

**APPLIED CLINICAL PSYCHOLOGY: CLERKING/HISTORY
TAKING AS A VERITABLE TOOL**

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Abstract

Clinical internship is a veritable tool in exposing and training prospective clinical psychologists in practical issues and relevant skills. In a developing country such as Nigeria where the role of a clinical psychologist has not been adequately understood by the generality of people, practical exposures of this intensive clinical training will help to build in the interns the needed skills and expertise not only to talk as an expert, but also to help draw a clear line of demarcation between quacks and professional clinical psychologists. In this clinical report, applied clinical psychology is demonstrated as, five (5) patients with different disorders clerking/history taking is being reported. Also, administration of relevant and needed tools to help provide adequate explanation for their current episodes was documented.

INTRODUCTION

Neuropsychiatric institutions anywhere in the world do not only help alleviate and lessen mental distress in patients across different strata of the society including Nigeria (Ogundipe, 2016), but they are also institutions where practical skills are acquired as well as practical experiences are gained. Clinical Psychology is basically concerned with the formulation of patients' problems and the offer of counselling and psychological therapy to the patient in question, and to their relatives and personnel (Roberts & Ilardi, 2003).

In Addition to the duties of the institution, multidisciplinary work, small group discussion, psychological report writing, psychological test administration and psychological interventions using psychotherapy across different schools of thought becomes a necessity in psychiatric institutions (Berger, 1991; Leff, Trieman, Knapp, & Hallam, 2000; Burns, 2004). Clinical psychology professionals are part of the members that make up the mental health team that plans treatment and manages patients; against this backdrop, it is only appropriate that anyone who desires to be a clinical psychologist be exposed to practical experience on the field in the attempt to bridge theory with practice (Goldstein, & McNeil, 2004).

Brief History of Neuropsychiatric Hospital (NPH) Aro, Abeokuta

Neuropsychiatric Hospital (NPH) Aro is a

federal government mental health institution situated in Aro, Abeokuta, Ogun State. The institution is one of the psychiatric hospitals in Nigeria amongst others. It was established in the year 1944, and situated in the state's capital of Ogun State, along the Lagos-Abeokuta express way. It has seasoned psychiatrists consultants, senior psychiatrists' registrars, psychiatrists' registrars and resident doctors in psychiatry training. It also has 6 clinical psychologists (*as at the time of writing this report*), and a sizeable number of psychiatric nurses, social workers, occupational therapists, pharmacists, among others (www.neuroaro.com).

The hospital's administrative team is headed by the Provost/Medical Director. The hospital also has a management board which is under the supervision of the Federal Ministry of Health. For better, efficient and effective administration, the hospital has several directorates viz: Clinical Services, Research and Training, Clinical Psychology, Psychiatric Nursing, Pharmacy, Administration, Finance, Community Mental Health, Special Services, among others; which aid the organization to involve in qualitative mental health care (www.mhinnovation.net).

Personal Perspective

Furthermore, exposure to an institution such as this for an internship programme in Clinical Psychology is indeed a privilege

and a rare one. For the three month duration this programme lasted, I sincerely have profited in no small way. From the interactions with members of staff cut-across various departments to interactions with patients in the wards and residents in DATER house, from reading about peculiar psychopathologies to seeing them manifest in patients, the experience has been worthwhile. Theory has indeed blended with practical knowledge, and has increased and an appreciable progress has been made. One can now understand the biopsychosocial model of etiology, formulation and treatment of psychopathologies using the '5Ps' according to the Cognitive Behavioural Model.

Most of the Psychological services required by patients (both in and out-patients) are provided by the Psychology Unit of the hospital. Such services are needed for the full rehabilitation of patients, and equipping of non-patients who call for this Unit's services for knowledge and skills that will make them manage their stressors so that such will not affect their day-to-day functioning. Psychology unit assesses and probes through clerking/history taking and psychological testing of both patients and non-patients, to find out what the factors are that presents, predisposes, precipitates, and perpetuates the psychological disturbances, and through this alongside with other relevant information obtained from

significant others (family members, friends, employer, etc.), a diagnoses will be made using diagnostic manuals such as the International Classification of Diseases, Tenth edition (ICD-10) approved by World Health, (1992) or Diagnostic and Statistical Manual, Fifth Edition, (DSM-5) by American Psychiatric Association (2013). On the bases of this diagnosis and relevant information elicited, treatment plan will be made which will now be followed by actual treatment.

As a clinical intern in the Psychological unit, these three months have not only been productive and beneficial, it has also been challenging intellectually indeed, an experience that has made an indelible impact on my desire to pursue even more vigorously in the clinical line.

Clerking (History Taking)

This is literally a means of data collection from patients with respect to histories that cut across significant domains of life. It is a major means of clinical assessment that helps to inform formulation, make diagnoses and plan treatment. Within these months/periods, I was able to clerk more than 10 patients (*which is the basic standard for the certification*) with different disorders and administer relevant and needed tools to help provide adequate explanation for the current episode. Details of clerking carried out can be found in the APPENDIX of this report.

Appendix
Clerking (History Taking)
CASE 1

Bio-data

Name: E.O
Gender: Male
Age: 32 Years
Occupation: Clerical Staff of a Known Hospital
Tribe Yoruba
Marital Status: Single
State Of Origin: Lagos State
Family Polygamous
Religion Christianity
Address: Lagos.
Source of Referral: Place of Work (Hospital)
Source of Information: Client and Case File

Presenting complaint

Patient was presented with the following complaint:

Two (2) months of verbal and physical aggression toward people around; Two (2) months hostility and aimless wandering round the street; Undue irritability for three months; Stripping self-naked in the public for one (1) month especially after alcohol intake; Alcohol use for more than 18 years; Cigarette use for 18 years; Cannabis use for 18 years;

History of presenting complaint

The patient was apparently well until two month ago, when he was presented with a

complaint that he was not being friendly but rather verbally and physically aggressive toward people around him, including his co-workers at work, which had lasted for two months, before the admission, he would also strip himself naked in the public places, saying that he would be much more comfortable especially after taking alcohol (palm wine or beer) which has lasted for two months. He does spend all his salary on substance (alcohol, cigarette and cannabis) and even go on borrowing before the month ends which he admitted that it was introduced to back in 1997 (SS2, when he was 14yrs old by his friends). He reported undue irritability after taking cannabis which has also lasted for three months and aimless wandering for four months especially after taking alcohol and cannabis. He claimed to have started substance use with palm wine and beers right in secondary school days (18yrs ago) which he started with one cup of palm wine or beer per day for a week and later graduated to two and three weeks later until the admission, the patient takes six bottles of alcohol (palm wine & beers per day (2 in the morning, 2 in the afternoon and 2 the in evening), at a sit he always show urge to the use of alcohol even while at work, he drinks and sleeps off on the job.

He also reported that he started with one (1) stick of cigarette per day and progress to two, three and now six sticks daily, he further reported that his cannabis use started with small puff daily, then move to one wrap

per day and later increase to three wraps daily prior before the admission. He said he experienced dizziness, restlessness, when try to stop substance or when he had not taking substance for a day and he reported that he spent between #2,000 and #5,500 daily.

Personal history

The patient was born 32yrs ago, at the general hospital, Lagos, he reported his pregnancy, delivery and developmental mile stone was uneventful, also reported that he was the first born of the family, the patient grew up with his parent (father and mother) but more closer to his mother than any other in the family to the fact she always buy toys and new wears for him while his Father was very strict and didn't stay at home for long but always engrossed in His work.

Primary School: The patient attended GN Primary School Lagos, from 1986-1992 at age three (3) in which he was an average pupil with fair performance which rated between 5th and 10th position in the class of thirty (30). He had a cordial relationship with his colleague and teachers then.

Secondary School: He reported that he first attended JSS one in St F. Secondary School, Lagos, (private secondary school) at age 10years old immediately when he left primary school in 1993 and move to EG School (public secondary school) to attend JSS2-SS3 due to high school fees at 11

years old. While in this new school, his perform becomes better and ranged between 1st and 3rd in a class of forty and rated best student between JSS 2 to SS1. He became one of the school labour prefect while in ss2 to ss3 due to his charisma, brilliancy and popularity, he involves in social activities. Also, he finished with eight (8) credits in NECO.

University Education: The patient proceeded to study computer science in University (1999/2000) at 17years old when he claimed to have average scores of 205 in JAMB and 50 in Post UTME and was given admission. While in university, he joined K. Social Club as introduced to him by his friend (called T.), and he always join them to take palm wine, he could still remembered vividly that his some of his best friends at the clubs were T, W and O. He reported that a year later (at 200level, 2001) the school authority revealed the names of fake admitted student and other related offences and he was found among and expelled from school due to wrong and fake admission which he was earlier ignorant of.

Having being expelled from school, the patient claimed that he came across one of his old best friend back in secondary school named F, which he later impregnate and married out of wedlock. They started staying together and the lady gave birth to a boy called B (13yrs old now). Both separated 3yrs ago due to mother-in-law

disagreement (tribal differences, the lady is from South-western part of the country and he's from Ekiti State though leaved in Lagos) as claimed by the patient. He reported to impregnate another lady that gave birth to him (another baby boy called D, 2yrs old). Although, the lady and the baby stayed with the lady's parent.

He claimed to have done many jobs that ranges from phone engineering in Lagos (2001-2004) immediately he was expelled from school, he gained between #5,000-#7,000 daily but not consistence from phone repairing then, move to bus conductor (2004-2011) where he earn like #60,000 cumulatively monthly. Then he got clerical job at the Known Hospital just of recent (2013) where they pay him more than previous earning (he didn't disclose the salary) and still work there before the admission. He claimed in addition, that he had stopped going to his father's house since 3yrs ago due to spiritual warning by Prophets being a polygamous family.

Family history

Mr E.F 32yrs male single, employed, Christian and polygamous family of two wives, with five siblings (2males and 3 females including the patient). Father: Pa. E.D, 70yrs, Christian, a retired civil servant (head master), native of Ij Land, from Yoruba tribe, lived in Lagos and an elder in FC tabernacle. He is of the history of alcohol use, he is an occasional user of alcohol, he drinks palm wine only during

leisure time with three to five cups at a sit, and this has being on for more than 30 yrs. though no dependent, no tolerant, no withdrawal syndrome and no history of mental illness.

Mother: Mrs E.O, 52yrs, Christian, first wife, trader of food stuff, native of Lagos, lives in Lagos. No history of mental illness, no history of substance use, and no history of medical illness. He reported that he like his mum most.

Step Mother: Mrs E.S, 49yrs, Christian, trader of provision, native of and lives in Lagos, she has no history of substance use, but there is a history of mental illness (one episode of schizophrenia and an outpatient of Psychiatric hospital).

Blood Sister: Miss E.B, 29yrs old, Christian, single, graduated from Agricultural Department of Lagos State University, Lagos, unemployed, living in Lagos outside the family house with no history of mental illness, no history of substance use, and no history of medical illness.

Step Brother: Mr E.C 30yrs Christian, married with 1 child (male) in Ikeja Lagos, business man, with no history of mental illness, no history of medical illness and with history of substance use (quantity not ascertain).

Step Sister 1: Miss E.P, 27yrs, single,

student of T. University, 300level political science, no history of substance use, no history of mental illness, and no history of medical illness.

Step Sister 2: Miss E.G 25yrs, single, student of LP College, 200level studying public admin. No history of substance use, no history of mental illness and no history of medical illness.

The patient reported that he had no cordial relationship with the step mum and siblings before the admission due to their attitude and though he might later change

Medical history: nil

Psychiatry history: nil

Forensic history: nil

Drug history

Mr E.F reported that he vividly remembered that he started substance use in secondary school (E. Grammar School, Mushin Lagos, in 1994 at age 11) after he was being transferred from St F. secondary school Idimu, Lagos, he claimed that this little change of academic environment brought a great change in his life as pertaining his behaviour and had left an indelible mark in his life. He reported the new school brought new friends into his life as such he started having friends including the opposite sex, this progressed till SS1 (2yrs later, 1996) when he started taking alcohol (palm wine) after the school hour

before heading home, around 3pm, he started with small quantity (1 cup per day) later progressed to three cups and so on. He claimed other alcohol that serves as alternative then was beer.

He further claimed that cigarette smoking started in secondary school also, in 1997 (SS 2); he started with experimentation through friends with one puff per day after being made as labour prefect, this he reported made him to "feel among and courageous" to face the public and fellow students; the amount continued to increase gradually to 1 stick daily and move to 2 and 3 sticks daily even before the end of the second term (4mths). He reported that, then he neither felt dizzy nor dull when he didn't take cigarette, but this had changed now as withdrawal syndrome do manifest.

He proceeded to cannabis use in SS 3 (1998) due to peer influence, he started with one wrap per day early in the morning before the school assembly with his friends as he claimed and became high and energised nearly throughout the day to perform the role of labour prefect in school, though as he claimed he is not consistent in taking cannabis, the 2 wraps progressed to 3 wraps within two months (by the end of the term) and had been since then. He reported having felt slept off after taking alcohol, smoke cannabis at work one day he was brought to NPH Lantoro for treatment and rehabilitation.

Psychosexual history

The patient reported he had his first sexual experience while in SS 2 (1997) at 14yrs with F. (13yrs old) in JSS 3. Since then, he has been engaging in sex in a conventional style of penetration through vaginal with opposite sex, though, sometimes different styles when using contraceptive.

He reported that his first girlfriend which later gave birth to his first child made him a "man" and since then he had been patronizing sex workers around their house anytime he felt like, he takes alcohol and substance sometime before having sex and most of the times with the sex workers. He performed male role while he was growing up as he always being told by his father "be a man and be courageous" for you are the first born of the family. He claimed he didn't have any erotic feelings toward objects or animals, he did not report any sexual dysfunction and Sexual Transmitted Diseases anytime in life.

Premorbid personality

Mr. E.F, reported to be jovial, social; loves reggae music when drinking, religious (as he was the drummer of their church) neat hardworking prior to his hospitalization.

Present living circumstances

Patient lives in a single room in Lagos State, around his working place.

Mental state examination

The MMSE was done on 17th of August, between 12:00pm to 2:00pm

He appears well groomed, with good body hygiene, attentive, well-coordinated, maintain eye contacts, No motor retardation or abnormal psychomotor activity; He was apparently jovial, focused, no hostility as he's ready to express his thought, he had the ability to follow commands, Cooperative, alert and vigilant, no lethargic; Orientation to time, days, week and year were alright; Speech and language, amount, spontaneity, rate, volume and tone were alright, no poverty of speech or monotone, Normal mood and feeling also, affect proves no anxiousness and no hostility, Judgments and insight are good; Suicidal ideation was also assessed; he was of high self-worth and good quality of life.

CASE 2

Bio-data

Name:	A.O
Age:	32
D.O.B:	2 nd May, 1983
Marital Status:	Single
Gender:	Male
State Of Origin:	Ekiti
Occupation:	Unemployed
Religion:	Christianity
Family	Monogamous
Tribe:	Yoruba
Address:	Berger/Ojodu Lagos

Referral Source: Mental Health Team
Source of Information: Client And Case file

Presenting complaint

Patient was presented with the following complaints:

Aimless wandering, neglect of personal hygiene for over two weeks; verbal and physical aggression which has lasted for two weeks; Two weeks of talking to self; chronic leg ulcer at lower limb which has lasted four weeks; Drink Alcohol and substance use including smoking Cannabis, cigarette which has lasted for fifteen (15) years.

History of presenting complaints

Patient was apparently well until about two weeks prior to admission into the hospital on the 7th of March. When he was noticed by his landlord and people around him including his neighbour to be verbally and physically aggressive, neglecting of personal hygiene. He would reply with aggression anytime they are trying to deliberate on sensitive issues with landlord or neighbour, He would start talking to self after smoking Cannabis and he would start fighting after taking alcohol (beer) and disturb is neighbour with the smoke of the cigarette sometimes early in morning or late in the night. Neglect of sour wound in the lower limb for more than four weeks without treatment which had turned to ulcer and started smelling offensively before admission. Most of the presenting

complaints especially the alcohol drinking, cigarette smoking and substance use started on Ikeja high school in 1998 at age 15 due to peer influence as he said. He reported usually going to a cafeteria to eat and watch television when he started noticing people in a nearby shop coming in and exchanging money for something he could not pinpoint as at that time. So he decided to also venture into whatever business it is they were transacting and he found himself always going back there to exchange money with substances especially Cannabis.

Personal history

Pregnancy, labour and delivery were reported to be uneventful. Patient could not give detailed information about his developmental milestones but recalled that he did not suffer any major medical illness apart, he reported he loves his Mum more in the family just because while was growing his by wears and toys.

Educational history

Patient started his primary school education at the M & K Academy Ojodu, Lagos in 1986 at age 3 and graduated in 1994 at age 11 with average performance. He reported he had a close rapport with his classmates and teachers.

He was admitted into I.H. school in 1995 at age 12 where he was popular and social he completed his secondary school education with a remarkable result.

Patient was admitted into Y. Tech Lagos as Elect/Elect student in 2003 at age 20. He joined Club called “Bishop” with the goal to organized birthday and social parties which he was participatory member, during those periods he was in sexual relationship which continued even after he had finished with average result in his two years ND program.

He moved to E.S. University to study Elect/Elect in 2004 but expelled in 300level due to his political group involvement and poor performance both in the school and outside during the time of SUG election and Governorship Election in E. State of Nigeria in 2007.

Occupation history

He reported he did severer odd jobs before his admission into Y. Tech; such jobs include as site labourer, pure water business with income less than #5000 daily around 2001 to 2003 at age 18.

Also, after his ND program he searched for job for a long time but could not find he said he was disappointed and decided to learn how to repair Air Conditioning during those period his level of alcohol drinking, cigarette smoking and substance use increased from being small quantity to average.

Past psychiatry history

Patient reported having had four episodes of mental illness which has resulted into admission in different hospitals, first

admission was for mental illness due to substance use, in 2009 and duration of admission was for two months. Patient was discharged based on recovery.

The second episode resulted in his admission into NPH in 2009. He was on admission for 2 months and this was also due to substance abuse, six years ago.

Third admission was in Y. Teaching Hospital four years ago diagnosed of MBD and admitted into Drug Unit in 2011. This 4th admission was due to the presenting complain above, the current one is the fourth episode in Neuropsychiatry hospital, for drug rehabilitation.

Family history

Patient is from a monogamous family consisting of a father and a wife with 7 children (2 females and 5 males including the patient). Father Pa. A.J is a 75 year old man, with formal education, retired NEPA staff. The mother Mrs. A H is the only wife of the father and she is about 60 years of age business woman who trades in food stuff. She has no formal education, both are Christians without history of substance use, medical illness or psychiatric illness.

First born of the family, Mr. A.D male 45yrs old, Christian married with three children living in Lagos, neither history of substance use nor psychiatry illness.

Second born is Mr. A.B male, 40yrs old married with two children, Christian

employed in Lagos with no history of substance use or medical illness.

Third born Mrs. B.V female 38yrs, married Christian, trader of provision, lives in Lagos with husband and two children, she has no history substance use.

Fourth born, Mrs E.B, 36yrs old, married to Muslim man with one child, business woman in Lagos without history of substance use and psychiatry illness.

Fifth born: Mr A.C 34yrs Christian, married with 1 child (male) in Ikeja Lagos, business man, with no history of mental illness, no history of medical illness and with history of alcohol (occasionally drinker of Beer),

Sixth born: the Patient

Seventh born: Mr A.G 29yrs, single, student of E.K. University 400 level studying political science. history of substance use, no history of mental illness and no history of medical illness.

The patient reported that he had cordial relationship with his sister, the third born Mrs B. V due to her attitude, advise and encouragement.

Forensic history

Patient claimed to had issues with police when he wanted to be carried down for the admission and also on two occasions when he was being arrested on drug related issues

and being bailed out after 2 days by his father.

Medical history

The patient reported to have visited hospital occasionally on malaria related illness.

Drug history

Patient started taking alcohol back in secondary school SS class due to peer influence, he started with one bottle of beer per day and graduated within two days to four-five bottles, before the admission he reported he takes seven (7) bottles of beer on a sit. This then proceeded to cigarette smoking also in secondary school then, he said he started cigarette with experimentation, with just one (1) stick per day until in three months when he graduated to ten (10) sticks daily before the admission he claimed he takes 15 sticks daily. In addition, the patient started smoking cannabis in 2004 while he was a ND 1, he started with 2 wraps per day, he reported that he felt refreshed, and energized when started, he later developed withdrawer syndromes such as dizziness, excessive sweating and dry troat when he had not taken substance in a day, he progressed to three to four wraps a day within two weeks, and he reported taken six (6) wraps daily before the admission, both in the morning and night that #40 to 50# per wrap . He reported that his pocket money was the major source of finance then while in secondary school and before his admission, his salary was the source of income for his

substance use.

Psychosexual history

Patient attained the age of puberty at 15yrs old, he had his first sexual experience at age 21yrs while in Y. Tech with a lady called B. He did make use of contraceptives when having sex with ladies, he reported that he patronized commercial sex workers and engaged in different styles of sexual intercourse such as oral and anus. He reported no STDs and claimed he did take alcohol when having sex. He knew that he was a male with heterosexual orientation and masculine in his gender role. He claimed that recently after his first admission (six years ago) his sexual experiences was no more pleasurable.

Presenting living circumstance

Patient was staying alone in one room apartment in Ojudu Lagos before his hospital admission.

Premorbid personality

Patient claimed to be jovial, social, calm, not religious, likes watching television, playing draft game.

Mental status examination (as at 25th of August, between 12:00pm to 2:00pm)

Appearance: Patient was neatly and appropriately dressed

Speech: His speech was of normal tone, relevant, audible and coherent

Mood: His mood was happy

Affect: Displayed a good affect

Thought process: No flight of ideas, derailment or circumstantiality. He is in touch with reality

Thought content: He reported no hallucinatory experiences and denied delusional disorder.

Perception: He has appropriate perception of stimuli.

Cognition: Oriented to time, place and person. Has intelligent and sound judgment

Insight: Patient has insight into problem.

CASE 3

Bio-data

Name:	F.I
Age:	25 Years Old
Gender:	Male
Religion:	Christian
Family	Monogamous
Occupation:	Unemployed
Tribe	Yoruba
Marital Status:	Single
Address	Ojo, Lagos
Source of Referral:	Consultant
Source of Information:	Client and Case File

Presenting complaints

Patient was presented with the following

complains:

Two months of Excessive Breathing; Two months of Serious Headache; Two months of Turning of Eyes; Two months of Twisting of Tongue

History of presenting complaint

The patient was apparently well until two months ago (August, 2015) when his mother noticed sluggishness, fatigue and serious uneasiness in him especially when he is doing domestic work, when engaged in long discussion. When his mother approached mother to asked what could be the cause, the patient did complain of headache and this did happen especially when the patient was stressed. After two days of the headache, it was joined with turning of eyes which later made the patient to stay away from stressful situation but the symptoms did not reduce instead, twisting of tongue and excessive breathing were noticed after five days making it difficult for the patient to do anything, as it affected his social and psychological functioning.

Though the symptoms occurred interchangeably but headache and excessive breathing always being the primary. They sought spiritual and traditional help as the case became worse before the admission.

Family history

Patient is 25yrs old, third in birth order of five and a monogamous family. The Father 55yrs old Christian, retired NEPA official

with 6yrs history of hypertension, six years history of diabetes and 6 years history of cardiovascular accident with no past psychiatric history. The mother is 51yrs old civil servant, she is a christian with no history of past psychiatric illness, neither history of stroke nor diabetes.

The First born was the first among a set of twins. He is a 27 year old male and he holds OND certificate. He is a christian who is not married yet and a business man by profession. The second twin was also 27 years and a female who is married with one child. She holds Bachelor of Science and lives in Lagos with the husband. The twins have no history of psychiatric illness, no history of any medical illness. The patient is the third in the birth. The forth born is a 22 year old female who is a christian. She is an unemployed graduate with no history of psychiatric illness nor general medical illness. The Last born who is a 17 year old male secondary school student (Ss3) is without history of general medical illness nor history of psychiatric illness.

Past medical history: the patient was treated of jaundice while growing up at two days of birth and since that period he had being without any hospital admission.

Personal history

The patient's pregnancy, delivery was uneventful until eight (8) days after birth when jaundice began to grow in the head of the child; he was taken to nearby hospital in

which he was treated. His developmental milestone was normal and without delay at each stage of development. He started R. Nursery and Primary school at age four (4) between 1994 -2000, performed averagely without truancy but of good behaviour with teachers and fellow students. He moved to G. College Lagos at age ten (10) between 2001 -2006 and finished with good grade and relationship with students. He later proceeded to Gateway Polytechnics at age seventeen (17) from 2007 through 2008 to obtained OND. He got admitted through direct entry into O.O. University between 2010-2014 at age 20years old. He went for his NYSC age 24 and just concluded the Scheme a week ago.

Forensic history: nil

Drug history: nil

Psychosexual history

Patient attained puberty age at 15 years old without any form of sexual experience till date, his sexual orientation, identity and preference are normal.

Premorbid personality

Character - Introverted, Friendly
Habit - determined and focused
Attitude - optimistic and good attitude
Religious - involves in church activities
Mood - stable mood, and good affect

Mental status examination as at 25th of August,

Appearance: His appearance and behaviour was appropriate

Speech: His speech was coherent with a tone of desperation

Mood: His affect was appropriate and stable all through the clinical interview

Attention: His attention and concentration can be considered as good as he supplied most information requested

Memory: STM (good), LTM (not good)

Insight: He has insight into his current state of mental health.

CASE 4

Bio-data

Name: O.T
Age: 31years
Religion: Christian
Gender: Male
Tribe: Ijaw
State Of Origin: Bayelsa State
Occupation: Unemployed
Marital Status: Single
Address: Ogu - Bayelsa State
Referral Source: Mental Health Team
Source of Information: Client and Case File

Presenting complaints

Patient was presented with the following complains:

Two months threatening with knife at home; Two months keeping to himself; Neglecting personal Hygiene for two months; Once Attempt to rape female house occupant two (2) years ago; Use of alcohol, cannabis and cocaine for thirteen years.

History of presenting complaints

Patient was well until about two months prior to admission when he was noticed by his relatives to be threatening with knife any time argument or disagreement occurred in the house, he would carry the knife around sometimes for defensive purposes as he claimed.

Also around the same time two months ago, he would keep to himself, lock himself up in the room and does not reply to question; He would close the door and window and sit quietly on his own. No talking or laughing to self. Decline in his personal hygiene apart from changing his wears frequently. He once attempted to rape one of the female house occupants some two years ago. Before this event he claimed to be seduced by the lady and as a man he wanted to prove himself to her. There was history of use of substance prior to the onset of symptoms, he reported thirteen years of drinking alcohol (beer) in which he claimed he started while in secondary school in 2002 at age 18 with just one bottle per day but graduated to two weeks later to five bottles. Prior to

admission he takes seven (7) bottles at a sit and he progressed to cannabis through peer influence and started with one wrap daily which increased to three to four wraps two months later. He reported his source of income was through pocket money from his parent. He also reported he started cocaine by self-experimentation thirteen years ago 2007 at age 23years old while he was already working in J.B. Company. His source of income then was monthly salary. He started with just small quantity and increased with little as cocaine to him was not good to his system. He claimed he experienced withdrawer syndrome when trying to stop cocaine, cannabis and alcohol ten (10) years ago. On alcohol he claimed he spent between #800 and #1200 per day, while on cannabis he spent up to #500 and on cocaine he spent #2000 in a month. He reported he collect and borrow money from his friends for substance when he's broke sometimes.

Past psychiatric history

This is the 4th episode in a 6 year life time history of mental illness. The first episode occurred in January 2009 at the age of 25 with a 3 week history of similar symptoms mentioned above. He was treated for Mental and Behavioural Disorder with psychoactive substance in University T. Hospital E. State. Nigeria. He recalled being on admission for a month and discharged when he became stable.

The second episode occurred in February

2011 and patient was readmitted at UTH for similar symptoms coupled with non-adherence to medication and stopped follow up at the out-patient centre (OPC). He was Diagnosed and treated for the same illness and was on admission for 6 weeks before being discharged. No report of total remission but patient was placed on medication which he could not give detailed report of.

The third episode occurred in August 2012 with similar symptoms at the same hospital. This episode was triggered by non-adherence to medication and not attending monthly follow up. Patient was admitted for 2 months and discharged.

The fourth episode which is the current one occurred on 4th of June 2015 with similar symptoms and he is currently undergoing treatment in (DATER PHASE 1) Neuropsychiatric hospital, Aro, Abeokuta *at the time of this report*. Diagnosed and treated for mental and behavioural Disorder Multiple Psychoactive Substance (Alcohol, Cannabis and Cocaine) comorbid with schizophrenia like psychosis.

Family history

Patient is from a Monogamous family. According to the patient, he is the 4th birth order of 5 children (all Male). Pa. O.O is the father. The 66years old retired company driver, lives in Bayelsa and Mother was 50years when he died due to cancer ten (10) years ago in the year 2005. She used to be a

government primary school teacher at Yenogoa before she died.

The first born is Mr. O.D and the patient does not know his actual age, a Lecturer, he is married with 3 children (2 females and a male).The second born Mr. O.F, a 38year old married man is a medical doctor by profession, living in Benin. The third born Mr O.N, a 35 year old Married man with one child and a business man in Onitsha. The patient is the fourth born who is currently on admission in neuropsychiatric hospital, Aro. The fifth born is a graduate of sociology from UNN and he is a 27 year old male that is currently working with an NGO in Bayelsa State. Patient claimed to maintain a cordial relationship with the last born of the family and neither history of mental illness non substance use were recorded in the immediate family except in extended family (Uncle).

Personal history

Mr O.T a 31 years old male single Christian unemployed reported having heard of his normal pregnancy, labour, delivery and developmental milestone from his parent. Patient claimed there was no form of major illness medically that has ever required his hospitalization.

He started his Nursery Education in P.M. School, Rivers State, at age 4 between 1988 and 1995.He proceeded for his Secondary education at age 11 in E. State School for JSS1 and 2, between 1996-1997. He left the

school due to hike school fees and moved to B. D. G. School Bayelsa State in 1998 for his JSS3 to SS2 at age 13, while in the school there was series of reported truancy, he repeated SS2 due to poor performance and was dismissed at his second failure. He then moved to SS2 in O. Grammar School, Yenegoa at age 17 between 2002-2004 and graduated at 20years of age, he reported two credit pass in WAEC and others failed, since then he decided not to go to school again. No close relationship in his secondary school but got along well with colleagues and teachers.

He was employed as an unskilled labourer and J.B. Comp., Yenegoa in 2005 at age 21 and quit 2012 after seven years, then reported since then he had being engaged in different odd jobs, hustling to meet his daily needs until he was admitted June, 2015.

Past medical history: nil

Forensic history: nil

Drug history

As discussed in the history of presenting complain.

Psychosexual history

Patient claimed he attained puberty at age 14 but had his first sexual experience one year later 1999. He had dated up to 10ladies since then (1999) since 16years ago. He claimed he engaged in different styles during sex, he made use of contraceptive some times, he claimed he had never

patronized sexual worker but takes substance sometimes before sex. He knew he is a man with masculine nature and heterosexual.

Premorbid personality

Patient claimed to be a quiet person, friendly, averagely religious, likes playing foot ball and listening to music.

Present living condition

Patient currently stays in a one room apartment in the house built by his father in Yenegoa.

Mental status examination

Appearance: Patient was neatly and appropriately dressed.

Speech: His speech was of heightened tone, relevant and coherent.

Mood: His mood was excited

Affect: His affect was blunt

Thought Process: No flight of ideas but presence of derailment and circumstantiality despite her being in touch with reality

Thought content: Patient denied any hallucinatory experiences or delusional disorder

Perception: Appropriate perception of stimuli

Cognition: Oriented to time place and person. Short and long term memory are intact, attention and concentration is fair

Insight: Patient has insight into current mental state and problem.

CASE 5

Bio-data

Name: O.E
Age: 30 Years Old
Gender: Male
Marital Status: Single
Occupation: Unemployed
Tribe: Igbo
Religion: Christianity
Address: Owerri, Imo State
Source of Information: Client And Case File
Referral Source: Parent

Presenting complaints

The patient was presented with following complains:

Two months threatening to stab mother with knife; Two months of talking irrationally and talking to self; Two years of Verbal and physical aggression; Fifteen years of excessive drinking of alcohol (dry gin and beer); Fifteen years of Smoking cigarette.

History of presenting complaints

Mr O.E was apparently well until 2 months ago prior to admission when he was noticed by his relatives to be threatening with knife to stab mother anytime she tries to correct him in the house or when anybody else in

the family compound disagreed with him. This occurred simultaneously along side seeing strange things and talking to self when nobody around is talking to him.

Although, the patient had earlier been noticed of verbal and physical aggression which had lasted for 2 years before the admission, he would display this when his needs are not met by his parents, also when frustrated he would start fighting people around, sometimes results to destroying properties that are nearer.

The patient reported fifteen years history of excessive drinking of alcohol which include beer and dry gin that started at age 15. He started with a glass of wine per fortnight and progressed to four glasses in two weeks but presently he takes 12 bottles (of beer) on a sit, and take 'dry gin' only when he's broke. He reported that when he started his source of fund was through his pocket money and now he sometimes borrow money to buy substance when he's short of fund.

Furthermore, the patient said he started with a stick of cigarette at age 20 (15 years ago, precisely in the year 2000). He had been introduced to it by his friend way back at M.U., Owerri. He progressed to 2-3 sticks per day within two month. He felt cool, relaxed and refreshed when he first smoked cigarette and later progressed to 2 sticks per day shortly before the admission he claimed to smoked 20 sticks per day.

According to the patient his progression in the quantity of substance he takes was due to increase in his salivation, and he reported dizziness, sweating shivering anytime he had not taking both alcohol and cigarette. He claimed he spent between #500 and #1500 per day on both alcohol and cigarette.

Family history

The patient was the fifth born of the monogamous family of six (4 males and 2 females). The father is 65years old, Professor in Food and Nutrition Depart, F. University Owerri, with history of occasional alcohol use (red wine), neither history of medical illness non history of psychiatry illness.

The mother is 60 years old, retired nurse, now in Owerri, with no history of alcohol use and no history of psychiatry illness.

First born is a 37 year old male civil servant who is married and living in Lagos with two children.

Second born is a 35 year old female medical doctor married with three children living in Onitsha, with neither history of substance use non history of psychiatry.

The fourth born is 33 years old man married and is currently living in Canada with one child and a wife.

The patient is the fifth born and he claimed he is closer to the last born of the family.

Sixth born is a female and single. she is 25 years old graduate of F. University but now into business in Owerri.

Personal history

Mr O.E a 30 years old male single Christian unemployed reported to have an uneventful pregnancy, labour, delivery and developmental milestone from his parent. Patient claimed there was no form of major illness medically that has ever required his hospital admission.

He started A.T. Nursery in Bauchi at age 6 (1991) with fair performances and he spent 1 year before he moved to F. U. primary school, Owerri at age 7 (1992-1998) due to his parent relocation. He graduated with average performance and normal peer friendship at 13years old. He proceeded for his Secondary education at age 14 and 19 between 1999-2004 in G. C. Owerri. While in secondary, he played truancy and able to pass at credit in all his results, he proceeded higher institution after good JAMB score. He got admission to M. U. between 2003 - 2006 at age 20 to study Elect/Elect. He was however expelled from the school while in 300level due to cult activities. He regained admission into Purchasing Department of A.S. University and graduated with pass result at age 26, between 2008 and 2011. While in ASU, he reported that he engaged in Shawama business and the income generated added to his pocket money from home.

He had been unemployed until January 2015 when he was employed as nursery school Teacher for 3 months and he was retrenched of his job due to his poor attitude towards work. Between August and October 2015 he was employed as physics and math teacher in secondary school Owerri and was later sacked due to his absenteeism, poor attitude towards work, drinking and sleeping at work, beating student mercilessly and all other related allegations before his admission in September.

Psychosexual history

Patient attained the age of puberty at 15yrs old, he had his first sexual experience at 18years old when he went on holiday in his Uncle's place in Port Harcourt, two weeks later he started patronizing commercial sex workers in PH where he sometime used contraceptive and engaged in different styles of sexual intercourse such as oral and anus. He reported no STDs or any sexual dysfunctions and claimed he had up to 40 girlfriends before his admission. He knew that he was a male with heterosexual orientation and masculine in his gender role.

Drug history

Patient started alcohol (wine and beer) while he was with his parent in Owerri, at age 15. He reported he started with 1 glass of alcohol per day then he progressed to two and three daily within three weeks, he substitute beer for wine or dry gin sometime

just to be 'high' and graduated to 2-3 cups per day within two months, before the admission he takes 12 bottles at a sit.

Also, cigarette smoking started at age 20 (2005) while he was in M.U. Owerri. As he was influenced by his friend who was a cult member as he claimed. He reported he started with a stick of cigarette per day and progressed to three to four daily in in four weeks, presently he takes more than twenty sticks of cigarette before his present admission, he felt dizzy, dry mouth and sweating profusely anytime he has not taken cigarette.

Past psychiatry history

Mr. O.E is presently in his second episode of illness, he was admitted in September, presented with the above complains and diagnosed of MBD comorbid with psychosis, admitted at the Male Ward I of NPH Aro, Abeokuta. His first episode was in 2013 when he was 28years old he was taken to NPH (Nawfia) on the account of his excessive use of cigarette and he was being managed at Drug Rehab ward of the hospital, he could not specify the medication used then and the diagnoses.

Forensic history

He reported that he had being arrested by law enforcement agency on several reasons, but the last one he could remember was on account of substance use and late night movement, he said he spent three days in the police station before his parent bailed him

out.

Medical history: nil

Premorbid personality

Character: jovial, friendly and lively.

Hobby: playing table tennis.

Attitude: defensive, optimistic.

Religious: not religious but had a catholic background.

Mood: stable, not sad, fairly happy.

Mental state examination as at 13th of October,

Appearance: well groomed, attentive and eye contacts normal.

Motor: no abnormal motor movement.

Behaviour: normal and relatively at alert.

Attitude: cooperative, defensive.

Levels of conversation: alert and vigilant.

Orientation to time date and month was normal.

Speech: normal rate, amount.

Affect: not angry, not anxious.

Thought: was normal.

Conclusion

Clinical internship is a veritable tool in exposing and training prospective clinical psychologists in practical issues and relevant skills. In a developing country such as Nigeria where the role of a clinical psychologist has not been adequately understood by the generality of people, practical exposures as this intensive clinical training will help to build the interns the needed skills and expertise not only to talk

as an expert, which will also help to put a clear line of demarcation between quacks and the professional clinical psychologists. Mental health in Nigeria can only get better if training as this is encouraged from both the undergraduate and post graduate arm of the discipline. This is because the health of patients requires psychotherapy both as a major and complementary therapy. Hence, training of capable hands to fill in generational gap and prevent dearth of professionals in the field should be highly encouraged.

Recommendations

- i) As one can find among other mental health professionals, I would suggest that a body should be set up to consider and look into the welfare of members of the body by advocating a legislation that backs clinical practices and protects clinical interests in the field.
- ii) Interns bear a lot of burden during programmes as this without any form of remuneration or stipend. This can contribute to loss of interest and frustration along the line. As noted in (i) above, such legislation could include stipends or financial remuneration as is seen among medical doctors, pharmacists and the likes during residential trainings.

REFERENCES

American Psychiatric Association. APA. (2013). *Diagnostic and Statistical*

- Manual of Mental Disorders Fifth Edition*. American Psychiatric Association, Washington, DC.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual fifth edition, text revision*. USA: APA.
- Berger, M. (1991) Threats to the profession. *Clinical Psychology Forum*, 28, 26-29.
- Buck, J.N. (1948). The H.T.P technique, a qualitative and quantitative scoring manual. *Journal of Clinical Psychology*, 4, 317-396
- Burns, T. (2004) *Community Mental Health Teams: A guide to current practices* Oxford: Oxford University Press.
- Finesinger J.E. (1948). Psychiatric interviewing. I. Some principles and procedures in insight therapy. *Am J Psychiatry* 105:187-195.
- Folstein, M.F, Folstein, S.E, & McHugh, P.R. (1975). Mini-Mental State: A practical method for grading the cognitive states of patients for the clinician. *J Psychiatry Res* 12:189–198.
- Gary, B. & Scott, D. (2003). *Bender Gestalt-II: A Contemporary Assessment*, Rich Tradition.
- Goldstein, L.H. & McNeil, J.E. (2004). General Introduction: What Is the Relevance of Neuropsychology for Clinical Psychology Practice? Chapter One in *Clinical Neuropsychology A Practical Guide to assessment and management for clinicians*. John Wiley & Sons Ltd, the Atrium, Southern Gate, Chichester, West Sussex PO19 8SQ, England
- Graham, J.R. (2000). *MMPI-2: Assessing Personality and Psychopathology*. 3rd edition, revised. New York: Oxford University Press.
- International Classification of Diseases, Tenth edition. ICD-10. (1992). *Criteria or Diagnostic and Statistical Manual, Fourth Edition*.
- Leff, J., Trieman, N., Knapp, M., & Hallam, A. (2000) The TAPS Project: a report on 13 years of research, 1985-1998. *Psychiatric Bulletin*, 24, 165-168.
- McKinley, J. C., & Hathaway, S. R. (1940). A multiphasic schedule (Minnesota): II. A differential study of hypochondriases. *Journal of Psychology*, 10, 255-268.
- Millon T. (2006). *Clinical Multiaxial Inventory–III*. www.pearsonclinical.co.uk/psychology 24/07/2015
- Morena, D.G (1995). *Handbook of Psychological Assessment*. USA: John Willey & Sons.
- Mustein, B. (1965). *Handbook of Projective Techniques*. New York, NY: Basic Books Inc.
- Nigeria Journal of Clinical Psychology, (1982). The role of clinical Psychologist in mental health facilities. Vol.1 No.2
- Ogundipe, S. (2016). We treated more patients in 2016, received less funds from FG". *The Vanguard*.

- Retrieved on 21st October, 2017
- Oshodi J. E. (2014). The Development of a Bio-psycocultural Monograph on Perceptual Visual - M o t o r a n d Personality Screening Index: Oshodi Visual-Motor Optimal Test.
- Raven J.C. & Court H. J. (2004). Standard Progressive Matrices. Evidence of Reliability and Validity. www.us.talentlens.com/wp-content/upload/24/07/2015
- Roberts, M.C. and Ilardi, S.S. (2003). *Handbook of research methods in clinical psychology*. Blackwell Publishing Ltd, Oxford OX4 1JF, UK
- Tompbaugh, T.N., &Mcintyre, N.J. (1992). The Mini-mental Status Examination. A Comprehensive Review. *JAGS*. 40: 922-935
- Wechsler D. (1991). Wechsler Intelligent Scale for children-third edition. San Antonio, TX: The Psychological Corporation .Pearson Assessment.
- Wechsler D. (1997). Wechsler Intelligent Scale for adult-third edition. San Antonio, TX: The Psychological Corporation.
- Wechsler, D. (1981). *Wechsler Adult Intelligence Scale—Revised*. San Antonio, TX: Psychological Corporation.
- Wechsler, D. (1997a). *Wechsler Adult Intelligence Scale* (3rd ed.). San Antonio, TX: Psychological Corporation.
- World Health Organization (1992). The ICD-10 International classification of mental Disorder. Tenth Edition.
- www.neuroaro.com. History of Neuro Psychiatric Hospital Aro, Abeokuta. Retrieved on Friday 30th October, 2015. 3pm.