Report on Visit to the Institute of Psychiatry

Date: 12/09/2023

Time: 10:30am-3:30pm

Venue: Institute of Psychiatry, 7, D.L. Khan Road, Kolkata - 700025

Participants: Somyadeep Dey, Madhurika Sarkar, Mitisha Das, Ashmita Deb, Ishaan Mishra,

Kabita Das.

Batch number: 05

Report: Today, the six Participants from Asutosh College, Dept. Of Psychology visited the institute as follows:

A] Ground Floor: Occupational Therapy, Psychiatric Outdoor OPD, Child clinic, Play Therapy. Here we observed two following cases:

Case 1: CBT, Follow up Counselling, Male, College student in 1st year

Firstly, therapist Established rapport, the client was facing repetitive thoughts of hand being wet and probable fear of mobile getting damaged due to it. As a result, repetitive behaviours of subsequently rubbing the hands. Therapist diagnosed that he had Obsessive Compulsive Behaviour (OCD) and asked him to keep calm during this situation and to Rub the hands only once. Client also reported that he was bullied in college where he was often beaten up and threatened. Therapist advised him to be assertive and to speak up against those actions and let his peers know when he was uncomfortable of their behaviour. Positive self talk was also advised to bring up his morale.

After talking with the client, the therapist spoke to his father for further evaluation.

Case 2: Schizophrenic Symptoms, Female, Age 7-8 years

Although, we didn't get to observe her actively to help prevent any repercussions on her CBT, she seemed to have schizophrenic symptoms. She came with her mother but was continuously talking to her father (Hallucination) and Also Saying repeating same replies (Disorganised Speech – CLANGING).

Case 3: Child Symptoms Inventory (CSI), Male, 8 years

Child was seen to have excessive aggression, negative thoughts about himself and extensive stress during exams reported by his mother. An increase in the eating habits was also reported by the mother. The therapist then used the Child Symptoms Inventory to asses the child's behaviour and probable chances of other mental ailments. Next rapport was established with the child and he was asked about his relationship with peers where he reported that he was restricted by his mother to engage in friendships due to his aggressive behaviour. Also the child reported that he gets worried during exams for not being able to come first. Parent conceded to pressurising the child to study in order to come first. The therapist diagnosed symptoms of General Anxiety Disorder And probable performance anxiety and stunted peer relationships due to parental obsessive behaviours and imposed restrictions.

B] Then we visited, First floor: Multipurpose Hall.

Case 4: CBT, Follow Up Counselling, Male, 9-10 years

Therapist Established rapport. The Clchild was inattentive during the whole session, wasn't able to sit firmly for even small period of time, and had minimal focus on a particular thing (displayed ADHD Symptoms).

C] Lastly, we visited, 2nd Floor where the Department of Clinical Psychology was located. We attended a case conference held by 1st year MPhil students. They discussed about a Specific Client, Male, Age 16.5 years, who had showed extensive violent behaviour, inability to adapt to habitats, compromising relationship with family (abused father physically) and peers and suicidal thoughts. They tried to evaluate and assess the probable disorder. With the help of senior Professor, they diagnosed HYPERACTIVE CONDUCT DISORDER as a provisional diagnosis. Also, they were suggested to assess him for having BORDERLINE PERSONALITY DISORDER once he turns 18 years old.

OUR EXPERIENCE: Overall, it was a great learning experience. We are very thankful to our departmental professors and HoD for providing us with this opportunity. This exposure increased our interest and morale towards Psychology and helping people. We got humbled by the compassionate and empathetic behaviour of the psychologists at the Institute, in spite of their stressful job environment. We also acquired practical knowledge and observed the process of therapy and diagnosis.





