency)
in the place _____

Name:

Name:

Enrollment No.:

Designation:

Name of the Study Centre:

Place:

Regional Centre:

Date:

Place:

Date:

Signature of Agency Supervisor

Name:

Designation:

Name of the Organization:

Address:

Place:

Date:

APPENDIX-IX FORMAT FOR INTERNSHIP REPORT

After the internship is carried out, you have to write an internship report. This is to be written case wise or activity wise. It can include information that is typed or handwritten. A total of 10 cases/ activities need to be included in the internship report.

The format for internship report is as follows:

Title page: The report should have a title page that should include name of the learner, enrolment number and year, regional centre, the name of the organisation/institute where the internship was carried out.

Certificate

Acknowledgement (Appendix-VIII)

Profile of the Organisation/Institution

Includes the details of the organisation institution like the main are of work, when the organisation was established or started, details about trustees, management, organisational structure, activities carried out and so on.

Record of visits/activities carried out by Learner (Appendix-IV).

Table of content

Reporting of the cases

Includes the reports for each case/activity. The reporting of cases will differ on the basis of specialisation.

The cases/activities are to be reported as follows:

For Clinical Psychology and Counselling Psychology

Each case should include the following:

1. Title of the case or number to be provided.
2. The case history in original should be attached.
3. Mental Status Examination, if carried out.
4. The psychological tests administered, if any.
5. Details about interview of significant others, like parents, spouse, friends, colleagues, children etc. from whom the information was obtained can be included.
6. Any other relevant information.
7. Your observations of the case.
8. Intervention you feel needs to be provided.

For Industrial and Organisational Psychology

Under Industrial and Organisational Psychology there can either be individual cases related to absenteeism by an employee, alcoholism, problem behaviour, stress, anxiety etc. or it can be related to activities related to processes like selection, performance appraisal, training, organisational culture etc.

Each individual case should include the following:

1. Title of the case or number to be provided
2. The case history taken in original should be attached
3. The psychological tests administered, if any,
4. Any other relevant information
5. Your observations of the case
6. Intervention you feel needs to be provided

Each activity should include the following:

1. Suitable heading
2. Details about how a particular activity is carried out in that organization.
3. Details about interviews or questionnaires with regard to the activity that were carried out or administered, if any.
4. Your observation of the case
5. Intervention you feel needs to be provided.

The Report should include the following:

1. Consent Letter duly signed by the agency supervisor (Appendix III).
2. Declaration duly signed by the learner (Appendix I).
3. Certificate duly signed by the learner, academic counselor and agency supervisor (Appendix VIII).
4. Record of Visits/Activities carried by the learner (Appendix-IV).

Note: The learner should keep a photocopy of the Internship Report before submitting it.

APPENDIX-X REMUNERATION BILL

To

The Regional Director
Regional Centre,

IGNOU

1. Programme Code: MAPC
2. Course Code: MPCE 015/025/035
3. **Name of Supervisor (Academic Counsellor/Agency Supervisor/External Examiner):
Please put a (√) for the appropriate option.**

4. Residential Address: _____

5. Designation: _____

6. Official Address: _____

7. Telephone No. Office: _____

Mobile: _____

Residence: _____

Sl. No.	Enrolment No.	Name of Student	Amount

Certified 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

ACKNOWLEDGEMENT

This is to acknowledge that Ms./Mr.

Enrollment No. of MAPC (2nd Year) has submitted the

Internship Report at the Study Centre Regional

Centre

Date:

Signature (with stamp)
Received by

NOTES