

Minor Internship Report

By

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Specialization: Mind & Behaviour

Organization: Mental Institution of Spinari, Kozani, Greece

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Benefits of an internship in the mental health field

Since the end of my first year as a student in the University College Groningen, I did not know which career path was right for me. I started my second year considering to focus either in psychology, or philosophy so in the first semester of year two I chose classes from both fields. After the end of the semester, it was clear to me that I was leaning towards psychology, however, I was not yet able to decide.

Wanting to get a deeper insight into the field of psychology and test whether this is actually something I truly enjoy I decided to take two extra psychology classes in the second semester. These courses being, School Neuropsychology and Developmental Neuropsychology, not only strengthened my interest in the field but also made me consider Clinical Psychology and Psychopathology as possible future careers.

Clinical Psychology and Psychopathology sounded like very interesting and attractive options because they both can be stimulating and engaging careers with growth opportunities. However, both careers are based on the assessment and treatment of mental health patients, with which, at this point, I had no experience with. Considering this, I decided that an internship in a psychiatric clinic would be a great opportunity to become familiar with such patients and the tasks of a clinical psychologist and experience work in a clinical setting.

Preparation for the internship

My host institution is located in the city of Kozani in Greece. Kozani is a small city in Northern Greece with a population of over 70000 people. Growing up in a city located 49km from Kozani, I was already familiar with the Spinari clinic, its operation, and its contribution to the area. Knowing that it is a well-known and privileged mental institution in Northern Greece, and quite close to my childhood home, I decided to apply there as an intern.

I approached the institution via email asking them if an internship at their institution is possible. After their positive reply, I informed them about my academic status and we scheduled a phone interview with the hospital's director. During the internship, the director asked for information regarding my University and the reasons why I decided to follow a major in psychology. Then she continued with more personal questions, such as a description of myself and my career goals. The interview finished with some questions about the roles and qualities of a clinical psychologist.

After three or four days I received a phone call from the institution in which they informed me that they are very happy to welcome me to their hospital as an intern. During the phone call, they stated that I had to be fully vaccinated against COVID-19 before the start date and that it was going to be an unpaid internship.

Moreover, they shortly informed me about my tasks and responsibilities. Specifically, they stated that I would be participating in the doctors' daily visits, discussing with the patients and keeping them company, taking psychiatric interviews, and conducting diagnostic dementia tests.

Before my start day, Mrs. Tsopouridou, my external supervisor, provided me with a guide about psychiatric history and interview talking, and some presentations about the different mental disorders. She explained that I should read the material provided beforehand and informed me that I am going to receive information about dementia later during the internship. Even before my starting date, Mrs. Tsopouridou helped me with the understanding of the material and she was available for any questions that might arise. Together with her assistance, I finished and understood my readings to an appropriate level before starting my internship.

Expectations prior to internship

There were plenty of reasons why I started considering an internship as a part of my Bachelor's program. An internship would help me to integrate into the work environment of an organization dealing with my field of specialization, while it would give me the opportunity to actively participate in its overall function. Moreover, it would provide me with the opportunity to begin recalling the theoretical knowledge that I acquired during my studies at the university, in order to apply it in practice and to cope with the problems I will be assigned to.

Up until now, testing my knowledge only occurred hypothetically through exercises, topics, and examinations, while with the internship, for the first time, I would be able to face real problems -from the most important issues, such as assigning a study, talking interviews, conducting psychological testing, helping in diagnoses, to the most insignificant, such as assisting patients, participating in doctor visits. In addition, I expected to acquire skills particularly useful for my subsequent professional career. I would gain experience regarding processes concerning the overall approach, treatment, and social interaction with patients. Skills that are impossible to acquire only through theoretical knowledge.

From my internship, I expected to learn more about myself, test my limits and see which situations I am or am not able to handle. As I had never interacted with mental patients in the past, I wanted to experience working, discussing and communicating with them. Being an intern in a psychiatric clinic, I would see how mental patients behave, socialize, dress, etc. I considered this direct interaction between me and the patients necessary to better understand the qualifications, duties, and responsibilities in my career field.

Lastly, as an internship is a great experiential academic experience, I expected it to lead me into which Master's program better suits my personality as well as my interests. I wanted to learn more about my career orientation and the working opportunities offered in the field of psychology. Specifically, I hoped that my internship will guide me through the many branches of psychology and lead me to a better Master's choice.

Description of the chosen institution

The institution I chose for my internship is a psychiatric hospital and a therapeutic clinic. It is built and equipped for the proper and safe treatment, monitoring, assessment, and boarding of mental health and dementia patients. It also owns special equipment for incompetent patients (elders, patients with retardation, or autism) or patients with severe illnesses, such as spinal muscular atrophy and multiple sclerosis. The hospital specializes in severe mental disorders and hosts patients suffering from different disorders including schizophrenia, bipolar disorder, depression, mania, and paranoid personality disorder.

The hospital has four floors, a garden, a mini-market, and an outbuilding mortuary. Each floor is equipped with a living room, a dining room, at least three bathrooms, a medical station, and the bedrooms of the patients. There are single, double, or triple rooms in which the patients are placed depending on their needs and behavior. Almost all patients have the possibility to move from one floor to the other and visit the garden. Patients who misbehave or need extra attention -are too weak and might fall- are tightened with special belts to either their beds or armchairs. At the moment the hospital takes care of 220 patients in total, but it can host up to 300 if needed.

On average, from those 220 patients, around 140 have either psychotic disorders or mental retardation. Many of those patients are being hospitalized for more than fifteen years, a fact that makes them feel the clinic like their home. Even though most still keep in touch with their relatives outside the clinic, they have created good friendships with other patients. Generally, there is a positive family atmosphere at the hospital, with patients, doctors, and staff having good relationships with each other.

Internship Supervisor

My supervisor during the internship was Mrs. Tsopouridou, a psychologist in the clinic. She has been working in the psychiatric hospital for almost twenty years now, and her department is dementia patients.

Mrs. Tsopouridou, was a very good supervisor, that cared about my progress, and was giving me feedback often. She provided and explained the material I needed to learn in order to conduct psychiatric interviews and psychological testing, explained the overall function of the hospital and introduced me to many co-workers. Her most important task, when it comes to my supervision, was that she overviewed me when I was conducting psychological interviews. I really appreciate it that she was in the room with me and the patient, as many patients can have unpredictable reactions and behaviours.

As she was mostly monitoring dementia patients, most days we were working on different departments. In my opinion, this was quite unfortunate, as I did not have the possibility to ask questions regarding patient behaviour and I could not inform her often about the patients' progress. However, at least once a week, she found the time to discuss with me the psychiatric reports I had written throughout the week and important information regarding the

patients.

Description of the undertaking tasks

During my internship, I undertook several tasks. I have worked with mental and dementia patients and participated in art therapy sessions, doctor discussions, and consultations. I was in charge of using simple psychological testing to examine dementia and personality. Some examples of the tests I used can be found in Appendix A. Finally, under my supervisor's direction, I conducted diagnostic and clinical interviews, and I interviewed the patient's family members during new hospitalizations.

Art therapy sessions

During therapy sessions the painter together with my assistance was teaching mental patients how to draw on a canvas. The patients were allowed to draw anything that they could imagine without any limitations. The painter was there to teach drawing techniques and help with color mixing while I was observing the patients' behavior, dealing with any inappropriate behavior (e.g. cursing, fights) and motivating them to stay focused on the task. Art therapy was a great way for the patients to break their routine, socialize, stay active, contribute and feel productive. The clinic has chosen this therapy method as it has been proved to help psychiatric patients express their inner thoughts and feelings through art. Specifically, the psychologist can use the patients' artwork as a bridge between their mind and reality, thus helping them understand themselves and their condition better.

The Spinari clinic used to participate in painting exhibitions every year, however, this year because of Covid-19, this event had to be postponed. As I was not allowed to take pictures of the patients' drawings or the art studio due to privacy issues, I am attaching an article on an older exhibition held by the hospital. In the article, the head psychiatrist is being interviewed about the art therapy sessions and their effects. This is the link to the article: http://www.elenamoschidi.com/reportage/art_therapy3.html

Doctor Visits

Participation in the doctor discussions and consultations was a daily routine. The psychiatrists were discussing with the pathologists and the nurses about any medication side effects, response to treatment, or unusual behavior and events. After the discussion, the consultation was taking place. The psychiatrist, the head nurse, the pathologist, and I were visiting each of the patient's bedrooms to ask them how they are doing and check on their progress. I was participating in all morning visits meaning that I worked with all four psychiatrists and visited the patients from every section.

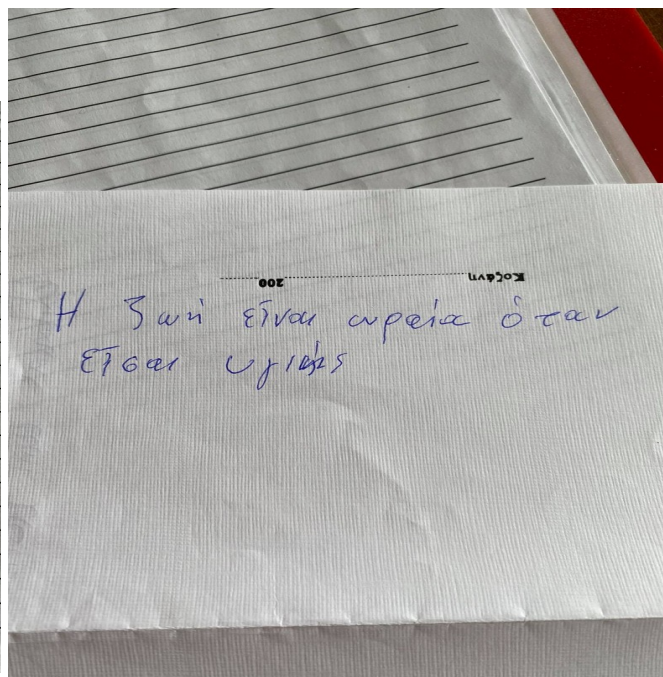
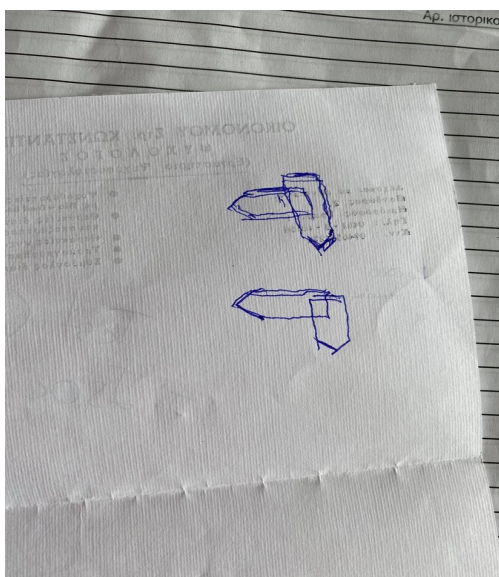
During the doctor visits, I had the opportunity to observe some interesting mental health cases. For instance, a schizophrenic patient, specifically a woman that is hospitalized for

more than 20 years in the clinic, has the hallucination of being pregnant. She had that belief since the day she came into the clinic. One time that we were visiting her, a pathologist that I had not seen before, came with us because he was replacing the one that usually visits that section. When we arrived at her room and she saw the pathologist, she started smiling and yelling “My love, my love, I am almost on my due date”. She clearly thought that the pathologist was her husband and they were about to have a baby together. After the visit, I asked the psychiatrist about her behavior, and they indeed confirmed that she has the delusion that she is married to the pathologist.

Psychological Testing

Psychological testing was used when new hospitalizations and more often for dementia patients to reevaluate their dementia stage of severity. The tests that I used to work with were the Clock Drawing Test, Mini-Mental Test Examination (MMTE), and Eysenck Personality Questionnaire (EPQ). The Clock Test and the MMTE were necessary for the diagnosis of dementia, while the EPQ was used mostly for mental health patients. Especially, testing and follow-up testing used for dementia were considered very beneficial and helpful as they showed the patient’s progress based on result comparison.

An example of the drawing exercise and the *write a sentence* exercise from the MMTE can be seen in the pictures below. The pictures represent the results of a woman at her seventies that took the test. In the first picture the woman was solving the drawing exercise of the MMTE. At first the woman failed to copy correctly the drawing, but then she realised that "something was wrong with it" so she redrew it correctly. In the second picture, the woman's answer in the *write a sentence* exercise of the MMTE is visible. She correctly wrote the sentence “Η ζωή είναι ωραία όταν είσαι υγιής”, meaning in English "life is good when you are healthy". This woman is diagnosed with mild dementia.



Interviews and diagnosis

Interview talking and helping in diagnosis were the most important tasks I undertook. I conducted clinical interviews with many mental patients in the hospital and wrote psychiatric reports. Specifically, I interviewed patients with bipolar disorder, schizophrenia, paranoid personality disorder, and suicidal ideation. Specifically, my supervisor assigned me a patient who needed to be interviewed and after he agreed to cooperate, the interview process started. My supervisor was always in the interview room with me and the patient. This was mainly to prevent probable aggressive patient behavior, but also to support me with extra guidance and assistance if needed.

As already mentioned, I took interviews with many different mental patients. Some cases which, I personally found very interesting, were a schizophrenic patient and a delirium patient.

The schizophrenic patient is now suffering 20 years with mental illness. He has been previously hospitalized at the clinic and he is now back because of the lack of care at home. The interesting part is that this patient has complete awareness of his mental illness. When he is asked why are you here, he replies "I am here because I have schizophrenia and my parents are not able to take care of me anymore". He wants to get better, he takes his medication and follows our instructions but he is still unable to take care of himself. This is because the medication makes him lethargic, and sometimes he still has auditory hallucinations.

Another interesting case was the delirium patient. When talking to him you can not immediately say he is suffering from a mental illness. However, by going deeper into the conversation, you start realizing that some of his sayings are irrational. For instance, he started saying that he is a pilot and that he survived a crash. All is good for now. However, when I asked him how he survived, his answer was "I jumped without a parachute and crushed with my forehead on the ground, but the gods saved me". He could continue this delirium for a very long time. Even after receiving his medication, this patient still lives in his delirium.

Internship in Greece

Being a Greek citizen is quite hard for me to describe how an internship for an international would be. Personally speaking, doing an internship in Greece is a great experience. The costs of living are very low, there is excellent social life, and extraordinary places to visit.

In the city of Kozani the living costs are lower than average. The house rent ranges from 250 to 350 for a whole apartment per month, while extra costs such as electricity, water, etc. are around 100 euros extra per month. Supermarkets and necessities are similarly priced when compared to the Netherlands, while hospital care is free of charge.

Kozani is a small city in northern Greece so there are not many restaurants, shops, and nightclubs. However, thirty minutes to two hours drive from the city there is beautiful nature with many different landscapes: mountains, lakes, waterfalls, and rivers, where, depending on the season, you can try skiing, kayaking, hiking, rafting, horse riding, or canyoning.

The public transport from and to the city is limited to the inter-city buses which can be used for long-distance traveling. Unfortunately, there are no means of public transport to the natural attractions and the only possibility to visit them is by car or through travel agencies.

Tips for future students

One of the most important things to consider when applying for an intern position in a psychiatric clinic is language. Many psychiatric patients have little or no education, learning difficulties, can be fast talkers or speak in a disorganized and confusing way. Especially, when dealing with schizophrenic patients, discussions are quite hard to follow as the patient usually makes long pauses, changes the subject very quickly, or speaks in a word salad.¹

So even though there are internship opportunities in clinics abroad offered in English, there is a big chance that the psychiatric patients will just be able to speak in their native language. This means that if one is considering applying for an internship position in a country where English is not the native language and he is not fluent in the language of that country, he might not be able to interact directly with the patients. This could affect the interns' overall job experience and satisfaction and give them the wrong impression of how a job in a clinic actual is.

Another important thing to consider is that psychiatric and dementia patients have a lot of health problems. Interns might need to face situations with patients collapsing, becoming very ill, needing nurse assistance, or even dying. During my internship, I had seen ambulances moving patients to general hospitals and nurses moving dead bodies to the mortuary. In my opinion, is important for future students to be mentally prepared that they will have to deal with these unpleasant situations before applying for such an internship.

Overview of undertaken tasks and activities

As already mentioned in the previous section, during my internship I was assigned several tasks. I was conducting psychological tests, and psychiatric interviews, and I was writing psychiatric history reports. Moreover, I was managing the art therapy sessions, and I was participating in the daily doctor visits.

Except for the tasks explained above, I was assisting to some activities held by the institution and to the care of elderly patients. Specifically, I was hosting leisure activities for psychiatric patients such as drawing exercises, and puzzle making. In addition, I offered nursing care to the elderly such as assisted feeding, walking, and standing. I was aslo spending some hours during the day talking and interacting with patients. Especially elders and long-term hospitalized patients really enjoyed my company and the time I was spending with them.

¹ Word salad = severely disorganized and virtually incomprehensible speech or writing, marked by severe loosening of association strongly suggestive of schizophrenia (APA dictionary, 2020).

Learning progress

Prior to the internship, I set a few personal learning goals that I wanted to achieve through my internship in the psychiatric hospital. These goals, based on the UCG internship manual, are separated into two categories those being professional skills and generic skills. These goals were set to expand even further my personal development as a person and a professional.

In my opinion, I have managed to accomplish almost all the goals in both categories. Some of the goals, I can proudly say, I have achieved to a great degree, while others, unfortunately, I failed to accomplish completely. Which goals I achieved or failed was based on my placement in the organization, my tasks, and responsibilities, as well as, the spare time I had after my shift.

Professional learning goals

Prior to the internship, I set multiple personal goals which I wanted to achieve during my internship. My most important goals in the professional domain were to be able to analyze, identify, resolve, think critically and reflect on a psychiatric case, while some secondary goals were to learn more about psychiatric manuals and the patients' treatment process. In my opinion, as my ability to understand a patient, conduct an interview and write a psychiatric report has been greatly improved since my start date, my primary goals were attained. Unfortunately, I did not accomplish my secondary goals to the degree I wished to.

Primary Goals

Because of the responsibilities, I was assigned during the internship, I had the opportunity to get familiar with different patients and disorders. This wide variety of patients helped me notice the heterogeneity problem in such disorders as well as how similar symptoms can have completely different outcomes to different individuals. Due to the heterogeneity problem, I have learned that as a clinical psychologist you have to be flexible and able to "read" the patient. By coming across different cases I realized that posture, dressing style, cleanliness, eye contact, signs of tiredness, and talkativeness are important signs of mental illness. I acquired how to read emotions, and moods, based on the patients' expressions, body language, and voice tone. For example, a poorly or weirdly (wears colors or patterns that do not match) dressed patient who does not keep eye contact and laughs when talking about a sad and painful event, probably has problems with his mental health.

In addition, I have learned that patience, and being able to context and control a dialogue are very important skills for a clinical psychologist. This is because many patients have confused

speech, rapidly shift ideas (flight of ideas) or make extended pauses during interviews. A clear example of this “flight of ideas” is a schizophrenic patient that I interviewed during my internship. He was talking so fast and shifting topics so quickly that I could barely understand and follow the discussion. I had to stop his speed of talking by saying for example “Yes, but what about this ongoing fight with your father. Before telling me about your ex-girlfriend, could you please tell me more about that fight?”. I needed to refocus his attention to a specific topic of interest often during the interview. Developing through experience my interview skills I now can effectively guide a patient through a discussion. Comparing myself from the time I conducted my first interview up to my last there is a big improvement to the way I approach the patient and ask diagnostic questions while following the flow of the conversation.

During my internship, I developed my writing skills regarding the psychiatric history report as well. Now, I am able to clearly recognize the parts of the interview which should be included in the report, how to structure it, and include my point of view and observations.

Specifically, the report needs to include: a) patients demographics, b) mode of referral, c) history of presenting complaint, d) current signs and symptoms, e) past psychiatric history, f) forensic, substance abuse, and family psychiatric history, g) social history, h) mental state examination information (appearance, behavior, eye contact, rapport), i) Orientation/cognition [speech (rate, rhythm, volume, intonation), thought form (logical, irrational, loose) and content (delusions, obsessions, ideas), perception (illusions, hallucinations), mood (apathetic, euthymic, etc.)], affect (immediate expression of emotions), insight (awareness of illness), judgment (impact of illness on decision making). The report should be structured in chronological order from past to present, with the psychologists’ subjective components at the end (components h, and i).

Two examples of psychiatric reports I wrote during the internship can be found in Appendix B.

Secondary Goals

Other personal goals that I set before the internship was to learn more about treatment and the use of psychiatric manuals. Despite that, I have tried to read in-depth the psychiatric manuals provided by the organization, due to the many work hours and the heavy workload I was not able to study and comprehend the material completely. However, up to a certain degree, I learned more about the use of the manuals through practice as it was needed during diagnoses and psychiatric interviews.

Learning more about treatment was also a challenge as all patients in the hospital needed medication and I am not qualified or have knowledge on psychotropic drugs. Nevertheless, my participation in the doctors’ daily visits acquainted me with the side effects of such medications and their consequences to the patients’ overall health. For instance, due to the side effect of dry mouth many patients were always thirsty thus consuming excessive amounts of water. The excessive water intake caused the patients to often develop hyponatremia (low sodium levels) which could later cause heart failure. Other side effects experienced by many patients due to long medication usage were: hair and teeth loss,

trembling hands, and weight gain.

Generic learning goals

In the generic skills category, my goals stated were to work effectively and contribute to the organization, be flexible and take initiatives under different work circumstances, gaining patience, communication, and problem-solving skills, learn to operate and communicate as a professional, and lastly, work both autonomously and collaboratively.

According to my co-workers and supervisor sayings, my employment and tasks were necessary for the better function of the hospital. By completing my tasks with success, I won extra time to the psychologists of the hospital to deal with important urgent cases and circumstances. Moreover, due to a large number of hospitalization sometimes the main psychologists cannot cover the needs of all patients so extra assistance is necessary. As a psychology intern, I provided the patients with extra psychological and social care, while I was supporting their need for social interaction. As mentioned earlier, I spent several hours each day talking to patients, keeping them company, joking with them, or accompanying them on their garden walks. They really valued my time with them and always asked me when I could come again.

Secondly, being in charge of dementia testing and by conducting interviews I developed both my interaction and communications skills. In order to convince dementia patients to complete the dementia test, I had to learn how to use encouragement techniques, motivational speech, small talk, and humor. Psychiatric patients to complete an interview needed encouragement and motivational talking as well as positive body language. For example, I needed to help them sit on the bed or stand so as to be able to do the drawing and the writing components of the test. Many were in bodily pain or tired and refused to stand in the beginning but after some encouragement and assistance, they almost always cooperated. Because of this usual interaction with the patients, my patience and compassion also increased. Today, I am a very patient person who can remain calm when dealing with difficult, distressed, or low-intelligence patients.

Moreover, to fulfill my tasks good collaboration and co-operation with my co-workers was required. Due to my participation in the daily doctor visits, I needed to co-operate with many employees from different occupations. Displaying a positive attitude, being on time, being polite, and respecting different work styles, helped me to sustain good relationships with all employees throughout the internship. There was only positive feedback about my behavior and attitude, and there was no conflict with anyone in the hospital.

Lastly, learning to work both collaboratively and independently was another important goal. In general, during my internship, I spent half of my time working collaboratively and half of my time working autonomously. As I have already mentioned, working collaboratively was a big part of my internship because I was co-operating with many different people on a daily basis. Independent tasks, some of which being interview and psychological test-taking, social and health care support (assisted feeding etc.), and activities hosting (drawing exercises etc.) were a big part of my workload as well. By conducting both collaborative and autonomous tasks I developed my listening, communication, and adaptability skills, but also

my confidence, dependability, self-motivation, and planning skills.

Reflection on expectations

My experience interning in the psychiatric hospital exceeded my expectations. Not only I had the opportunity to work in a great and modern mental institution, but also to meet and collaborate with some remarkable people. Through the internship, I made connections, learned professional communication, gained knowledge, got familiar with the appearance (e.g. gait, posture, clothing) and behavior (e.g. gestures, mannerism, expression) of mental health patients, gained independence, and opened doors for possible future employment.

From the beginning, I was welcomed with respect and I was treated as a new employee. My supervisor was always around and she was approachable for any questions that may come up. The psychiatrists and the other psychologists were also very polite and helpful. Especially, the head psychiatrist always cared about my progress and offered me extra tasks and learning opportunities. Two times, for instance, he asked me personally to help him with new hospitalizations of dementia patients and talk with their family members that brought him to the institution. That was a big chance for me as usually, when new hospitalizations, I did not have the chance to discuss with the family of the patient but only with the patient himself.

Throughout my internship, I had to put previous theoretical knowledge into practice and learn how to use it effectively to successfully complete my tasks. Especially, when conducting interviews a good theoretical foundation on interview taking, diagnoses, and mental disorders was necessary. In addition, being responsible for dementia testing increased my knowledge of psychological testing both to a theoretical and a practical level. I learned a lot about the Clock Drawing Test, and Mini-Mental Test Examination (MMTE), how to use it, and how to read through the results. Knowledge that I had not gained yet through my university courses.

In addition, being an intern had a positive influence on my personality. Working at the psychiatric hospital, I became more patient and understanding, a better listener, and a more mentally stable individual. I have learned that communication and engaging in discussions with elders and mentally ill individuals is a challenge that I enjoy. I discovered that talking to the patients gave me a feeling of fulfillment while making me a more patient and empathetic individual. I can not describe the amount of joy that I was feeling when I was making depressive and suicidal individuals laugh, or when elders with dementia were hugging me after long conversations. This intimacy that was created between me and the patients made me a more mentally stable individual and a better professional as well. This is because, even though I was starting to have a familiar relationship with them, I had to set professional boundaries to protect myself from being drawn into the patient's lives.

Finally, being an intern in the psychiatric hospital helped me discover how much I enjoy working with mental health patients. Now, I am positive that working as a psychologist in clinical settings is a career path that I will very much enjoy doing.

Supervisors' feedback

In general, the final feedback from my supervisor was positive. She seemed very satisfied with my overall performance, in the completion of the assigned tasks, but also with my character and professionalism. She stated that my technical and oral skills, as well as my motivation for activities inside and outside of the institution, were good. According to her judgment, I showed great initiative, while I was fulfilling my tasks with good speed and accuracy. My communication and co-operation with her and the other employees were excellent with no conflict or antagonism of any kind, a fact that can be proved through the grade she gave me in the final assessment form. Finally, according to my supervisor, my placement benefited the institution as I was carrying many important tasks (e.g. use of diagnostic tools, clinical interview talking).

Except for my supervisor, I closely collaborated with another psychologist and the head psychiatrist. I used to work with them during new hospitalizations, and the daily doctor visits. The psychologist was also supervising me during the extracurricular activities (e.g. puzzles, drawing).

The psychiatrist, being the head of the department, close to the end of my internship asked me to bring him all my psychiatric reports and interviews so he can review my progress. After he read all the material, he made some comments about what I can improve, and he mentioned that my work is more than satisfying for someone working first time with clinical patients. He told me that especially the last psychiatric reports are very similar to the ones the main psychologists are writing.

The second psychologist of the hospital was very interested in my progress as well. He was very helpful and was giving me constant feedback during the doctor visits. He gave me feedback on how to make a patient more open towards me, and how to use humor effectively to ease the tension between me and a client. For instance, one time when he saw me standing quite far from the patient, he suggested that I should sit closer to him. That way, the patient could sense that I am comfortable sitting around him, and thus it will make it easier for him to trust me.

To sum up, according to my supervisor's sayings and my opinion, my collaboration, and cooperation with the hospital were very good. I worked effectively and contributed to the better functioning of the hospital. Moreover, I showed good interest in undertaking tasks and great motivation to complete them successfully. My relationship and interaction with the supervisor and the other employees were excellent, which also increased my passion and drive for work. In general, I showed responsibility and accountability through my actions and behavior thus getting an offer for future cooperation with the company.

Future career orientation

My internship was intended to help me develop a better idea of my strengths and weaknesses, interests, career prospects, and goals. Through the internship, I wanted to experience the work of a psychologist, meet patients, and get involved in the assigned tasks. Not being sure in which psychology branch I wanted to focus on for my future academic development, I chose my internship based on the psychology courses I had enjoyed the most during my first two years of university.

Being an intern in the clinic made me realize that I enjoy the work and the responsibilities of a clinical psychologist. I liked every aspect of the job -discussing with the patients and their families, conducting interviews and psychological tests, socializing and interacting with the patients, collaborating with the other employees. Through my internship, I discovered that I am able to handle stressful and unexpected events and I enjoy the daily challenges of working in a clinical setting. For instance, when a mental patient worsened, and I could appreciate the situation correctly, stay calm, and think clearly. I found each patient in the clinic unique, and I was feeling the desire to know as much as I can about his condition.


In conclusion, the internship in the psychiatric hospital revealed my interest in clinical psychology and psychopathology. I am now sure that I want to follow a Master's in clinical psychology and probably a career in the same field. I am thankful that I decided to do an internship as part of my minor as it allowed me to learn more about myself and my career prospects within the field of psychology.

References

APA, (2020). Word salad. In APA dictionary of psychology. Washington, DC: American Psychological Association. Retrieved from: <https://dictionary.apa.org/word-salad>

Appendix A

Psychological Tests



Πρωτοπόρος στην Έρευνα του Κ.Ν.Σ.

ΒΑΘΜΟΛΟΓΙΚΗ ΚΛΙΜΑΚΑ ΤΟΥ HAMILTON ΓΙΑ ΚΑΤΑΘΛΙΠΤΙΚΟΥΣ ΑΣΘΕΝΕΙΣ

ΟΝΟΜΑΤΕΠΩΝΥΜΟ: _____ ΗΜΕΡ.: _____

1. ΚΑΤΑΘΛΙΠΤΙΚΗ ΔΙΑΘΕΞΗ
(Κατ'ήφεια, απαισιοδοξία, λήθη, απελπισία, τάση να κλαίει)

0 Δεν υπάρχουν

1 Λήθη, απελπισία κλπ. που αποκαλύπτονται μόνο με σχετικές ερωτήσεις

2 Ο άρρωστος αναφέρει τα παραπάνω αισθήματα χωρίς να ερωτηθεί - Κλαίει κάπου-κάπου

3 Φανεράει αυτά τα αισθήματα όχι λεκτικά, δηλ. με την έκφραση του προσώπου, τη στάση του, την ομιλία κλπ. Κλαίει συχνά

4 Υπερβολικά συμπτώματα.

7. ΕΡΓΑΣΙΑ ΚΑΙ ΕΝΔΙΑΦΕΡΟΝΤΑ

0 Όχι δυσκολία

1. Αισθήματα ανικανότητας, κόπωση ή αδυναμία σε δραστηριότητες, την εργασία ή το χόμπι.

2. Απώλεια του ενδιαφέροντος για δραστηριότητα, εργασία ή χόμπι, ή ακεφία, εναποφασιστικότητα και αμφιταλάντευση (αισθάνεται σα να πρέπει να πιέσει τον εαυτό του για εργασία ή δραστηριότητες).

3. Περιορισμένες κοινωνικές δραστηριότητες, μειωμένη παραγωγικότητα, μείωση του πραγματικού χρόνου που ξοδεύει σε δραστηριότητες στο νοσοκομείο βαθμολογήστε με 3 όταν ο άρρωστος δεν δαπανεί τουλάχιστον 3 ώρες την ημέρα σε δραστηριότητες του νοσοκομείου ή σε χόμπι, πέρα από τις αγγαρείες στο τμήμα.

4. Έπαυσε να εργάζεται εξ' αιτίας της νόσου του. (Στο νοσοκομείο βαθμολογήστε με 4 όταν ο άρρωστος δεν απασχολείται με δραστηριότητες εκτός από αγγαρείες στο τμήμα ή όταν αυτές δεν μπορεί να τις εκτελέσει χωρίς βοήθεια).

2. ΑΙΣΘΗΜΑΤΑ ΕΝΟΧΗΣ

0 Δεν υπάρχουν

1. Αυτομωψή, αισθάνεται ότι έχει απαγορεύσει τους ανθρώπους.

2. Ιδέες ενοχής.

3. Η παρουσία αρρώστιας είναι μια τιμωρία.

4. Ψευδαισθήσεις ενοχής (ακούει φωνές που τον κατηγορούν ή τον καταγγέλλουν ή και βιώνει απειλητικές οπτικές ψευδαισθήσεις).

8. ΕΠΙΒΡΑΔΥΝΣΗ
(Βραδύτητα στη σκέψη, στην ομιλία και στην κινητική συμπεριφορά, απόβια, εμβρόνταξη)

0. Κανονική ομιλία και σκέψη

1. Ελαφρά επιβράδυνση κατά την εξέταση.

2. Σοφή επιβράδυνση κατά την εξέταση.

3. Συνέντευξη προβληματική

4. Πλήρης εμβρόνταξη.

3. ΤΑΣΗ ΑΥΤΟΚΤΟΝΙΑΣ

0 Δεν υπάρχει.

1. Αισθάνεται ότι η ζωή δεν αξίζει.

2. Έχει να είχε πεθάνει.

3. Ιδέες αυτοκτονίας.

4] Απίστευτες αυτοκτονίας.

9. ΚΙΝΗΤΙΚΗ ΑΝΗΥΧΙΑ
(Ανυψοχία ανυπερβλημένη από άγχος).

0. Καθόλου.

1. «Παίζω» με τα χέρια, τα μαλλιά του κλπ.

2. Στραβίζει τα χέρια, δαγκώνει τα νύχια, τραβεί τα μαλλιά του, δαγκώνει τα χείλη.

4. ΑΡΧΙΚΗ ΑΥΠΝΙΑ

0 Δεν έχει δυσκολία να τον πάρει ο ύπνος;

1. Παραπονείται για δυσκολία κάπου κάπου να τον πάρει ο ύπνος.

2. Παραπονείται για δυσκολία να τον πάρει το βράδυ ο ύπνος.

10. ΑΓΧΟΣ ΨΥΧΙΚΟ

0. Καθόλου.

1. Αίσθημα έντασης και ευερεθιστότητα.

2. Στενοχωρείται για ασήμαντα πράγματα.

3. Φοβισμένη στάση, φωνή στην όψη και στην ομιλία.

4. Φοβί που τους εκφράζει χωρίς να ερωτηθεί.

5. ΕΝΔΙΑΜΕΣΗ ΑΥΠΝΙΑ

0. Όχι δυσκολία.

1. Ο άρρωστος είναι ανήσυχος και ταραγμένος κατά τη διάρκεια της νύχτας.

2. Ξυπνάει κατά την διάρκεια της νύχτας.

11. ΑΓΧΟΣ ΣΩΜΑΤΙΚΟ
(Από το γαστρεντερικό σύστημα, όπως ρέψιμο, δυσπεψία, διάρροια, σπασμοί, τάση για εμετό ή από το καρδιαγγειακό, όπως παλμοί, κεφαλόπονοι ή από το αναπνευστικό, όπως υπεραερισμός, αναστεναγμοί, από το ουρογεννητικό κλπ.).

0. Δεν υπάρχει.

1. Τον στενοχωρεί κατά τη διάρκεια της ημέρας.

2. Έχει συμπτώματα αλλά εξακολουθεί να εργάζεται.

3. Έχει συμπτώματα που τον αναγκάζουν να περιορίσει τις δραστηριότητές του.

4. Τα συμπτώματά του τον κάνουν ανίκανο να εργασθεί.

6. ΟΨΙΜΗ ΑΥΠΝΙΑ

0 Όχι δυσκολία.

1. Ξυπνάει πολύ νωρίς το πρωί αλλά ξανακοιμάται.

2. Ξυπνάει πολύ νωρίς το πρωί αλλά δεν μπορεί να ξανακοιμηθεί.

12. ΓΑΣΤΡΕΝΤΕΡΙΚΑ ΣΩΜΑΤΙΚΑ ΣΥΜΠΤΩΜΑΤΑ
(Απώλεια της όρεξης, αίσθημα βάρους στο στομάχι, δυσκολιότητα κ.ά.)


0. Δεν υπάρχουν.

1. Ελαφρά συμπτώματα που εμποδίζουν τη δραστηριότητά του.

2. Μόνομα συμπτώματα που περιορίζουν τις καθημερινές του δραστηριότητες.

Συνεχίζεται

ΣΗΜΕΙΩΣΕΙΣ _____



ΟΝΟΜΑΤΕΠΩΝΥΜΟ ΑΣΘΕΝΟΥΣ: _____ ΗΜΕΡΟΜΗΝΙΑ: [][][][][][]

ΚΛΙΜΑΚΑ AMTS Abbreviated Mental Test Score
Συνοπτική Δοκιμασία Νοητικής Επίδοσης

Ερωτήσεις	Βαθμοί
1. Πόσων ετών είστε ; (+ - 1 έτος)	<input type="checkbox"/>
2. Τι ώρα είναι τώρα ; (+ - 1 ώρα)	<input type="checkbox"/>
3. Τι έτος έχουμε ;	<input type="checkbox"/>
4. Πώς ονομάζεται το μέρος που βρισκόμαστε τώρα ; (ιατρείο, νοσοκομείο κ.λ.π.)	<input type="checkbox"/>
- Παρακαλώ κρατείστε τη μνήμη σας την παρακάτω διεύθυνση. Επαναλάβετε μετά από εμένα: "Ηρακλείτου 28, Βόλος"	
5. Πότε είναι τα γενέθλια σας ; (ημερομηνία και μήνας)	<input type="checkbox"/>
6. Πότε ξεκίνησε ο Δεύτερος Παγκόσμιος πόλεμος ; (1939 + - 1 έτος)	<input type="checkbox"/>
7. Πώς ονομάζεται ο σημερινός πρωθυπουργός ;	<input type="checkbox"/>
8. Μπορείτε να αναγνωρίσετε δύο ανθρώπους (π.χ. δείχνουμε το συγγενή και τον εαυτό μας)	<input type="checkbox"/>
9. Παρακαλώ μετρήστε ανάποδα από το 20 μέχρι το 1.	<input type="checkbox"/>
10. Μπορείτε να θυμηθείτε τώρα τη διεύθυνση που σας έδωσα προηγουμένως (πρέπει να αναφέρει και τα 3 στοιχεία: οδό, αριθμό, πόλη)	<input type="checkbox"/>
Σύνολο	


CLOCK TEST
Δοκιμασία Ωρολογίου

	Βαθμοί
1. Το 12 είναι στη σωστή θέση	2
2. Όλα τα νούμερα είναι στη σωστή θέση	1
3. Έχει τοποθετήσει τον ένα δείκτη τουλάχιστον όπως του έχει ζητηθεί	2
4. Έχει τοποθετήσει σωστά την ώρα που του έχει ζητηθεί	2
Σύνολο	

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.) 
30		TOTAL

(Adapted from Rovner & Folstein, 1987)

This Mini-Mental test is taken from an online source but is similar to the one used at the clinic. Retrieved from:

<https://pt.slideshare.net/bernie3524/minimental-state-examination>