



## **CLINICAL INTERNSHIP REPORT**

*A report submitted in partial fulfillment of the requirement of academic record for internship in Clinical Psychology*

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## DECLARATION (BY THE STUDENT)

I hereby declare that the INTERNSHIP REPORT entitled " *Clinical Internship Report*" submitted to the Department of Psychology, Don Bosco Degree College, Davangere University, Davangere, is a record of an original work done by me under the guidance of "Miss Saniya M Sunny, Assistant Professor, Department Of Psychology, Davangere University" and this INTERNSHIP/PROJECT REPORT is submitted in the partial fulfilment of the requirements for the award of Bachelor Degree in Arts by Davangere University.

I also declare that this report is the outcome of my own efforts and that it has not been submitted to any other university or Institute for the award of any other degree or Diploma or Certificate.

**Place:** Chitradurga

**Date:** 06-07-2024

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## **CERTIFICATE OF ORIGINALITY**

Date: 06-07-2024

This is to certify that the REPORT titled “Clinical Internship Report” is an original work of Mr. Kenneth Haggai C A; bearing University Register Number U13DO21A0008 and is being submitted in partial fulfilment for the award of the Bachelor Degree in Arts by Davangere University. The report has not been submitted earlier either to this University/Institution for the fulfilment of the requirement of a course of study.

**SIGNATURE OF THE GUIDE**

DATE: 6/07/24

**SIGNATURE OF THE HOD**

DATE: 6/7/24

## Table of Contents

| Chapter No. | INDEX                                 | Page No. |
|-------------|---------------------------------------|----------|
| 1           | Introduction                          | 1-3      |
|             | Organizational profile                | 3-5      |
|             | Vision                                | 5        |
|             | Mission                               | 5        |
|             | Objectives                            | 5-6      |
|             | Departments                           | 6-10     |
|             | Mental Health Service Team            | 10-11    |
|             | Activities involved and conducted     | 11-12    |
|             | Academic Sessions                     | 12-13    |
|             | Personal and professional development | 13-15    |
|             | a) Learning experience                | 13-14    |
|             | b) How goals were accomplished        | 14-15    |
|             | c)Cases taken and observed            | 15       |
|             | Discovery of Blind spot               | 15-17    |
|             | a) Challenges faced                   | 15-16    |
|             | b) Areas need to work upon            | 16-17    |
|             | c)Questions still unanswered          | 17       |
| 2           | Case history                          | 18-21    |
| 3           | Mental status examination             | 22-31    |
| 4           | Emotional freedom technique           | 32       |
| 5           | Assignment                            | 33-39    |

## APPENDIX

| Chapter No. | Appendix         | Page No. |
|-------------|------------------|----------|
| 1           | Certificate      |          |
| 2           | Attendance sheet |          |

## **INTRODUCTION**

Clinical Psychology is the combination of humanistic, behavioural, theoretical and clinical knowledge with the aim of understanding, preventing and reducing mental illnesses or dysfunctions and positively impacting health and personal development. Although clinical psychologists are also involved in research, teaching, consulting, evidence-based research, development, and management, the core of their practice is psychological assessment, developmental psychology, and psychotherapy. In many countries, psychiatry is a mental health profession. The field is generally believed to have begun in 1896 when Lightner Witmer opened the first psychiatric hospital at the University of Pennsylvania. In the first half of the 20th century, clinical psychology focused mostly on psychological assessment and little on treatment. This changed in the 1940s, when World War II led to an increased need for trained doctors. Since then, three major educational models have developed in the United States: the PhD science practitioner model (focus on research), the PhD science practitioner model (applied research science), and the PhD doctor model in psychology (focus on research). In the United Kingdom and the Republic of Ireland, doctorates in psychiatry fall somewhere between these two models, while in most of continental Europe training is at master's level, often at psychotherapy level. Psychologists are experts in treating psychology, generally trained in four main areas: psycho dynamic, humanistic, cognitive behavioural therapy (CBT), and therapy or family. Clinical psychology is different from psychology. While doctors in both fields specialize in psychology, psychologists specialize in psychological assessment, including neuro-psychological and psychometric evaluation, and in the treatment of mental illnesses primarily through psychotherapy. Currently, only seven states in the United States: Louisiana, New Mexico, Illinois, Iowa, Idaho, Colorado, and Utah (the most recent) allow professionally trained psychologists to prescribe psychotropic medications. A psychologist is a doctor who specializes in treating mental disorders through a variety of methods, including diagnostic evaluation, psychotherapy, psychotherapy, and therapeutic techniques such as electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS). Additionally, psychiatrists are licensed to prescribe psychiatric medications in every state in the United States and every province in Canada. But psychologists are generally not accustomed to psychometric tests. In terms of education, psychologists typically earn a bachelor's and master's degree in psychology

or a related discipline before going to graduate school and earning a doctorate in psychology (Ph.D.) or doctorate in psychology (Psy.D.). Instead, neurologists complete their training in medical school and hold a medical degree (M.D.) or osteopathic diploma, a Bachelor of Medicine, a Bachelor of Surgery (master's degree) and a Doctor of Medicine (D.O.) degree, the latter of which is only available in the United States.

Clinical psychologists engage in a variety of activities. Some focus solely on research into the diagnosis, treatment, or causes of mental disorders and other conditions. Some teach in medical schools, hospitals, or university classes (such as psychiatry). Most psychologists are involved in some form of treatment, providing professional services including psychological assessment, psychotherapy, development and management, and forensic science (for example, providing expert testimony in legal proceedings). In clinical practice, psychologists work with individuals, couples, families, or groups in a variety of settings, including private practices, hospitals, mental health agencies, schools, businesses, and nonprofit organizations. Psychiatrists who provide inpatient treatment may also choose to specialize. Some majors are recognized and accredited by the governing body in their country. In the United States, such programs are accredited by the American Board of Professional Psychology (ABPP). Clinical Psychologists conduct general studies in psychology and postgraduate and/or clinical and care fields. The duration of training varies around the world; from four years plus postgraduate supervised practice to three to six years for a PhD combined with clinical practice. In the United States, Canada, Great Britain, and many other countries, mental health practices require licensing. Clinical Psychologists provide services to individuals, couples, and families across the lifespan and to populations of all ethnicities, cultures, and health backgrounds. Problems or needs to be solved range from minor problems to serious psychological problems. Psychologists work with groups and communities to solve or prevent problems and impacts in organizations, institutions, and communities to improve people's outcomes and health experiences. Psychology for healthcare, family, and group interactions with organizations and communities; It is a broad field that addresses a wide range of psychological and behavioural health issues and is characterized by the understanding and integration of knowledge and experience from a variety of internal and external disciplines. The scope of psychological evaluation covers all ages, different races, and different systems. Professional Understanding mental health and mental health across the lifespan Ability to assess cognitive,

behavioural, emotional and social aspects of illness Using behavioural interventions based on a variety of evidence-based interventions with impact on improving health and performance conducting, publishing and implementing research on a variety of psychological processes Develop and maintain relationships and network language with different cultures of different cultures Ability to recognize and respond to mental health treatment. Ethical, legal and regulatory issues relevant to practice Understand job expectations that guide behaviour and encourage self-reflection, integrity and responsibility Know and understand how developmental stages and changes in life are related and how the individual functions within a broader work context. biosocial and cultural Evolution occurs as the development of intersections and differences between relationships and experiences that influence worldview and identity. Psychologists provide services to individuals, couples, and families throughout their lives and to people of all races, cultures, and health conditions. Problems or needs to be solved range from minor problems to serious psychological problems. Psychologists work with groups and communities to solve or prevent problems and impacts in organizations, institutions, and communities to improve people's outcomes and health experiences.

## **ORGANIZATIONAL PROFILE**

Dr. HUNTING. Baliga Memorial Hospital in Udupi, Karnataka is a famous hospital established in 2003. The hospital is committed to the health of the community and provides affordable healthcare to poor people. He made many announcements, including free mental health clinics in rural areas to provide ongoing care for people with mental disorders. Often supported by local donors and organizations such as Rotary Clubs, these camps provide free medication and counseling to those who cannot afford it. The hospital facilitates treatment of rural population by expanding its services through many satellite hospitals in nearby areas besides its main location. Analyzing the internal and external situations of an organization involves looking at the organization's strengths, weaknesses, opportunities and threats (SWOT analysis). Below is an overall analysis of A.V. Baliga Memorial Hospital, Udupi: Internal Factors Advantages: 1. Reputation and Experience: Long-term presence in the community tends to generate trust and loyalty among patients. 2. Special Services: The hospital's provision of special services for mental health can be a significant benefit. 3. Qualified personnel: Experienced, qualified doctors and support staff. 4. Facilities and



Infrastructure: New medical equipment and good sanitation facilities. 5. Community support: Relationships with local communities can increase patient access and support. Weaknesses: 1. Resource Limits: Limited funds may limit expansion and development of the region. 2. Employee turnover: High employee turnover can affect maintenance and the quality of work. 3. Technology Adoption: The use of new medical technology or electronic medical records is not effective. 4. Limited services: If there is a difference in services compared to other hospitals, this will be a weakness.

### **External factors**

Times: 1. Increased need: Awareness and need for mental health services may lead to more patients. 2. Collaboration: Ability to collaborate with other medical facilities, schools, and non-governmental organizations. 3. Federal Policy: Take advantage of federal health care programs and programs designed to improve mental health care. 4. Technological advances: Combining telemedicine and advanced diagnostic tools to improve patient care. Challenges: 1. Competition: Other hospitals and clinics offering similar or better services may pose a threat. 2. Economic factors: The economic crisis reduces the number of patients who can afford private healthcare. 3. Legislative changes: New laws and health regulations may affect employment and earnings. 4. Public Health Issues: Disease outbreaks or other public health issues can deplete hospital resources and affect hospital operation, which is always there. This analysis is based on A.V. can be further modified based on specific knowledge and understanding of the Current jobs and jobs at Baliga Memorial Hospital. Healthcare is a service that is based on high standards of quality work and also a great deal of trust. By fulfilling these two principles, Dr. A. V. Baliga Memorial Hospital was established as the major hospital of the region. It positions itself as a school that understands and uses medical knowledge to improve lives. Assoc. A. V. Baliga Memorial Hospital, Doddanagudde, Udupi was established in 2003 as a general hospital with in-house and outpatient facilities. The hospital specializes not only in psychiatry but also in general medicine, general surgery, gynecology, pediatrics, dentistry, orthopedics and otolaryngology. Our Mission Dr. According to the late A. V. Baliga, the main mission of the hospital is to serve the underprivileged sections of society. Provide quality healthcare at prices people can afford. Meanwhile, Dr. With Barriga's commitment to the best education, the school wants to grow similar to all major hospitals in the country. Assoc. A. V. Baliga is versatile; a compassionate assessor, a brilliant surgeon, a patriot, a student, a teacher, a social reformer, a journalist, etc. things to expect. Article

Established in 2003, Baliga Memorial Hospital is committed to providing quality and compassionate healthcare to both inpatients and outpatients. GÜVEN Hospital run by Charity Foundation Dr. HUNTING. Baliga, Mumbai, is just one of many schools dedicated to preserving the values he held dear throughout his life.

## **VISION**

Baliga Mental Hospital in Udupi aims to provide comprehensive mental health care, focusing on community well-being, patient-centered treatment, and the reduction of mental health stigma. Their vision likely includes enhancing mental health awareness, offering high-quality psychiatric services, and supporting patients' integration into society through holistic approaches and community outreach programs.

## **MISSION**

The hospital's mission is to make psychiatric care accessible, addressing issues such as depression, anxiety disorders, substance abuse, and other mental health conditions. It also focuses on social welfare, providing services to economically disadvantaged communities and raising awareness about mental health issues (AVBM Hospital). The mission of Dr. A. V. Baliga Memorial Hospital in Udupi is to provide comprehensive psychiatric care accessible to all, addressing the urgent need for mental health services in the community. This includes increasing awareness and reducing the stigma associated with mental illness, as well as providing quality life improvement through specialized therapeutic programs. The hospital aims to bring psychiatric services to the doorstep of those in need, particularly the economically disadvantaged, by offering various community health initiatives and satellite clinics (AVBM Hospital) (AVBM Hospital).

## **OBJECTIVES**

The objectives of Dr. A. V. Baliga Memorial Hospital in Udupi include:

1. Providing Comprehensive Mental Health Care: Offering a wide range of psychiatric services to diagnose, treat, and rehabilitate individuals with various mental health conditions.

2. Reducing Stigma and Increasing Awareness: Educating the public to decrease the stigma associated with mental illness and promoting mental health awareness through community outreach and programs.

3. Accessible Healthcare: Extending psychiatric and general healthcare services to undeserved and economically disadvantaged populations through community health initiatives and satellite clinics.

4. Specialized Therapeutic Programs: Developing specific therapeutic programs tailored to the needs of individuals with mental health issues to improve their quality of life.

individuals struggling with addiction, mental health issues, and other psycho social problems, focusing on holistic care and support.

## **DEPARTMENTS**

### **PSYCHIATRY**

In this changing and changing health and cultural environment, the role of the mental health center in understanding the science of the brain and behavior is also changing and needed. Dr. A.V. Baliga Memorial Hospital was established in 2003 with the aim of providing "psychiatry door-to-door" type facilities and services to meet current needs. Today Dr. A.V. Baliga Memorial Hospital has a dedicated center of excellence and group Psychiatrists have developed specialized treatment programs to meet the needs of vulnerable people with mental health issues, working with families to lead a healthy life.

In our psychiatry department, emphasis is placed on mental health awareness and reducing the stigma associated with mental illnesses. We have a team of the best doctors and social workers who are highly qualified in the field of mental health and can guide and help people solve their problems.

### **DE-ADDICTION**

Alcoholism can happen to anyone, regardless of gender, profession, educational background, family background or social status. In addition to affecting physical health, alcoholism also affects marital life, personal life, work life, unemployment and stigma. Assoc. HUNTING. Baliga Charity founded Navajeevan Counseling Center by Dr. HUNTING. Baliga Charity Organization. V. Baliga Memorial Hospital, 2005. The

facility provides outpatient and inpatient services as well as alcohol treatment facilities. So far, 28 medicine clinics have been completed and more than a thousand people have benefited. These camps are available for 10 days each year. Participants pay only Rs 300 and assistance and medicine are free.

### **CHILD GUIDANCE CLINIC**

In our Pediatric Clinic, we treat neurodevelopmental or childhood disorders. Conditions we treat: Intellectual Disability/Mental Retardation, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorders, Specific Learning Disability, Anxiety Disorders, Mood/Behavioral Problems, Low Esteem, Low Esteem, Communication Skills Sexual, Physical or Violence, crime problems, depression. Our Child Care Team includes: 1. A psychologist who performs a psychological examination of the child and makes recommendations for the child's treatment when necessary. 2. The psychologist evaluates the child in more detail and develops a treatment plan, including medication if necessary. 3. The doctor conducts a physical examination of the child and determines whether there is a physical disorder. Special Trainers: - Intervention and treatment Diagnosis and Treatment: For a variety of disorders and psychometric testing in adults and children, such as depression and negative emotions, mental spectrum disorders, relationships, negative emotions, stress and parenting interactions. Speech therapy is provided in cases such as speech problems, speech and language delay (such as autism), hearing loss, cleft lip and palate, voice disorders, disbelief and swallowing germs. Occupational and joint therapy for the treatment of gross and fine motor disorders, abnormal muscle tone, motor coordination problems, activity of daily living, emotional problems, and motor coordination. special education and therapy for learning disabilities, attention deficit disorder, mental retardation, and learning delay, as well as working with school counselors to develop a personal education plan. Disabled children, especially those who do not like to brush their teeth, cut their nails, cut their hair, children with mental disorders, weak, irritable children or deaf children, or children with autism and developmental disorders.

## **OPHTHALMOLOGY**

Well-equipped department of Ophthalmology was started at the institution on 18th December 2017.

The eye clinic opened on December 18, 2017. The procedures that can be performed at this center are as follows. Cataract surgery, Evaluation and management facilities for all ocular diseases like refractive errors, anterior and posterior segment diseases, equivalent to a secondary care center including the surgical management are made available. Including phacoemulsification, is now a needle-free method. Glaucoma Surgery Capsule Surgery Strabismus Surgery Eyelid Surgery and Other Memory Surgery The purpose of this institution is to provide affordable eye care to patients on and around campus.

### **FOLLOWING ARE THE SURGERIES THAT CAN BE CONDUCTED AT THE CENTRE.**

- Cataract surgery including phaco emulsification a modern stitch less procedure.
- Glaucoma surgery
- Sac surgery
- Squint surgery
- Lid surgery and other minor procedures

The institution aims at providing eye care facilities to the patients in and around the institution at affordable cost.

## **DAY CARE CENTRE**

Since 2014, Bhandu Day Care Center has been dedicated to providing psychological and social support, as well as mental health care, to individuals and families, helping patients with mental illness return to and become members of society. Mentally ill people do well in society. Therefore, periods of stay in school should be short and only in unavoidable situations. It is not recommended for patients to stay at home all day and interact only with family members. Person with mental illness do better when living in a community. Hence their stay in institutions should be brief and only under unavoidable circumstances. It is not advised that a patient stays at home all day long interacting only with family members. For those unable to find work or socialize, attending a daycare is a good option to explore and socialize. For those who cannot find

a job or relationship, going to childcare is a good option for exploration and socialization. Bhandu Day Care helps people relearn forgotten skills and improve their ability to multitask.

Bhandu Day Care helps individuals to relearn forgotten skills and build their capacity to perform various skills.

## **RESEARCH**

The Research Department at the hospital has been ok contributing regularly to studies on various topics related to Mental Health and Social Work; Effects of Psychiatric Illness on family members, Social Effects of Alcoholism, Incidence of HIV in Alcoholics etc. The hospitals in research center regularly conducts research on a variety of mental health and social work topics; Maintain strict confidentiality and the highest five ethical standards regarding patient information). research articles written by doctors and medical staff of Dr. HUNTING. Baliga Memorial Hospital and Dr. HUNTING. fish 5. Baliga Institute of Social Sciences and Urban Management publishes articles in reputable journals from time to time. Records of over 9,000 patients available with us provide us an elaborate database for research on diverse topics (strict confidentiality and highest standards of ethics are maintained with regards to patient data).

Research articles by Doctors and Medicalor Social Workers from Dr. A. V. Baliga Memorial Hospital and Dr. A. V. Baliga Institute of Social Sciences and Rural Management are published in reputed journals from time to time.

## **DENTAL SURGERY**

The Dentistry Department in our hospital is a specialized unit designed to meet a wide range of oral care needs. The aim is to provide patients with state-of-the-art dentistry and aesthetic dentistry at very affordable prices, without compromising on quality.

Our department is equipped with new dental chairs, X-ray machines and equipment to ensure hygienic and sterile treatment. Our department can also receive services from specialist doctors affiliated with the hospital upon special request.

## **MENTAL HEALTH SERVICE TEAM**

- Mrs. Soujanya Shetty - Psychiatrist
- Mr. Nagaraj Murthy - Clinical Psychologist
- Dr. Bhandari - Medical Director
- Dr. Deepak Malya - Psychiatrist
- Dr. Verupaksha deevaramane - Psychiatrist

During the two-week project (from 15/06/2024 to 24/06/2024), my colleagues and I learned many lessons and observations from Baliga Memorial Hospital. The internship supervisor, Dr. Nagaraj Murthy, psychologist, and Dr. Soujanya Shetty, psychiatrist, provide necessary support and guidance to all the staff in our hospital. This psychiatric clinic provides better opportunities for our intern teachers as well as different teachers who gather, monitor and engage in the important functions of the institution, including the ethical and legal requirements that psychologists should be concerned about. All members and hospital staff were supportive and cooperative. Dr. Deepak helps in providing the best educational materials for the hospital staff. Dr. Verupaksha also helped in other ways like giving simple information about specific diseases which eliminated complaints from both of us. Spending time with patients in the hospital, discussing information with other staff, and sharing concerns with supervisors are some of the positive experiences staff have while working. Outpatient Services: For individuals who require regular psychiatric consultation, evaluation, and medication management without hospitalization. Provide emergency care to people in distress. and family therapy. Rehabilitation Program: Provides support, including occupational therapy, social education, and vocational rehabilitation, to individuals recovering from severe mental illness. : Care for special populations such as children and adolescents, the elderly, and people with substance abuse problems.

## **ACTIVITIES INVOLVED AND CONDUCTED**

We do a lot of activities at Baliga Memorial Hospital and we also do a lot of disaster prevention work. As substitute teachers, we are placed in a variety of clinical settings where students encounter psychiatric patients and learn how to care for them. The

worker's role and job is to spend time with patients, care for them, and talk to them when they have time to talk to them. Following the meeting, interns have the opportunity to observe and interact with representatives in limited time to gather additional, valid information about the patient and understand the pain the individual is experiencing. Monitor for infection and help prevent it. Fix and understand its process and know when to use it. Under the guidance of a psychiatrist, I observed and studied the hidden mechanisms of sensitivity and medical disgust. Help administer WAPISA Help administer Seguin Form Board exams. Explore and learn the controls of Raven Color Progressive Matrix. Follow IPDE implementation. Understand MSE performed by a clinical psychologist Observe the conduct of a Rorschach test performed by a clinical psychologist. Interns learn daily topics from the "Summary of Psychiatry" book provided by a psychiatrist. During this time, all patients will be rotated with teachers in different clinical areas where students can interact with people with mental illness and learn how to care for them. The worker's role and job is to spend time with patients, care for them, and talk to them when they have time to talk to them. Following the meeting, interns have the opportunity to observe and interact with representatives in limited time to gather additional, valid information about the patient and understand the pain the individual is experiencing. Watch and help out with the activities where there are different activities to be done there. The role of the staff is to spend time with the patients in the hospital, care for them, talk to them, understand their problems, learn to build relationships, gain confidence and gain knowledge about the symptoms and behavior of the patients. The patients come every Tuesday and Thursday to talk to their loved ones in the hospital. The students did many activities including fun games for the mentally ill patients in the hospital. Music therapy Singing competition Dance competition Exercise and relaxation Rehabilitation activities Health education (group and individual) Swachh Bharat Abhiyan (every Saturday) Music therapy and singing by the students on Wednesday (every Wednesday 4 4 4), we maintain everyone's contribution, the level of patience that the doctors and patients have to work with and we are happy and having fun with the patients.

## **ACADEMIC SESSIONS**

From a clinical educator perspective, it is important that educational meetings in psychiatric hospitals introduce educational opportunities that will contribute to the



improvement and understanding of an individual's mental health care. Baliga

Psychiatric Hospital Academic Sessions:

1. Clinical Case Discussion: - Case Presentation: Interns present and discuss issues with supervising psychiatrists and colleagues, focusing on diagnosis, treatment planning and patient success. - Interpersonal Conference: A conference in which many healthcare professionals, including psychiatrists, social workers, and nurses, come together to discuss complex problems and create a treatment plan. 444
2. Lectures and Seminars: - Psychiatry Courses: Courses on a variety of psychological, clinical, and research topics in psychiatry. - Special Research: Focuses on topics such as child and adolescent psychology, serious mental illness, and substance abuse.
3. Education and technical training: - Therapy: Practical training in various therapies such as Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and the effects of mindfulness. - Diagnostic Tools: Training in the use of diagnostic tools and equipment such as clinical interviews and psychological tests.
4. Journal Club: - Scientific Research: Staff meets regularly to review and discuss the latest research news and publications in psychology and mental health. - Critical Appraisal: Develop skills in evaluating the research process and results and their implications for practice.
5. Case Simulation: - Role Play: Simulate patient interactions to perform clinical procedures such as psychological assessment, diagnosis, and treatment discussion. - Conference Notes: Suggestions from supervisors and colleagues for improving communication and clinical knowledge.
6. Ethics and Professionalism: - Ethical Dilemmas: Discuss ethical dilemmas encountered in mental health care, including patient confidentiality, consent, and boundary work. - Professional Practice: Demonstrate professionalism, discretion, and leadership in patient interactions. 444
7. Community Outreach and Education: - Community Health Assessment: Participate in community mental health services and education programs to recognize mental health issues and reduce stigma. - Patient Education: Includes educating patients and their families about mental illnesses, treatment options, and coping strategies.
8. Scientific Research: - Clinical Research: Benefits of the opportunity to participate in a research project that involves collecting data, analyzing and presenting results. - Training: Training provided by experienced researchers and doctors in developing research and contributing to mental health.

These courses provide us with a comprehensive education in the field of psychiatry, preparing us for our future roles as psychiatrists. Health knowledge and skills like their doctor.

## **PERSONAL PROFESSIONAL DEVELOPMENT**

### **a) LEARNING EXPERIENCE**

As an apprenticeship degree, this is a great course for interns. On the first day, staff learned that the environment in the psychiatric hospital was different from the general hospital. This medical internship is a better opportunity for interns to apply what we have learned in theoretical courses. At the hospital, the staff saw many of the diseases studied in the previous period (schizophrenia, bipolar disorder, depression, etc.), which helped to gain a clear understanding of many diseases. When he first started working in December 2019, the employee was asked what to do in the hospital, how to write his medical history, how to do MSE, how to join the profession, etc. issues were threatened. However, through internships, they learned about the work and work of psychiatrists at the hospital. Build relationships with agents, make eye contact with them, and more. In the first few days, interns begin talking with patients, representatives, and visiting psychiatrists. Internships also help interns better understand the clinical environment, the activities performed, and the various roles psychologists play in the hospital. Personnel are aware of schizophrenia, paranoia, bipolar disorder, addiction, personality disorders, mental disorders, disabilities, intellectual disabilities, etc. It treats a wide variety of conditions, including: Communicate tactfully with audiences individually rather than as a group. Interns also feel more confident asking questions of patients and representatives without having to read the book themselves, and they can remember words without having to write them down or write them down anywhere. Interns also learn to gather information from patients and residents under time constraints, maintain focus, have a good memory, and listen carefully. In the past, interns were afraid to take medical history and MSE; but now staff are more confident and interested in medical history and MSE. Interns also learn to use open-ended questions to gather additional information and demonstrate understanding, friendliness, and respect in their interactions with patients and their representatives. Thanks to private lessons given by psychologists, employees have a clear understanding of what medical history and psychiatric diagnosis look like, how WAPIS, IPDE and MMSE are administered and scored, and how to test the accuracy of new information acquired in previous applications. Interns are not allowed to perform a very small number of treatments and tests. But this time, the supervisor gave instructions and used Prevention and Response

Program (ERP), WAPIS, Stroop, Mirror Trace, etc. allowed some treatment and evaluation, including, a real treat. Interns also have the opportunity to observe and assist with some treatments and evaluations. Interns also learn medical history from paediatric residents for a limited time. They also have opportunities to interact with outpatients who come for family counselling and caregiver support. In general, the month-long internship provides more internship opportunities for personal, educational, and professional development.

#### **b) HOW GOALS WERE ACCOMPLISHED**

The primary purpose of the internship is to support the professional development and education of staff and to train staff in obtaining medical information from agencies and MSE from patients. Thanks to the training, implementation, evaluation, support activities, training and guidance given to employees, employees achieve their goals. During the first few days of the internship, interns have the opportunity to review medical records from their supervisors and MSE records of previous employees. Interns from various universities currently working at the hospital also shared their clinical and MSE knowledge and answered the interns' questions. After this, the intern began observing how other staff members recorded medical history and MSEs and provided the same service to other staff members. By writing our biographies and MSEs themselves, trainees have the same format. Interns gain skills such as speech design, eye contact, listening, observation, questioning and more. Interns demonstrate understanding, treat patients with respect, listen to patients patiently, ensure confidentiality, etc. these honestly help patients cooperate. In general, interns can achieve their goals.

#### **c) CASES TAKEN AND OBSERVED**

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## **DISCOVERY OF BLIND SPOT**

### a) Challenged Faced

Although internship is a good experience for employees, employees still face some difficulties during internship. First, there are very few psychiatric patients who are not ready to work or interact with staff in the first few days. However, the worker overcame this problem within a few days by establishing a good relationship with the patient and keeping it confidential. Additionally, the manager said that some patients at the house resorted to violence from time to time. Therefore, trainees do not worry about whether patients will attack workers. Therefore, in the first few days, there is no harm in the trainee writing down detailed information from other patients, because these patients are also behind the trainee. But there are people who help the people working at that time. In addition, the staff is prohibited from using pen and paper when collecting information from representatives and patients. Therefore, it is easy for the trainee to remember all the information received and write it down later. However, after a few days, the trainees learned to retain and remember important information without any warning. Interns still face problems asking questions quickly and maintaining eye contact at first, but interns are now making good progress in this area. Another problem workers face is a lack of knowledge about the differences, assessments, and stages of mental health treatment. In addition, workers are not aware of all mental disorders and neuroses. Therefore, while studying psychologists and dealing with patients with such diseases, general practitioners encounter various problems in reaching the diagnosis. Moreover, every time a psychologist presents the intern with evidence to make a diagnosis, the employee becomes oblivious. Then exercises, observations, discussions, etc. Through employees learn more about these diseases, their symptoms, and how to

diagnose them correctly. They were later moved to a new prison. Now patients often sit in corners rather than walking through open corridors as before. As a result, interns cannot interact with patients in their homes as they used to. Additionally, with fewer representatives visiting patients in hospitals due to the spread of the coronavirus, workers have less time to obtain medical information from representatives. However, this internship has rich content and helps employees learn and grow better.

#### b) Areas Need to Work Upon

Intern has to try to interact with the patients and their bystanders without any fear or biased and to maintain eye to eye contact throughout the interaction. Intern should also learn to use questioning skills in order to collect detailed information within limited time from bystanders and patients. Also, the intern should try to make sure that they are not getting emotionally involved with the patient, not looking at the patient's problem from own perspectives and even not comparing themselves with the patient's situations. When the psychologists took special lectures on various disorders, it's diagnostic criteria, treatment plans etc. the intern understood that she is having poor knowledge in the subject. In addition, the intern faced little difficulty in making diagnosis for the hypothetical cases discussed by the supervisor during different sessions. Thus, the intern should try to learn and gain in-depth knowledge about various psychotic and neurotic disorders and the diagnostic guidelines related to those. The intern has limited understanding about various assessments, therapies, interventions, etc used generally in a clinical setting and thus the intern need to learn better the same and to be professional. The intern should also improve skills that include empathy, unconditional positive regard, listening, observation, affirmation, encouraging, etc while interacting with patients. Moreover, the intern should improve her counselling skills so that she can also assist the psychologists in counselling when she is asked for the same.

#### c) Questions Still Unanswered

- Why do patients involve in violent behaviour?
- How can we create mental health awareness more effectively?
- Why there is no medicines for Autism?

- What is the difference between psychiatrist and psychologist besides the use of medication?
- How to openly interact and deal with patients with schizophrenia?

## **CASE 01**

### **CASE HISTORY**

#### **1. SOCIO-DEMOGRAPHIC DATA**

Name: N A

Age: 50 years

Gender: Male

Marital status: Unmarried

Education: II PUC

Occupation: Unemployed

Socio-economic status: Lower middle class

Religion: Muslim

Mother tongue: Kannada / Urdu

Family type: Nuclear

Residence: Urban

Date: 24-06-2024

#### **REFERAL**

Source of referral: Brought by family

#### **1. PRESENTING COMPLAINTS**

According to the patient, the patient got admitted to the hospital because he is getting very much sleep disturbances and tension.

## **2. INFORMATION**

a) Informant

Name: NB

Relation: Mother

b) Reliability of information: Reliable

c) Adequacy of information: Adequate

## **3. CHIEF COMPLAINTS**

- Sleep Disturbance
- Tension
- Anger
- Unemployment
- Hearing others voice
- Appearance of others
- Lack of interest in daily work
- Less communication with others
- Less quantity of food intake

A) Mode of onset: Gradual

B) Course of illness: Fluctuating

C) Duration of illness: 30 years

## **4. HISTORY OF PRESENT ILLNESS**

The patient named NM, a 50 years old male. After his II PUC he wanted to continue his studies in an engineering college where he dropped out without completing his first year. Then he was staying at home and helping his mother. Later he had the symptoms like seeing a person and somebody is talking with him. At the age of 20 the family took him to a nearby “Matha” hospital. Where he was taking medicine for about 30 years in between he stopped taking tablets because he was thinking that he had no sickness. In the last 6 months again, the symptoms appeared due to stopping the pills(tablets) 6 months ago the symptoms got worse and he was showing anger at others like going to



harm them. Sleep disturbances, eating properly and thinks someone is talking to him and seeing appearance of person which led to auditory and visual hallucination.

## **5. NEGATIVE HISTORY**

Mania or elevation of mood - Present

Psychotic symptoms - Present

Suicide or self-harm - Absent

Substance abuse - Absent

## **6. TREATMENT HISTORY**

The patient diagnosed with schizophrenia (30 years ago). So, he was taking medication for that and has got psychiatric treatment.

## **7. PERSONAL HISTORY**

a) Birth history

He was delivered through normal delivery according to his mother. There were no birth complications.

b) Mile stone development

Speech, motor development, cognitive development and social development of the child is normal.

c) Childhood history

The patient was normal during his childhood days.

d) Education history

The patient studied II PUC after that he joined engineering college but he didn't complete I year in the college. Till II PUC he was very active, scored good marks in academics and also, he mentioned he was good sportsmen.

e) Occupational history

Unemployed

f) Marital history

Unmarried

g) Sexual history

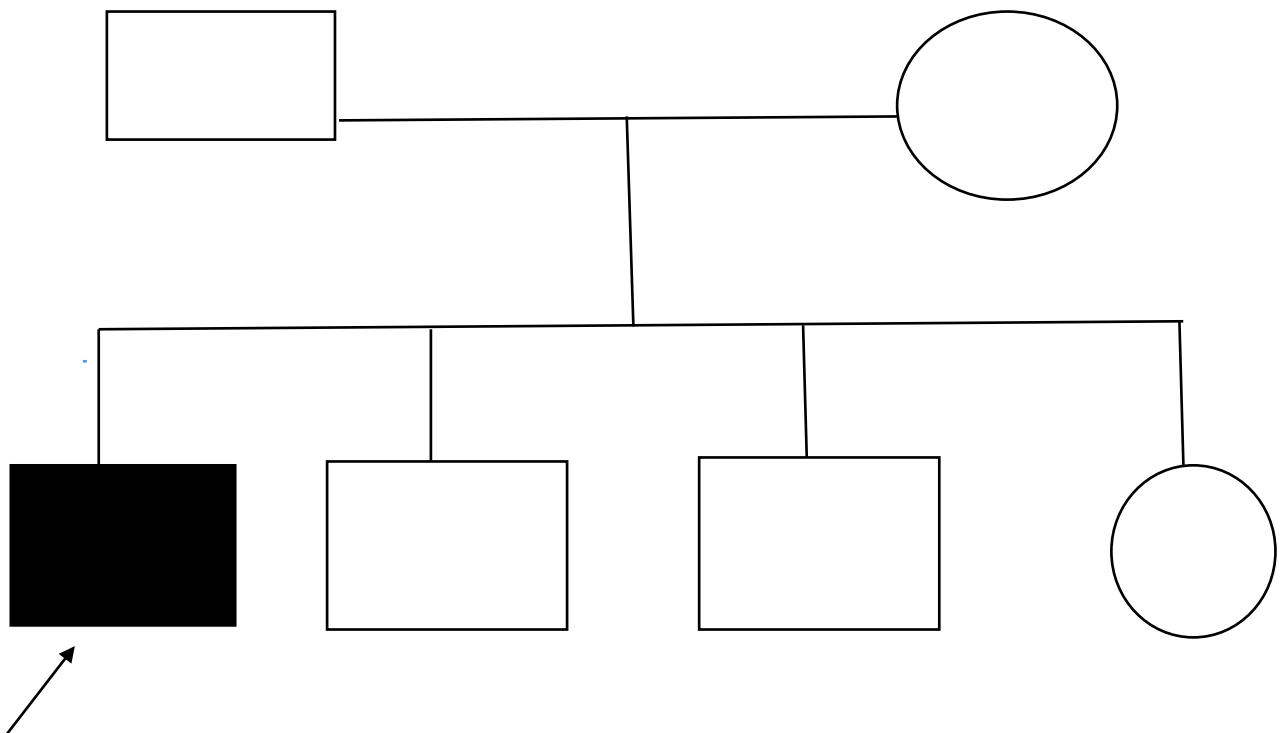
Normal

h) Premorbid personality

The patient was extrovert, self-confident and Energetic.

### **8. FAMILY HISTORY**

The patient is living in a nuclear family. Mother and father both are aged people. The patient is having 2 younger brother and 1 younger sister, they are all married and they are staying separately. There is no psychiatric illness in the family history.



## **MENTAL STATUS EXAMINATION - 01**

### **GENERAL APPEARANCE**

- A) Dressing pattern: Hygienic
- B) Cooperativeness: Cooperative
- C) Eye to eye contact: Established and maintained
- D) Rapport: Established without effort
- E) Psycho motor activity: Normal

### **ATTENTION AND CONCENTRATION**

**Q:** I will ask you to listen to some numbers and you have to reproduce the same numbers when I ask to do so.

#### **Digit forward**

- 5,6
  - 5,8,2
  - 4,6,3,7
  - 8,5,2,6,4
  - 3,8,6,4,1,5
  - 7,3,5,1,4,2,6
  - 3,2,8,7,5,6,4,1
  - 8,3,6,9,1,5,2,4,7
  - 8,6,3,5,9,4,2,7,1
- Digit forward is 7

#### **Digit backward**

- 5,8
  - 3,5,7
  - 8,4,2,1
  - 5,3,6,7,9
  - 9,3,7,5,8
  - 7,4,6,8,3,1
  - 8,5,7,4,2,6
- Digit backward is 5

Attention and concentration aroused and sustained.

## **MEMORY**

A) Immediate memory

**Q:** I will ask you to listen to a list of five words. You have to reproduce it when I ask you to do so.

Bag, doll, work, bed, table.

**A:** Bag, doll, work, bed, table.

Immediate memory is intact.

A) Recent memory

**Q:** How did you come to home?

**A:** By autorickshaw

Recent memory is intact

B) Remote memory

**Q:** What is the name of the city you were born?

**A:** Chitradurga

Remote memory is intact

Memory is intact

## **INTELLIGENCE**

A) General knowledge

**Q:** Who is our chief minister?

**A:** Siddha Ramayya

**Q:** Which city is the capital of Karnataka?

**A:** Bangalore

General knowledge is average

B) Arithmetic skills

**Q:**  $10+10$

**Q:**  $5-2$

**A:** 20

**A:** 3

**Q:**  $8/2$

**Q:**  $4*4$

**A:** 4

**A:** 16

Arithmetic skills is average

C) Comprehension

**Q:** Why people wear seat belts in the car?

**A:** To protect themselves from accidents.

Comprehension is average

Intelligence is average.

### **ABSTRACT THINKING**

A) Similarities and differences

**Q:** What are the similarities and differences between humans and animals?

**A:** Both humans and animals are living beings. Humans walk on two legs but animals walk on four legs.

Similarities and differences are understood in functional level.

A) Proverb

**Q:** What does the proverb "Better late than never" mean by?

**A:** It means that it's never too late to start.

Proverbs are understood in conceptual level.

Abstract thinking is in functional level.

### **ORIENTATION**

**Q:** What is the time now?

**A:** 6:00 pm

**Q:** Where are you at present?

**A:** at home

**Q:** Whom you have consulted now?

**A:** Mr. Kenneth

The patient is oriented to time, place and person.

## **VOICE AND SPEECH**

The patient's voice is audible, coherent, goal directed, normal fluctuations and normal reaction time.

## **PERCEPTUAL DISTURBANCES**

No perceptual disturbances were reported

## **THOUGHT DISTURBANCES**

Stream of thought: normal

Content of thought: no thought content

Possession of thought: normal

Form of thought: normal

## **JUDGEMENT**

A) Test judgement

**Q:** What will you do if you get a bicycle key on the road. What will you do?

**A:** I will hand over to the respected police station.

Test judgement is good.

B) Social judgement

**Q:** When you see a beggar in your street asking for money. What will you do?

**A:** I will give some money.

Social judgement is good.

C) Personal judgement

**Q:** What do you want to become in the future?

**A:** Entrepreneur

Personal judgement is good.

Judgement is good

**MOOD AND AFFECT**

A) Mood

**Q:** How are you feeling since last two weeks?

**A:** I am happy

B) Affect

Euthymic

**INSIGHT**

NA

**PROFISIONAL DIAGNOSIS**

NA

**TREATMENT PLAN**

NA

## **MENTAL STATUS EXAMINATION - 02**

### **GENERAL APPEARANCE**

- A) Dressing pattern: Hygienic
- B) Cooperativeness: Cooperative
- C) Eye to eye contact: Established and maintained
- D) Rapport: Established without effort
- E) Psycho motor activity: Normal

### **ATTENTION AND CONCENTRATION**

**Q:** I will ask you to listen to some numbers and you have to reproduce the same numbers when I ask to do so.

#### **Digit forward**

1,4

2,8,5

7,6,4,3

5,8,2,4,6

8,3,4,6,5,1

1,4,3,2,6,5,7

7,3,4,6,2,5,8,1

2,3,7,8,1,5,6,4,

Digit forward is 7

#### **Digit backward**

4,9

5,4,8

8,4,1,6

3,4,8,7,5

2,6,4,1,3

8,6,4,7,9,2

3,8,4,6,1,5

Digit backward is 5



Attention and concentration aroused and sustained.

## **MEMORY**

A) Immediate memory

**Q:** I will ask you to listen to a list of five words. You have to reproduce it when I ask you to do so.

Table, bottle, oven, bag, chain

**A:** table, bottle, oven, bag, chain.

Immediate memory is intact.

B) Recent memory

**Q:** How did you come to college?

**A:** By autorickshaw

Recent memory is intact

C) Remote memory

**Q:** What is the name of the first college you joined?

**A:** Indian International college.

Remote memory is intact

Memory is intact

## **INTELLIGENCE**

A) General knowledge

**Q:** Who is our prime minister?

**A:** Narendra Modi

**Q:** Which is the capital of India?

**A:** New Delhi

General knowledge is average

B) Arithmetic skills

**Q:** 9+9

**Q:** 7-3

**A:** 18

**A:** 4

**Q:** 10/2

**Q:** 6\*2

**A:** 5

**A:** 12

Arithmetic skills is average

C) Comprehension

**Q:** Why exams are conducted in the school?

**A:** To check the intelligence of the students in the school.

Comprehension is average

Intelligence is average.

### **ABSTRACT THINKING**

A) Similarities and differences

**Q:** What is the similarities and differences between bikes and cars ?

**A:** Both are used for transportation on the road. Cars have four wheels and bikes have 2 wheels.

Similarities and differences are understood in functional level.

B) Proverb

**Q:** What does the proverb “honesty is the best policy” meant by ?

**A:** It means that its best to tell the truth than suffer from a lie.

Proverbs are understood in conceptual level.

Abstract thinking is in functional level.

### **ORIENTATION**

**Q:** What is the time now?

**A:** 2:00 pm

**Q:** Where are you at present?

**A:** In the class room

**Q:** Whom you have consulted now?

**A:** Mr. Kenneth

The patient is oriented to time, place and person.

## **VOICE AND SPEECH**

The patient's voice is audible, coherent, goal directed, normal fluctuations and normal reaction time.

## **PERCEPTUAL DISTURBANCES**

No perceptual disturbances were reported

## **THOUGHT DISTURBANCES**

Stream of thought: normal

Content of thought: no thought content

Possession of thought: normal

Form of thought: normal

## **JUDGEMENT**

A) Test judgement

**Q:** What will you do if you get 500rs note on the road. What will you do?

**A:** If I see the owner, I will give it back or otherwise I will use it.

Test judgement is good.

B) Social judgement

**Q:** When you go to the city. you will notice an elderly woman trying to cross the road.

What will you do?

**A:** I will help her to cross the road.

Social judgement is good.

C) Personal judgement

**Q:** What do you want to become in the future?

**A:** Doctor

Personal judgement is good.

Judgement is good

## **MOOD AND AFFECT**

A) Mood

**Q:** How are you feeling since last two weeks?

A: I am happy

B) Affect

Euthymic

**INSIGHT**

NA

**Provisional Diagnosis**

NA

**TREATMENT PLAN**

NA

## **EMOTIONAL FREEDOM TECHNIQUE**

Emotional Freedom Technique (EFT) report for a client with Enochlophobia (fear of crowds):

### **Client Information:**

Name: Shivakumar

Age: 20

Presenting Concern: Enochlophobia (fear of crowds)

Presenting Concern:

Shivakumar reports experiencing a fear of crowds that significantly impacts his daily life. he describes intense anxiety, panic attacks, and avoidance behaviors due to the fear of anxiety or crowed situation. This phobia can be triggered by situations like standing for long periods, crowded places, or noisy places.

### **EFT Intervention:**

The therapist and shiva identified the specific situations and physical sensations that trigger his fear of crowds. They used EFT to target these anxieties while focusing on setup statements like "Even though I feel scared of getting fear of crowds and losing control, I deeply and completely accept myself."

### **Client Response:**

Shiva reported feeling a reduction in his anxiety and a greater sense of calm after the EFT session.

### **Outcome:**

While Shiva may not have entirely eliminated his enochlophobia in one session, he felt more empowered to manage his anxiety and engage in activities that previously triggered the fear towards crowds.

### **Next Steps:**

The therapist recommended Sivakumar to continue practicing self-tapping with EFT to manage his anxiety around crowds. They also discussed cognitive re framing techniques to challenge negative thoughts associated with the traumas related with crowds or crowded places. Gradual exposure exercises, such as deep breathing, visualization, guided imagery, and mindfulness training, could also be incorporated to build tolerance and calmness even in the crowded situations.



*An assignment submitted in partial fulfillment of the requirement of  
academic record for internship in clinical psychology*

**By,**

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**U13DO21A0008**

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**Department of psychology**

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*Submitted to the*

**Department of Psychology**

**DON BOSCO DEGREE COLLEGE, CHITRADURGA**

**DAVANGERE UNIVERSITY**

## **ATTENTION DEFICIT HYPERACTIVE DISORDER**

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. Symptoms of ADHD include inattention (not being able to keep focus), hyperactivity (excess movement that is not fitting to the setting) and impulsivity (hasty acts that occur in the moment without thought). ADHD is considered a chronic and debilitating disorder and is known to impact the individual in many aspects of their life including academic and professional achievements, interpersonal relationships, and daily functioning (Harpin, 2005). ADHD can lead to poor self-esteem and social function in children when not appropriately treated (Harpin et al., 2016). Adults with ADHD may experience poor self-worth, sensitivity towards criticism, and increased self-criticism possibly stemming from higher levels of criticism throughout life (Beaton, et al., 2022). Of note, ADHD presentation and assessment in adults differs; this page focuses on children.

An estimated 8.4% of children and 2.5% of adults have ADHD (Danielson, 2018; Simon, et al., 2009). ADHD is often first identified in school-aged children when it leads to disruption in the classroom or problems with schoolwork. It is more commonly diagnosed among boys than girls given differences in how the symptoms present. However, this does not mean that boys are more likely to have ADHD. Boys tend to present with hyperactivity and other externalizing symptoms whereas girls tend to have inactivity.

### **Symptoms and Diagnosis**

Many children may have difficulties sitting still, waiting their turn, paying attention, being fidgety, and acting impulsively. However, children who meet diagnostic criteria for ADHD, differ in that their symptoms of hyperactivity, impulsivity, organization, and/or inattention are noticeably greater than expected for their age or developmental level. These symptoms lead to significant suffering and cause problems at home, at school or work, and in relationships. The observed symptoms are not the result of an individual being defiant or not being able to understand tasks or instructions.

There are three main types of ADHD:

- Predominantly inattentive presentation.
- Predominantly hyperactive/impulsive presentation.
- Combined presentation.

A diagnosis is based on the presence of persistent symptoms that have occurred over a period of time and are noticeable over the past six months. While ADHD can be diagnosed at any age, this disorder begins in childhood. When considering the diagnosis, the symptoms must be present before the individual is 12 years old and must have caused difficulties in more than one setting. For instance, the symptoms can not only occur at home.

### **Inattentive type**

Inattentive refers to challenges with staying on task, focusing, and organization. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:

- Doesn't pay close attention to details or makes careless mistakes in school or job tasks.
- Has problems staying focused on tasks or activities, such as during lectures, conversations or long reading.
- Does not seem to listen when spoken to (i.e., seems to be elsewhere).
- Does not follow through on instructions and doesn't complete schoolwork, chores or job duties (may start tasks but quickly loses focus).
- Has problems organizing tasks and work (for instance, does not manage time well; has messy, disorganized work; misses deadlines).
- Avoids or dislikes tasks that require sustained mental effort, such as preparing reports and completing forms.
- Often loses things needed for tasks or daily life, such as school papers, books, keys, wallet, cell phone and eyeglasses.
- Is easily distracted.
- Forgets daily tasks, such as doing chores and running errands. Older teens and adults may forget to return phone calls, pay bills and keep appointments.

### **Hyperactive/ impulsive type**

Hyperactivity refers to excessive movement such as fidgeting, excessive energy, not sitting still, and being talkative. Impulsivity refers to decisions or actions taken without thinking through the consequences. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:

- Fidgets with or taps hands or feet, or squirms in seat.



- Not able to stay seated (in classroom, workplace).
- Runs about or climbs where it is inappropriate.
- Unable to play or do leisure activities quietly.
- Always “on the go,” as if driven by a motor.
- Talks too much.
- Blurts out an answer before a question has been finished (for instance may finish people’s sentences, can’t wait to speak in conversations).
- Has difficulty waiting for his or her turn, such as while waiting in line.
- Interrupts or intrudes on others (for instance, cuts into conversations, games or activities, or starts using other people’s things without permission). Older teens and adults may take over what others are doing.

### **Combined type**

This type of ADHD is diagnosed when both criteria for both inattentive and hyperactive/impulse types are met.

ADHD is typically diagnosed by mental health providers or primary care providers. A psychiatric evaluation will include a description of symptoms from the patient and caregivers, completion of scales and questionnaires by patient, caregivers and teachers, complete psychiatric and medical history, family history, and information regarding education, environment, and upbringing. It may also include a referral for medical evaluation to rule out other medical conditions.

It is important to note that several conditions can mimic ADHD such as learning disorders, mood disorders, anxiety, substance use, head injuries, thyroid conditions, and use of some medications such as steroids (Austerman, 2015). ADHD may also co-exist with other mental health conditions, such as oppositional defiant disorder or conduct disorder, anxiety disorders, and learning disorders (Austerman, 2015). Thus, a full psychiatric evaluation is very important. There are no specific blood tests or routine imaging for ADHD diagnosis. Sometimes, patients may be referred for additional psychological testing (such as neuro-psychological or psycho-educational testing) or may undergo computer-based tests to assess the severity of symptoms.

### **The Causes of ADHD**

Scientists have not yet identified the specific causes of ADHD. While there is growing evidence that genetics contribute to ADHD and several genes have been linked to the disorder, no specific gene or gene combination has been identified as the cause of the

disorder. However, it is important to note that relatives of individuals with ADHD are often also affected. There is evidence of anatomical differences in the brains of children with ADHD in comparison to other children without the condition. For instance, children with ADHD have reduced grey and white brain matter volume and demonstrate different brain region activation during certain tasks (Pliszka, 2007). Further studies have indicated that the frontal lobes, caudate nucleus, and cerebellar vermis of the brain are affected in ADHD (Tripp & Wickens, 2009). Several non-genetic factors have also been linked to the disorder such as low birth weight, premature birth, exposure to toxins (alcohol, smoking, lead, etc.) during pregnancy, and extreme stress during pregnancy.

## **Treatment**

ADHD treatment usually encompasses a combination of therapy and medication intervention. In preschool-age and younger children, the recommended first-line approach includes behavioral strategies in the form of parent management training and school intervention. Parent-Child Interaction Therapy (PCIT) is an evidence-based therapy modality to help young children with ADHD and oppositional defiant disorder. ADHD Parents Medication Guide, American Academy of Child and Adolescent Psychiatry and American Psychiatric Association

ADHD Parent's Medication Guide.

According to current guidelines, psycho stimulants (amphetamines and methylphenidate) are first-line pharmacological treatments for the management of ADHD (Pliszka, 2007). In preschool-aged patients with ADHD, amphetamines are the only FDA-approved medication, although guidelines suggest that methylphenidate rather than amphetamines may be helpful if behavioural interventions prove insufficient. Alpha agonists (clonidine and guanfacine) and the selective nor-epinephrine re uptake inhibitor, atomoxetine, are the other FDA-approved options for treating ADHD. There are newer FDA-approved medications for ADHD treatment, including Jornay (methylphenidate extended-release) which is taken at night and starts the medication effect the next morning, Xelstrym (dextroamphetamine) which is an amphetamine patch, Qelbree (viloxazine) which is a non-stimulant, Adhansia (methylphenidate hydrochloride), Dyanavel (amphetamine extended-release oral suspension), Mydayis (mixed salts amphetamine product), and Cotempla (methylphenidate extended-release orally disintegrating tablets).

Many children and families can alternate between various medication options depending on the efficacy of treatment and tolerability of the medication. The goal of treatment is to improve symptoms to restore functioning at home and at school.

### **ADHD and School Aged Children**

Teachers and school staff can provide parents and doctors with information to help evaluate behavior and learning problems and can assist with behavioral training. However, school staff cannot diagnose ADHD, make decisions about treatment or require that a student take medication to attend school. Only parents and guardians can make those decisions with the child's health care clinician.

Students whose ADHD impairs their learning may qualify for special education under the Individuals with Disabilities Education Act or for a Section 504 plan (for children who do not require special education) under the Rehabilitation Act of 1973. Children with ADHD can benefit from study skills instruction, changes to the classroom setup, alternative teaching techniques and a modified curriculum.

### **ADHD and Adults**

Many children diagnosed with ADHD will continue to meet criteria for the disorder later in life and may show impairments requiring ongoing treatment (Pliszka, 2007). However, sometimes a diagnosis of ADHD is missed during childhood. Many adults with ADHD do not realize they have the disorder. A comprehensive evaluation typically includes a review of past and current symptoms, a medical exam and history, and use of adult rating scales or checklists. Adults with ADHD are treated with medication, psychotherapy or a combination. Behavior management strategies, such as ways to minimize distractions and increase structure and organization, and support from immediate family members can also be helpful.

ADHD is a protected disability under the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). This means that institutions receiving federal funding cannot discriminate against those with disabilities. Individuals whose symptoms of ADHD cause impairment in the work setting may qualify for reasonable work accommodations under ADA.

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