

Advanced Master's Degree Clinical Neuropsychology, Hypnosis and Emotional Wellness





Advanced Master's Degree Clinical Neuropsychology, Hypnosis and Emotional Wellness

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Global University
- » Credits: 120 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/us/psychology/advanced-master-degree/advanced-master-degree-clinical-neuropsychology-hypnosis-emotional-wellness

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01

Introduction

This program is designed to discern brain functioning in the face of health and disease, focusing on the behavior of these structures in different mental disorders. In addition, clinical hypnosis is used as an instrument to connect with the subcortical structures in order to subsequently change traumatic memories or affect levels far from the person's will, and thus have an impact on pain, anxiety or unbalanced mood, which can improve people's emotional wellness. This program in Clinical Neuropsychology, Hypnosis and Emotional Wellness aims to take the professional to a higher level of knowledge of the brain and therapies that allow the person's wellness, which will allow him/her to perform quality interventions, according to each problem.



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In-depth knowledge of neurodevelopment and its multiple implications in a comprehensive Advanced Master's Degree, created to propel you to another professional level"

The Advanced Master's Degree in Clinical Neuropsychology, Hypnosis and Emotional Wellness has a complete program that is structured in these three areas. In this way, the psychologist will be able to acquire the skills to master the neurological and biochemical mechanisms that occur in mental illness and health. In addition, you will be able to hypnotize your patients in real time, i.e. you will be able to include clinical hypnosis in your daily work and, in this way, not only be more effective, but also achieve this effectiveness in less time; all this, at the same time that will benefit the emotional wellness of patients.

The understanding of the chemical and anatomical structures involved in each of the processes within the field of health and also of mental disorders, provides a global vision necessary for true mastery in the discernment of the human being.

Good knowledge of how our brains work is essential for understanding mental illness and discovering solutions for these problems. For its part, the technique of clinical hypnosis has become a recommended tool for treating patients with certain pathologies, such as stress or mental disorders. In addition, other techniques, related to working on emotions, allow patients to recover from certain pathologies in a more effective way.

Throughout this specialization, the student will go through all the current approaches in the work of the neuropsychologist in the different challenges that his/her profession presents. A high-level step that will become a process of improvement, not only on a professional level, but also on a personal level.

This challenge is one of TECH's social commitments: to help highly qualified professionals specialize and develop their personal, social and work skills during the course of their studies.

We will not only take you through the theoretical knowledge we offer, but we will introduce you to another way of studying and learning, one which is simpler, more organic and efficient. We will work to keep you motivated and to develop your passion for learning. Furthermore, we will push you to think and develop critical thinking.

This TECH Advanced Master's Degree is designed to give you access to the specific knowledge of this discipline in an intensive and practical way. A great value for any professional.

This **Advanced Master's Degree in Clinical Neuropsychology, Hypnosis and Emotional Wellness** contains the most complete and up-to-date scientific program on the university landscape. The most important features include:

- ◆ The latest technology in online teaching software
- ◆ A highly visual teaching methodology, supported by graphic and schematic contents that are easy to assimilate and understand
- ◆ Practical cases presented by practising experts
- ◆ State-of-the-art interactive video systems
- ◆ Teaching supported by telepractice
- ◆ Continuous updating and retraining systems
- ◆ Self-regulated learning: full compatibility with other occupations
- ◆ Practical exercises for self-evaluation and learning verification
- ◆ Support groups and educational synergies: questions to the expert, debate and knowledge forums
- ◆ Communication with the teacher and individual reflection work
- ◆ Content that is accessible from any fixed or portable device with an Internet connection.
- ◆ Supplementary documentation databases are permanently available, even after the program



A high-level scientific training program, supported by advanced technological development and the teaching experience of the best professionals"



A deep and comprehensive dive into strategies and approaches in Clinical Neuropsychology, Hypnosis and Emotional Wellness”

Our teaching staff is made up of working professionals. In this way, we ensure that we provide you with the training update we are aiming for. A multidisciplinary team of psychologists specialized and experience in different environments, who will develop the theoretical knowledge in an efficient way, but, above all, will bring their practical knowledge derived from their own experience to the course: one of the differential qualities of this TECH Advanced Master's Degree.

The efficiency of the methodological design of this master's degree enhances the student's understanding of the TECH Advanced Master's Degree. Developed by a multidisciplinary team of e-learning experts, it integrates the latest advances in educational technology. In this way, you will be able to study with a range of easy-to-use and versatile multimedia tools that will give you the necessary skills you need for your specialization.

The design of this program is based on Problem: Based Learning, an approach that conceives learning as a highly practical process. To achieve this remotely, we will use telepractice learning. With the help of an innovative interactive video system, and *learning from an expert*, you will be able to acquire the knowledge as if you were actually dealing with the scenario you are learning about. A concept that will allow you to integrate and fix learning in a more realistic and permanent way.

A training program created for professionals who aspire to excellence that will allow you to acquire new skills and strategies in a smooth and effective way.

The sensory systems of the human being studied from the neuropsychologist's point of view, with a view to intervention and improvement.



02

Objectives

Our objective is to train highly qualified professionals for work experience. An objective that is complemented, moreover, in a global manner, by promoting human development that lays the foundations for a better society. This objective materializes by helping professionals reach a much higher level of expertise and control. A goal that you will be able to achieve thanks to a highly intensive and detailed course.





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If your goal is to improve in your profession and to acquire a qualification that will enable you to compete among the best, then look no further: welcome to TECH”



General Objectives

- ◆ Describe the overall working of the brain and the biochemistry that activates or inhibits it
- ◆ Use brain activity as a map for mental health disorders
- ◆ Describe the brain-mind relationship
- ◆ Develop knowledge of the technology which can provoke changes in the brain in order to overcome mental illnesses
- ◆ Describe the most common neurological disorders in psychological behavior
- ◆ Describe the relationship between the central nervous system, the endocrine system and immune systems
- ◆ Understand current psychopharmacology and integrate this knowledge into psychological tools that can improve mental illness
- ◆ Explain the reality of clinical hypnosis
- ◆ Describe the use of clinical hypnosis in the practice of psychotherapy
- ◆ Describe the procedure for settling into brain structures far removed from will and cognitive awareness
- ◆ Describe how to establish an essential therapeutic link through clinical hypnosis
- ◆ Develop intervention programs based on emotional change rather than cognitive change
- ◆ Describe the research implication of technology impacting biochemistry and neuroanatomy with psychic tools
- ◆ Provide the student with the necessary knowledge to be able to offer real emotional wellness to their patients
- ◆ Train to generate a good therapist-patient bond
- ◆ Know and understand the functioning of the human being and the importance of emotional management in this regard
- ◆ Discover the different therapies and models based on emotion





Specific Objectives

- ◆ Describe the biological principles of behavior
- ◆ Explain phylogeny from brain ontogeny
- ◆ Understand the neurological and biochemical framework in the overall view of human behavior
- ◆ Develop models which help us to understand mental health and mental illnesses from the perspective brain activity
- ◆ Describe biochemical activity and the specific anatomy involved in each mental health disorder
- ◆ Explain the biochemical antagonists and agonists of brain globalization
- ◆ Acquire in-depth knowledge of the treatment of mental health illnesses
- ◆ Gain an understanding of the psychological models which improve biochemical and anatomical imbalance
- ◆ Implement multidisciplinary intervention in mental disorders
- ◆ Explain the regulators in human behavior
- ◆ Present imaging tools in neurological research
- ◆ Learn about the latest scientific discoveries
- ◆ Describe the psychoneurological developments involved in health and disease
- ◆ List the different stages in the analysis of the stimulus
- ◆ Understand the biochemical and neurological drivers that lead to the establishment of a memory and its loss

tech 12 | Objectives

- ♦ Develop psychic tools to change brain biochemistry and neuroanatomy
- ♦ Explain how basic emotions depend on biochemical and neuroanatomical activity
- ♦ Explain the involvement of respiration, body temperature and heart rate in illness and health
- ♦ Understand the ascending reticular system with psychic procedures
- ♦ Explain how psychosocial elements translate into brain activity and thus into disease intervention
- ♦ Place the professional in the scientific reality of clinical hypnosis
- ♦ Describe the phases to be able to hypnotize from the different levels of classical, conversational and selective dissociation focusing techniques
- ♦ Master the jargon and liturgy of hypnotic induction
- ♦ Controlling prosody and the laws that regulate hypnotic dialogues
- ♦ Developing control of silences in hypnotic induction
- ♦ Establish a therapeutic alliance while the patient is hypnotized
- ♦ Identify when hypnotic induction cannot be performed
- ♦ Implement classic techniques to achieve the hypnotic state
- ♦ Master the language of conversational techniques
- ♦ Handle metaphor, analogy and syntactic mutation as central bases of conversational inductions
- ♦ Implement techniques to give an induction back to the patient in his or her own words
- ♦ Implement techniques to disconnect the current neurological circuits for others that allow for a healthier position
- ♦ Succeed, through regression, in removing the patient from the emotional sequestration that has trapped him/her





- ◆ Working with traumatic emotional memory from a bonding and emotional anesthesia that allows the restructuring of the memory
- ◆ Manage the laws of energetic control that regulate the ascending reticular system
- ◆ Describe the therapeutic setting of psychological technology that influences brain activity and the individual's perception
- ◆ Describe how to adjust the induction to the patient's mind
- ◆ Establish a differential diagnosis before applying hypnotic induction, so as not to create iatrogenic reactions
- ◆ Identify the neurological axes and planes involved in performing IHM techniques
- ◆ Substantiate, based on scientific knowledge, the dynamics that occur in induction and hypnotic state
- ◆ Discover therapies that work on emotions through the body
- ◆ Understand what Transpersonal Therapy is and its applications
- ◆ Learn about other types of therapies where the work is with more than one patient (couples, families and groups)

03 Skills

Once all the contents have been studied and the objectives of the Advanced Master's Degree in Clinical Neuropsychology, Hypnosis and Emotional Wellness have been achieved, the professional will have a superior skill and a higher performance in this field. A very complete approach, in a high-level Advanced Master's Degree, which makes the difference.



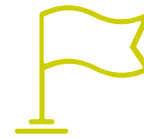
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Achieving excellence in any profession requires effort and perseverance, but, above all, the support of professionals who provide you with the impetus you need, with the necessary means and support. At TECH, we offer you everything you need”



General Skills

- ♦ Master and describe the neurological principles of behavior
- ♦ Understand and explain the anatomy and function of our central nervous system, autonomic nervous system, endocrine and immune systems
- ♦ Understand brain biochemistry and explain its involvement in behavior
- ♦ Master the biochemical behavior that occurs in mental disorders
- ♦ Manage the activation and inhibition of the different neuroanatomical structures involved in mental disorders
- ♦ Connect the neurobiological elements that occur in the most common disorders that reach the psychologist's outpatient clinic
- ♦ Master the different drugs used in psychiatry and neurology today
- ♦ Employ the neurological maps and rivers of chemistry that occur in the fundamental building blocks of our behavior
- ♦ Describe the myths and truths of clinical hypnosis in order to justify its usefulness based on rigorous scientific criteria
- ♦ Appreciate and explain the differences between the state of mental relaxation and the state of hypnosis in order to avoid dissociation of the patient according to international criteria of good practice in psychotherapy
- ♦ Manage prosody skills, master silence and rhythm of hypnosis in order to apply the classical techniques in the appropriate way
- ♦ Master the language and the use of metaphor and analogy in order to apply it in induction with conversational techniques, according to the fundamental principles of clinical hypnosis
- ♦ Connect with the individual's reticular system and modify their energetic code in order to achieve hypnotic induction with IHM
- ♦ Master the three scientifically proven hypnotic induction modalities: classical, conversational and selective dissociation focusing in order to apply them according to the criteria learned
- ♦ Connect body language to the expression and treatment of emotions through body-based therapies
- ♦ Understand and work with emotion from a broader perspective of personal growth through transpersonal therapy
- ♦ Manage emotions and their functionality in systems with more than one patient: group therapies, their use and purpose



Specific Skills

- ♦ Master the philosophical discourses that led us to the current knowledge of neuroscience
- ♦ Know how to differentiate between the mind and the brain
- ♦ Master the different processes regulated by the central nervous system
- ♦ Achieve the ability to differentiate sympathetic and parasympathetic activity, and their involvement in behavior
- ♦ Describe the knowledge to connect the motor and vegetative nervous systems
- ♦ Identify the intervention of the medulla in our organism
- ♦ Know and understand the anatomy of the brainstem
- ♦ Know and differentiate the structures and their relationship in the brain
- ♦ Master and understand brain microstructure
- ♦ Master the anatomy and function of the neuron
- ♦ Have knowledge of embryological evolution and its relation to the behavior of the fetus and then the baby
- ♦ Understand the maturation process moment by moment
- ♦ Consider the maturation of the nervous system relevant in order to have the capacity to perform one or another function
- ♦ Understand and describe the rate of maturation and ability to perform cognitive functions
- ♦ Identify problems in the maturation rate and their consequences from the disease
- ♦ Master the knowledge of vascularization and myelination rhythm in brain maturation
- ♦ Discriminate the different types of intelligences that we can distinguish according to the area of the brain we are working on

- ♦ Learn how the reptilian brain deals with basic, pattern and parameter intelligences
- ♦ Master the relationship between the limbic system and our emotional universe
- ♦ Have knowledge of the brain chemicals that affect our emotions
- ♦ Learn the neurological seat of our emotions
- ♦ Research intuition and its scientific and measurable side
- ♦ Learn about the unconscious mechanisms of emotional intelligence
- ♦ Determine from scientific knowledge that "emotion decides and reason justifies"
- ♦ Learn about the drivers of motivation in human beings
- ♦ Differentiate from the neurological reality the fact of thinking from the fact of reflecting
- ♦ Discover the evolutionary succession of our neocortex
- ♦ Have knowledge of the rational capacity to associate, represent in space and reflect
- ♦ Learn about the Alpha fibers and their function
- ♦ Learn about the Beta fibers and their function
- ♦ Learn about the Gamma fibers and their function
- ♦ Learn about the Delta fibers and their function
- ♦ Review and list sympathetic and preganglionic nerve fibers
- ♦ Learn how to differentiate mechano-receptors from other fibers
- ♦ Master the importance of sympathetic nociceptors in pain and sensitivity
- ♦ Learn the morphology and function of preganglionic fibers
- ♦ Discover the sympathetic and parasympathetic mechanisms
- ♦ Learn the functions and mechanisms of the spinal nerves
- ♦ Learn how to differentiate between efferent and afferent communication
- ♦ Learn the properties of the gray matter and its communication vehicle, white matter
- ♦ Learn the functions of the Varolio Bridge
- ♦ Learn how the medulla oblongata influences our global behavioral system
- ♦ Understand the description and function of the cerebellum
- ♦ Master the global role of the Tonsils
- ♦ Master the global role of the Hippocampus
- ♦ Master the global role of the Hypothalamus
- ♦ Master the global role of the Cingulum
- ♦ Master the global role of the Sensory Thalamus
- ♦ Master the global role of the base cores
- ♦ Master the global role of the periaqueductal gray region
- ♦ Master the global role of the pituitary gland
- ♦ Master the global role of the nucleus accumbens
- ♦ Learn about R. Carter's theory of brain evolution from 2002
- ♦ Manage the global role of the orbital frontal lobe
- ♦ Linking neuromotor transmission and sensory perception
- ♦ Gain knowledge of the hypothalamic axis and the endocrine system
- ♦ Understand the neurological mechanisms and chemistries that regulate temperature, blood pressure, food intake, and reproductive function
- ♦ Assimilate the latest knowledge on the relationship between the nervous system and the immune system
- ♦ Identify the elements that make it possible for NK cells to be effective
- ♦ Have knowledge of the relationship of lymphocytes and NK efficacy Be aware of current findings to understand certain diseases and the errors of the immune system as the ultimate precursor to these disorders
- ♦ Announce and question a global and macro specialty that could be called psychoneuroimmunoendocrinology
- ♦ Learn the relationship between tonsil hyperactivity and panic attacks
- ♦ Learn the relationship between hyperactivity of the caudate nuclei and obsessive-compulsive disorder
- ♦ Master the relationship between cingulate inhibition and hypochondriasis

- ◆ Identify gray region hyperactivity and literal petrification of the motor and sensory apparatus
- ◆ Describe the activity of the nucleus accumbens and pleasure, joy and wellness
- ◆ Understand how activating the ventral tegmental area reinforces what we do in order to do it more often
- ◆ Learn about the activity of the hypothalamus and the desire and need to eat whenever the food stimulus is present
- ◆ Learn how the pituitary gland is linked to stress
- ◆ Understand the chemistry and neuroanatomy that precedes the ten basic emotions
- ◆ Understand and master the network that leads to the nerve impulse
- ◆ Assimilate what we know today about neurotransmitters and their agonist and antagonist relationships
- ◆ Understand the performance of Gamma-Amino Butyric Acid
- ◆ Learn how acetylcholine, adrenaline, noradrenaline, serotonin and dopamine are connected
- ◆ Know how to differentiate the functions of DAe and DAi
- ◆ Assimilate the importance of endogenous enkephalins and endorphins in behavior
- ◆ Learn about the family of Catecholamines and Indolamines
- ◆ Learn the imbalances or disorders behind the imbalances in the different neurotransmitters
- ◆ Describe the sequelae of Noradrenaline imbalance
- ◆ Describe the sequelae of Serotonin imbalance
- ◆ Describe the sequelae of Acetylcholine imbalance
- ◆ Describe the sequelae of Dopamine imbalance, both DAe and DAi
- ◆ Differentiate the different structures involved in mental disorders
- ◆ Learn the fundamental importance of the reticular system in the subsequent relays of our brain
- ◆ Discover the brain map through Brodmann's Areas
- ◆ Learn how to differentiate in neuroanatomy the five phases of human brain evolution
- ◆ Know that the first phase was the development of the brainstem
- ◆ Know that the Second phase was the development of Limbic System
- ◆ Know that the third phase was the development of cortex
- ◆ Know that the fourth phase was hemispheric differentiation
- ◆ Know that the fifth phase was the evolution of the orbital frontal lobe
- ◆ Master the biochemistry and neuroanatomy of consciousness and memory disorders
- ◆ Describe the use of drugs called benzodiazepines
- ◆ Master the sources of emotions, feelings, thoughts and the reflective act
- ◆ Describe the history of mental relaxation in a global way
- ◆ intervene in psychotherapy with mental relaxation
- ◆ Master the requirements to achieve the patient's mental relaxation
- ◆ Differentiate the hypnotic state from the state of relaxation in order not to produce iatrogenesis
- ◆ Differentiate the differences and common elements of clinical hypnosis with respect to other states of consciousness
- ◆ Recognize the myths and fallacies that are separated from clinical hypnosis as a result of scientific research

- ◆ Identify populations that cannot be hypnotized
- ◆ Frame clinical hypnosis as a tool within psychotherapy to make the change from traumatic emotional memory to memory recall
- ◆ Review and list the scientific theories that have determined the laws and essential elements of clinical hypnosis
- ◆ Recognize what happens at the psychophysiological level in the hypnotic and relaxed state
- ◆ Recognize the need to maintain your professional skills and keep them up to date, with special emphasis on autonomous and continuous learning of new information.
- ◆ Develop the capacity for critical analysis and research in your professional field.
- ◆ Describe the history of clinical hypnosis and its prevalence at the end of the last three centuries
- ◆ Identify the procedures that, although called differently, produce hypnotic states within scientific psychology
- ◆ Master and frame the whole procedure to hypnotize the patient within psychotherapy
- ◆ Describe the sensations experienced in a hypnotic state
- ◆ Handle the essential ingredients to reach the hypnotic state
- ◆ Differentiate suggestible people from those who are not
- ◆ List the definitions of hypnotic state
- ◆ Master the psychophysiological indicators of hypnosis
- ◆ Master the different procedures to reach the hypnotic state
- ◆ Differentiate procedures and structures from changes in what is said within the same induction structure
- ◆ Recognize the difference between relaxation and clinical hypnosis with classical techniques
- ◆ Master the different phases that make up the process of hypnosis using classic techniques
- ◆ Identify various inconveniences that may arise in the subject during the induction phases with classical techniques
- ◆ Recognize when the subject has entered a hypnotic state
- ◆ Master the technology of classical techniques to produce the desired depth of hypnotic state with the patient
- ◆ Evaluate using suggestibility scales
- ◆ Master the different techniques: backward fall, brick and sponge, arm against the wall and thumb twist
- ◆ Manage the fixation techniques in classical techniques
- ◆ Causes fixation in the subject to be hypnotized
- ◆ Intervene in the automatisms that are secondary to hypnotic induction
- ◆ Insert in the mind of the patient the voice of the hypnotizer as if it were their own
- ◆ Link deepening techniques to fixation techniques
- ◆ Keep the subject linked to the hypnotist in the deepening phase
- ◆ Develop a unique bond that produces security and confidence in the hypnotized person
- ◆ Explain the procedure to achieve mental dissociation with the reality surrounding the subject
- ◆ Define exit routes at the time of deepening
- ◆ Master stabilization techniques
- ◆ The patient can be maintained at the depth achieved thanks to the stabilization techniques
- ◆ Describe the technique for returning to the deepened state if the patient exits the level of depth
- ◆ Include the therapeutic phase within the deep state as an awareness of stabilization techniques
- ◆ Describe the management and model for including the hypnotic state in a psychotherapy process

- ◆ Adequately manage contention in the cathartic part that can occur in this therapeutic phase
- ◆ Set the progress achieved in the hypnotic state with posthypnotic tools
- ◆ Explain how to move the patient from experience to experience in this posthypnotic phase
- ◆ Describe how to bring the patient out of the hypnotic state at the required pace
- ◆ Describe how to reverse the suffering process once the entire induction process has been performed
- ◆ Explain how to perform the hypnotic procedure with classic techniques in a maximum of 30 minutes, including the therapeutic phase
- ◆ Manage the technology of conversational techniques
- ◆ Master the language and its use in the induction process
- ◆ Use links appropriately between sentences
- ◆ Describe how to create the illusion of alternatives in the patient
- ◆ Explains how to chain sensory and perceptual elements that disassociate the patient
- ◆ Master confusion techniques
- ◆ Handle simple and advanced inductions
- ◆ Describe how to provoke spontaneous hypnotic states
- ◆ Achieve short-term memory overload
- ◆ Describe how to connect successions of realities so that the patient does not know which of them we are affecting
- ◆ Use the present progressive to produce dissociation with conversational techniques
- ◆ Explain the accompanying and conducting procedure both verbally and nonverbally to achieve the hypnotic state
- ◆ Describe how to perform progressive linking loops in the hypnotic language
- ◆ Master the laws that regulate the short-term memory of the brain and from there be successful with the techniques
- ◆ Explain how to achieve dissociation from ambiguity
- ◆ Describe how to provoke in the patient a dissociation that takes him away from his current self and from there he/she can get involved with past events lived or invented
- ◆ Make the most of the opportunity and take the step to get up to date on the latest developments in clinical hypnosis and relaxation
- ◆ Differentiate the methodology of classical and conversational techniques (top-down) from selective dissociation targeting (bottom-up)
- ◆ Explain the process for having control of the link without using language
- ◆ Describe the basis and theoretical foundations of IHM
- ◆ Recognize the importance of reciprocal interaction in the IHM process
- ◆ Describe the laws of biodynamics and body energy
- ◆ Explain how the brain works in order to understand the basis of IHM techniques
- ◆ Describe how the ascending reticular system works
- ◆ Explain the management of the reticular system towards the emotional state that best suits the patient
- ◆ Explain the human capacity to move without touching, and to make people feel from presence
- ◆ Describe the intervention protocols and their differentiated elements in working with anxiety, affective, pain and psychosomatic disorders, as well as impulse dyscontrol and eating behavior, sleep, sexuality, memory and motivation disorders, as well as surgical intervention with hypnotic anesthesia
- ◆ Manage the activation of the parasympathetic branch, and with it acetylcholine, as an antidote to states of anxiety and stress
- ◆ Describe the performance of desensitization to phobic stimuli
- ◆ Describe the tools for channeling and managing panic attacks
- ◆ Describe how to activate Euthymic mood by raising serotonin levels, inhibiting the activation of noradrenaline and permanent adrenaline in the depressed patient

- ◆ Describe how to achieve restructuring of the Beck triad of the depressed patient
- ◆ Explain how to help the depressed patient to detach from his/her nihilistic self-dialogue
- ◆ Explain the procedure to help the alexithymic patient from his vital rigidity
- ◆ Help people with compulsive overeating to contain the self-injurious urge to binge eat
- ◆ Explain how to empower the patient to regain emotional balance with hypnotic technology
- ◆ Describe an effective and reliable hypnosis intervention protocol to stop smoking
- ◆ Explain how to desensitize in a hypnotic state and in a regressive way the first cigarettes of the patient's life
- ◆ Describe the neurological laws of the reticular system in the sleep-wake cycle
- ◆ Describe hypnosis protocols not only for insomnia, but for all sleep disorders
- ◆ Explain intervention in chronic pain down to levels that the patient can tolerate
- ◆ Define how to place the patient in pain in a self-management tool
- ◆ Explain how to teach the laboring woman to control the tension- distention of contractions
- ◆ Define how to assist the patient undergoing surgery preoperatively, intraoperatively and postoperatively
- ◆ Understand how emotion is expressed and dealt with through the body
- ◆ Learn about Reich's Characteroanalytic Vegetotherapy from its origins to the present day
- ◆ Understand what bioenergetics is, its beginnings, bioenergetic types and techniques used
- ◆ Master and apply the *Focusing* technique
- ◆ Know the different types of Yoga and their benefits
- ◆ Learn the techniques of laughter therapy
- ◆ Learn the techniques of art therapy
- ◆ Learn the techniques of DMT
- ◆ Learn other creative therapies
- ◆ Discover the differences between Eastern and Western philosophy, and understand their union as the starting point of Transpersonal Therapy
- ◆ Relate the origins of Transpersonal Therapy to its founders
- ◆ Understand the Transpersonal Therapy approach
- ◆ Understand the peculiarities of the Transpersonal Therapist
- ◆ Manage the concept of Transpersonal Therapy and its methodology
- ◆ Master the most important techniques of Transpersonal Therapy
- ◆ Work on forgiveness from Transpersonal Therapy
- ◆ Understand illness from Transpersonal Therapy
- ◆ Manage bereavement from Transpersonal Therapy
- ◆ Understand work on self-esteem from Transpersonal Therapy
- ◆ Mastering group techniques for emotional management
- ◆ Learn the *Debriefing* technique and its application to different groups and contexts
- ◆ Relate performing arts techniques to emotional management and expression
- ◆ Understand Integral Couples Therapy
- ◆ Manage techniques applied to the family system



04

Course Management

For our program to be of the highest quality, we are proud to work with a teaching staff of the highest level, chosen for their proven track record in the field of education. Professionals from different areas and fields of expertise that make up a complete multidisciplinary team. A unique opportunity to learn from the best.



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Our professors bring their vast experience and their teaching skills to offer you a stimulating and creative specialized training program”

International Guest Director

Dr. Steven P. Woods is a leading neuropsychologist, internationally recognized for his outstanding contributions to improving clinical detection, prediction and treatment of real-world health outcomes in diverse neuropsychological populations. He has forged an exceptional career path, which has led him to publish over 300 articles and serve on editorial boards in 5 major Clinical Neuropsychology journals.

His excellent scientific and clinical work focuses primarily on the ways in which cognition can hinder and support daily activities, health and well-being in adults with chronic medical conditions. Other areas of scientific relevance, for this expert, also include health literacy, apathy, intra-individual variability and internet navigation skills. His research projects are funded by the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA).

In this regard, Dr. Woods' research approach explores the application of theoretical models to elucidate the role of neurocognitive deficits (e.g., memory) in everyday functioning and health literacy in people affected by HIV and aging. In this way, his interest focuses, for example, on how people's ability to "Remember to Remember", the so-called prospective memory, influences health-related behaviors, such as medication adherence. This multidisciplinary approach is reflected in his groundbreaking research, available on Google Scholar and ResearchGate.

He has also founded the Clinical Neuropsychology Service at Thomas Street Health Center, where he holds a senior position as Director. Here, Dr. Woods provides Clinical Neuropsychology services to people affected by HIV, providing critical support to communities in need and reaffirming his commitment to the practical application of his research to improve lives.



Dr. Woods, Steven P

- ♦ Founder and Director of the Clinical Neuropsychology Service at the Thomas Street Health Center
- ♦ Collaborator in the Department of Psychology, University of Houston
- ♦ Associate Editor at Neuropsychology and The Clinical Neuropsychologist
- ♦ Ph.D. in Clinical Psychology, with a specialization in Neuropsychology, Norfolk State University
- ♦ B.S. in Psychology, Portland State University
- ♦ Member of:
 - ♦ National Academy of Neuropsychology
 - ♦ American Psychological Association (Division 40, Society for Clinical Neuropsychology)

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Thanks to TECH, you will be able to learn with the best professionals in the world”

Management



Dr. Martínez Lorca, Alberto

- ◆ Specialist in Nuclear Medicine
- ◆ Specialist in nuclear medicine area at the Rey Juan Carlos-Quirón University Hospital
- ◆ International Residency in Turku PET Centre
- ◆ Turku University Hospital. Finland
- ◆ Medical Education Manager
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ◆ V.E.C. coaching
- ◆ Director of Neurological Studies at CEP in Madrid
- ◆ Specialist in Neurology of Dreams and their Disorders
- ◆ Disseminator for the children's population (Teddy Bear Hospital)



González Iñiguez, Mónica

- ◆ Psychologist in charge of the Department of Child and Adolescent Psychology in the Quirón Hospital and Avatar Psychologists in Marbella.
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy.
- ◆ University Specialist in Clinical Hypnosis with Selective Dissociation Focusing, University of Almería, Spain
- ◆ Collaborator in different Red Cross programs
- ◆ Professor in the Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy
- ◆ Trainer at Avatar Psicólogos in different programs of emotional management for educational centers and companies Trainer at Human Resources Consulting Services (HRCS)



Aguado Romo, Roberto

- ◆ Psychologist Specialist in Clinical Psychology
- ◆ European specialist in Psychotherapy from the EFPA
- ◆ President of the European Institute of Time-Limited Psychotherapy
- ◆ Patented author of psychotherapy models and techniques
- ◆ Psychologist Specialist in Clinical Psychology, founder and director of the CEP of Madrid, Bilbao and Talavera de la Reina
- ◆ Director of scientific journal Psinapsis Master's Degree in Clinical and Health Psychology by the Spanish Society of Psychosomatic Medicine and Health Psychology
- ◆ Tutor of the Basic Psychology course at the UNED

Professors

Fernández, Ángel

- ◆ European specialist psychologist in Psychotherapy from the EFPA
- ◆ Health Psychologist. Master's Degree in Clinical and Health Psychology
- ◆ Director of the Evaluation and Psychotherapy Center of Madrid
- ◆ Tutor in charge of the Psychodiagnosis and Psychological Intervention area of the CEP
- ◆ Author of the T.E.N. technique
- ◆ Head of studies on the Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ◆ Specialist in Clinical Hypnosis and Relaxation

González, Mónica

- ◆ Psychologist in charge of the Department of Child and Adolescent Psychology in the Quirón Hospital and Avatar Psychologists in Marbella.
- ◆ Master's degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy.
- ◆ European Institute of Time-Limited Psychotherapies (I.E.P.T.L.).

Dr. Kaisser, Carlos

- ◆ Otolaryngologist
- ◆ Head of the Otolaryngology department at Segovia General Hospital
- ◆ Member of the Royal Academy of Medicine of Salamanca
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ◆ Expert in Psychosomatic Medicine

Dr. Martínez-Lorca, Manuela

- ◆ Doctorate in Psychology from the University of Castilla-La Mancha
- ◆ Health Psychologist.
- ◆ Lecturer in the Department of Psychology at the UCLM. Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy
- ◆ Specialist in Clinical Hypnosis and Relaxation

Roldan, Lucia

- ◆ Health Psychologist
- ◆ Cognitive-behavioral intervention specialist
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology.
- ◆ Expert in energy therapy intervention

Arriero, Esther

- ◆ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center of Talavera de la Reina.
- ◆ Health Psychologist
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology.
- ◆ Specialist in Adult Therapy
- ◆ Specialist in interventions with chronic patients.

Dr. Benito de Benito, Luis

- ◆ Medical Specialist of the digestive system.
- ◆ Physician Hospital San Chinarro and specialist in Endoscopy
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology.
- ◆ Lecturer at Navarra University

Cuesta, José María

- ◆ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center in Talavera de la Reina.
- ◆ Expert in Psychological Intervention for Chronic Diseases
- ◆ Psychologist of the Alzheimer's Association
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology.

Berbel Jurado, Tamara

- ◆ Psychologist expert in childhood and adolescence at the Quirónsalud Marbella hospital and Avatar Psicólogos
- ◆ Master's degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy
- ◆ Specialist in Health, Justice and Social Wellness from the University of Córdoba
- ◆ Expert in Legal, Forensic and Penitentiary Psychology from the University of Seville
- ◆ Trainer in Avatar Psicólogos in courses for educational centers and companies
Collaborator at HRCS
- ◆ Member of the psychosocial ERIES of the Spanish Red Cross



De Dios González, Antonio

- ◆ Director of Avatar Psicólogos
- ◆ Director of the Psychology Department of Quirón hospital, Marbella
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy
- ◆ Transpersonal Therapist by the Spanish School of Transpersonal Development E.F.T. Specialist by the World Center for EFT
- ◆ Master's Degree in Neuro-Linguistic Programming (N.L.P.) by Richard Bandler's Society of Neuro-Linguistic Programming
- ◆ Specialist in Clinical Hypnosis and Relaxation

Mazza, Mariela

- ◆ Responsible for Transpersonal Development Area in Avatar Psicólogos
- ◆ Expert in Transpersonal Development by the Spanish School of Transpersonal Development (E.E.D.T.) where she is also a teacher
- ◆ Expert in Regressive Therapy, Brian Weiss Method
- ◆ Therapist of the subconscious, trained by María José Álvarez Garrido (School of the Subconscious)
- ◆ Facilitator of Family Constellations and Transpersonal Systemic Therapy by E.E.D.T.
- ◆ Expert in *Mindfulness* and meditation, and facilitator of these techniques at the Quirónsalud hospital in Marbella

Dr. Villar Martín, Alejandro

- ◆ PhD in Biology from the University of Oviedo
- ◆ Yoga teacher at the Sanatana Dharma school and of Dynamic Yoga, trained with its creator, Godfrey Devereux
- ◆ Trainer and facilitator of Genpo Roshi's Big Mind model, with whom he has trained
- ◆ Creator of Integrative Meditation, developed from the Big Mind model
- ◆ He has written a chapter in the "Evolución Integral" book published by Kairos

05

Structure and Content

The contents of this specialisation have been developed by the different teachers of this program, with a clear purpose: to ensure that our students acquire each and every one of the necessary skills to become true experts in this field. The content of this Grand Master's Degree enables you to learn all aspects of the different disciplines involved in this field. A complete and well-structured program that will take you to the highest standards of quality and success.



“

Through a very well compartmentalized development, you will be able to access the most advanced knowledge of the moment in Clinical Neuropsychology, Hypnosis and Emotional Wellness”

Module 1. Neurological foundations of behavior.

- 1.1. Philosophical Tradition: Monism, Dualism and Integrationism
- 1.2. Monism from Spinoza to Donald Davidson
- 1.3. Descartes' Dualism
- 1.4. Behavior as a Function of the Nervous System
- 1.5. Organization of the Nervous System
- 1.6. Anatomy
 - 1.6.1. Central Nervous System vs. Peripheral Nervous System
 - 1.6.2. Motor Nervous System vs. Vegetative System
 - 1.6.3. Spinal Cord
 - 1.6.4. Brainstem
 - 1.6.5. Brain
- 1.7. Functional Activity
 - 1.7.1. Lower
 - 1.7.2. Upper
- 1.8. Microstructure
 - 1.8.1. Neurons
 - 1.8.2. Other Cells
- 1.9. Embryology of the Nervous System
- 1.10. Spinal Cord
- 1.11. Brainstem
- 1.12. Cerebellum
- 1.13. Midbrain, Forebrain and Diencephalon
- 1.14. Subcortex
- 1.15. Basal Ganglia
- 1.16. Frontal Orbital Lobe
- 1.17. Process of Vascularization and Myelination of the Nervous System
 - 1.17.1. Reptilian Brain
 - 1.17.2. Basic Intelligence
 - 1.17.3. Intelligence Patterns
 - 1.17.4. Parameter Intelligence
- 1.18. Limbic Brain and the Chemistry of Basic Emotions

Module 2. Principles of Neuroanatomy

- 2.1. Classification of Nerve Fibers (Erlanger and Gasser)
 - 2.1.1. Alpha
 - 2.1.2. Beta
 - 2.1.3. Gamma
 - 2.1.4. Delta
 - 2.1.5. Sympathetic
 - 2.1.6. Preganglionic
 - 2.1.7. Mechanoreceptors
 - 2.1.8. Sympathetic Nociceptors
- 2.2. Vegetative Nervous System
- 2.3. Spinal Cord
- 2.4. Spinal Nerves
- 2.5. Afferent and Efferent Communication
- 2.6. Gray Matter
- 2.7. White Matter
- 2.8. Brainstem
 - 2.8.1. Midbrain
 - 2.8.2. Varolio Bridge
 - 2.8.3. Medulla Oblongata
 - 2.8.4. Cerebellum
- 2.9. Limbic System
 - 2.9.1. Tonsils
 - 2.9.2. Hippocampus
 - 2.9.3. Hypothalamus
 - 2.9.4. Cingulum
 - 2.9.5. Sensory Thalamus
 - 2.9.6. Base Cores
 - 2.9.7. Periaqueductal Gray Region
 - 2.9.8. Pituitary
 - 2.9.9. Nucleus Accumbens



- 2.10. Cerebral Cortex (Theory of Cerebral Evolution, Carter 2002)
 - 2.10.1. Parietal Cortex
 - 2.10.2. Frontal Lobes (6m)
 - 2.10.3. Limbic System (12 m)
 - 2.10.4. Language Areas: 1° Wernicke, 2° Broca (18 m)
- 2.11. Frontal Orbital Lobe
- 2.12. Functional Relationships of the NS with Other Organs and Systems
- 2.13. Motorneurone Transmission
- 2.14. Sensoperception
- 2.15. Neuroendocrinology (Hypothalamus-Endocrine System Relationship)
 - 2.15.1. Temperature Regulation
 - 2.15.2. Blood Pressure Regulation
 - 2.15.3. Food Ingestion Regulation
 - 2.15.4. Reproductive Function Regulation
- 2.16. Neuroimmunology (Relationship between the Nervous System and Immune System)
- 2.17. Map Relating Emotion to Neuroanatomical Structures

Module 3. Principles of Cerebral Biochemistry

- 3.1. The Neurone and its Composition
 - 3.1.1. Axon
 - 3.1.2. Cellular Body or Soma
 - 3.1.3. Dendrites
- 3.2. Nervous Impulse
 - 3.2.1. Sodium / Potassium Pump
 - 3.2.2. Resting Potential
 - 3.2.3. Action Potential Generation
 - 3.2.4. GABA-Glutamate-Glutamine Cycle
- 3.3. Electric and Chemical Synapses

- 3.4. Neurotransmitters
 - 3.4.1. GABA
 - 3.4.2. Acetylcholine. (ACh)
 - 3.4.3. Catecholamines
 - 3.4.3.1. Adrenaline (A)
 - 3.4.3.2. Noradrenaline (NA)
 - 3.4.3.3. Dopamine (DA)
 - 3.4.3.3.1. DAe
 - 3.4.3.3.2. DAi
 - 3.4.4. Indolamines
 - 3.4.4.1. Serotonin (5-HT)
 - 3.4.5. Gastrointestinal Polypeptides
 - 3.4.6. Prostaglandins
 - 3.4.7. Glycerine
 - 3.4.8. Enkephalins and Endorphins
 - 3.4.9. Adenylate Cyclase (AC)
- 3.5. Neurotransmission Process
- 3.6. Neurotransmitter Synthesis
- 3.7. Neurotransmitter Storage
- 3.8. Release into the Intersynaptic Space
- 3.9. Interaction with the Postsynaptic Receptor
- 3.10. Neurotransmitter Reuptake
- 3.11. General Circulation Diffusion
- 3.12. Inactivation by the MAO
- 3.13. Rivers of Chemistry Flooding our Brains
- 3.14. Chemical Families and Interactions Between Them
- 3.15. Hormonal System
 - 3.15.1. Adrenaline
 - 3.15.2. Melatonin
 - 3.15.3. Adrenocorticotropin
 - 3.15.4. Norepinephrine

Module 4. Biochemistry of Mental Disorders.

- 4.1. Neurotransmitters and Mental Illness
 - 4.1.1. Upper Stratum (NA / 5-HT) from Anxiety and Stress
 - 4.1.2. Lower Stratum (DA / Ach) from Helplessness and Depression
- 4.2. NA-Type Biochemical Imbalance
 - 4.2.1. Clinical Hypomania
 - 4.2.2. Clinical Psychopathy
 - 4.2.3. Clinical Psychosis
 - 4.2.4. Clinical Anxiety
 - 4.2.5. Clinical Loss of Impulse Control
- 4.3. Clinical Depression
- 4.4. Clinical Immunological Depression
- 4.5. Clinical Mania
- 4.6. Clinical Schizophrenia
- 4.7. Clinical Sleep Disorders
- 4.8. Clinical Impulse Control Disorders
- 4.9. Clinical Eating Disorders
- 4.10. Type Ach Biochemical Imbalance
 - 4.10.1. Complex Arterial Hypotension, Hypoglycemia, Bradycardia and Muscular Asthenia
 - 4.10.2. Physical and Psychological Exhaustion
 - 4.10.3. Attention and Memory Disorders
 - 4.10.4. Neurological Diseases Affecting the Locomotor System
 - 4.10.5. Clinical Affective Blunting and Consciousness Disorder
- 4.11. Type DAe Biochemical Imbalance
 - 4.11.1. Calm-Serenity Suppressing Irritability Complex
 - 4.11.2. Insomnia
 - 4.11.3. Ill-tempered, Without Expressing it
- 4.12. Type DAi Biochemical Imbalance
 - 4.12.1. Motor Hyperactivity
 - 4.12.2. Complex Tachycardia, Hypertension and Hyperglycemia
 - 4.12.3. Histrionic Spectrum Disorders with Anxious Depression

Module 5. Neuroanatomy and Mental Disorders.

- 5.1. Relationship of Brain Chemistry and Neurological Activation
- 5.2. Reticular System and Mental Illness
 - 5.2.1. Neurotransmission Activator
 - 5.2.2. Consciousness State Activator
 - 5.2.3. Sleep-Wake Cycle Activator
 - 5.2.4. Learning Activator
- 5.3. Brainstem
 - 5.3.1. Substantia Nigra
 - 5.3.2. Base Nodes
 - 5.3.3. Locus Coeruleus
 - 5.3.4. Rafe
- 5.4. Limbic Structures Involved in Mental Disorders
 - 5.4.1. Tonsils
 - 5.4.2. Periaqueductal Gray Region
 - 5.4.3. Hypothalamus
 - 5.4.4. Caudate Nucleus
 - 5.4.5. Putamen
 - 5.4.6. Cingular Area
 - 5.4.7. Ventral Tegmental Area
 - 5.4.8. Nucleus Accumbens
 - 5.4.9. Sensory Thalamus
- 5.5. Corpus Callosum
- 5.6. Cortical Structures
 - 5.6.1. Pre-optical Area
 - 5.6.2. Insula
 - 5.6.3. Association Areas
 - 5.6.4. Brodmann Areas
 - 5.6.5. Werckicke Area
 - 5.6.6. Broca Area
 - 5.6.7. Limbic Association Area
- 5.7. Frontal Orbital Lobe

Module 6. Biochemistry and Neuroanatomy of the Most Well-Known Mental Disorders in the Practitioner's Outpatient Clinic of Psychology

- 6.1. Neuroanatomy and Biochemistry in Consciousness and Memory Disorders
 - 6.1.1. Hypervigilance, Obnubilation, Confusional or Twilight States
 - 6.1.2. Depersonalization or Derealization Disorders
 - 6.1.3. Remote or Immediate Memory Disorders
 - 6.1.4. Clinical Disorientation, Drowsiness
 - 6.1.5. Obnubilation, Stupor, Delirium, Coma, Twilight State
 - 6.1.6. Clinical Agnosia, Anosognosia, Apraxia, Adiadocokinesia
 - 6.1.7. Memory Disorders: Amnesia, Paramnesia, Amnesic Screen, Lethargy
- 6.2. Neuroanatomy and Biochemistry of Anxiety Disorders.
 - 6.2.1. Panic Attacks
 - 6.2.2. Agoraphobia
 - 6.2.3. Simple Phobia
 - 6.2.4. Generalized Anxiety Disorder
 - 6.2.5. Obsessive Compulsive Disorder
 - 6.2.6. Social Phobia
 - 6.2.7. Post-Traumatic Stress Disorder.
- 6.3. Neuroanatomy and Biochemistry of Mood Disorders
 - 6.3.1. Dysthymia
 - 6.3.2. Severe Depression
 - 6.3.3. Adaptive Deficit Disorders
- 6.4. Neuroanatomy and Biochemistry of Eating Disorders
 - 6.4.1. Pica.
 - 6.4.2. Rumination Disorder
 - 6.4.3. Anorexia Nervosa
 - 6.4.4. Bulimia Nervosa
 - 6.4.5. Binge Eating Disorder

- 6.5. Neuroanatomy and Biochemistry of Impulse Control Disorders
 - 6.5.1. Oppositional Defiant Disorder
 - 6.5.2. Intermittent Explosive Disorder
 - 6.5.3. Antisocial Personality Disorder
 - 6.5.4. Behavioral Disorders
 - 6.5.5. Kleptomania
 - 6.5.6. Pyromania
- 6.6. Neuroanatomy and Biochemistry of Sleep Disorders
 - 6.6.1. Insomnia
 - 6.6.2. Hypersomnia
 - 6.6.3. Narcolepsy
 - 6.6.4. Apnea
 - 6.6.5. Circadian Rhythm Disorders
 - 6.6.6. Restless Leg Syndrome
- 6.7. Neuroanatomy and Biochemistry of Personality Disorders
 - 6.7.1. Borderline Personality Disorder
 - 6.7.2. Schizophrenic Personality Disorder
 - 6.7.3. Avoidant Personality Disorder
 - 6.7.4. Narcissistic Personality Disorder
 - 6.7.5. Obsessive Compulsive Personality Disorder
- 6.8. Neuroanatomy and Biochemistry of Psychotic Disorders
 - 6.8.1. Schizophrenia.
 - 6.8.2. Delirious Disorders
 - 6.8.3. Bipolar Disorder
 - 6.8.4. Psychotic Disorder

Module 7. Neurological Behavioral Sites

- 7.1. Reticular System
 - 7.1.1. Parts
 - 7.1.2. Functions
- 7.2. Brainstem
 - 7.2.1. Cerebral Biochemistry
 - 7.2.2. Influence of Biochemistry on Musculature

- 7.3. Activation of Limbic Structures
 - 7.3.1. Action Platform
 - 7.3.2. Motivation
- 7.4. Sensation Felt
 - 7.4.1. Emotion
 - 7.4.2. Basic Emotions
- 7.5. Precortical Structures
 - 7.5.1. Feelings
 - 7.5.2. Unconscious Thought
 - 7.5.3. Fantasy
- 7.6. Cortical Structures
 - 7.6.1. Motor Activity
 - 7.6.2. Sensory
- 7.7. Frontal Orbital Lobe
 - 7.7.1. Reflection
 - 7.7.2. Implementation
 - 7.7.3. Planning.

Module 8. Pharmacological Treatments

- 8.1. Benzodiazepine Drugs
 - 8.1.1. Long-Term Action
 - 8.1.2. Immediate Action
 - 8.1.3. Short Term Action
 - 8.1.4. Ultra-Short-Term Action
- 8.2. Antidepressant Drugs
 - 8.2.1. Tricyclics
 - 8.2.2. Tetracyclics
 - 8.2.3. ISRS
 - 8.2.4. IRNS
 - 8.2.5. Non-Selective 5-HT Reuptake Inhibitors
 - 8.2.6. NA Reuptake Inhibitors
 - 8.2.7. Antagonists and 5-HT Reuptake Antagonists / Inhibitors

- 8.2.8. DA-NA Reuptake Inhibitors.
- 8.2.9. Agomelatine
- 8.3. IMAO
- 8.4. Euthymizing Drugs
 - 8.4.1. Lithium
 - 8.4.2. Valproic Acid
 - 8.4.3. Carbamazepine
 - 8.4.4. Lamotrigine
 - 8.4.5. Topiramate
 - 8.4.6. Oxcarbazepine
 - 8.4.7. Gavapentin
 - 8.4.8. Vigabatrin
 - 8.4.9. Levetiracetam
- 8.5. Antipsychotic Drugs
- 8.6. Classic Neuroleptics
 - 8.6.1. Haloperidol
 - 8.6.2. Chlorpromazine
 - 8.6.3. Levomepromazine
 - 8.6.4. Fluphenazine
 - 8.6.5. Pipothiazine
 - 8.6.6. Zuclopenthixol
- 8.7. Atypical Neuroleptics
 - 8.7.1. Clozapine
 - 8.7.2. Olanzapine
 - 8.7.3. Risperidon
 - 8.7.4. Quetiapine
 - 8.7.5. Ziprasidone
 - 8.7.6. Aripiprazole

Module 9. Pharmacological Intervention in Anxiety and Stress Disorders

- 9.1. Anxiety or Panic Disorder
- 9.2. Agoraphobia
- 9.3. Social Phobia
- 9.4. Specific Phobias
- 9.5. Generalized Anxiety Disorder
- 9.6. Obsessive-Compulsive Disorder and Related Disorders
 - 9.6.1. Obsessive Compulsive Disorder
 - 9.6.2. Body Dysmorphic Disorder
 - 9.6.3. Hoarding Disorder
 - 9.6.4. Trichotillomania
 - 9.6.5. Excoriation Disorder
- 9.7. Separation Anxiety Disorder
- 9.8. Adaptation Disorder
 - 9.8.1. With a Depressed Mood
 - 9.8.2. With Anxiety
 - 9.8.3. With Behavioral Alteration
 - 9.8.4. With Mixed Emotional or Behavioral Alteration
- 9.9. Dissociative Disorders
 - 9.9.1. Dissociative Identity Disorder
 - 9.9.2. Dissociative Amnesia
 - 9.9.3. Depersonalization/Derealization Disorder
- 9.10. Somatic Symptom Disorders
 - 9.10.1. Illness Anxiety Disorder
 - 9.10.2. Conversion Disorder
 - 9.10.3. Factitious Disorder
- 9.11. Trauma and Stress-Related Disorders
 - 9.11.1. Acute Stress Disorder
 - 9.11.2. Post-Traumatic Stress
 - 9.11.3. Disinhibited Social Relationship Disorder

Module 10. Intervention with Psychotropic Drugs in Depression, Eating Disorders, and Sleep Disorders

- 10.1. Disruptive Mood Dysregulation Disorder
- 10.2. Major Depressive Disorder
 - 10.2.1. Single Episode
 - 10.2.2. With Psychotic Features
 - 10.2.3. Recurring
- 10.3. Persistent Depressive Disorder (Dysthymia)
 - 10.3.1. Pure Dysthymia
 - 10.3.2. With Major Depressive Episode
- 10.4. Premenstrual Dysphoric Disorder
- 10.5. Substance-Induced Depressive Disorder
- 10.6. Pica
- 10.7. Rumination Disorder
- 10.8. Food Avoidance Disorder
- 10.9. Anorexia Nervosa
 - 10.9.1. Restrictive
 - 10.9.2. By Binge Eating with Purging
- 10.10. Bulimia Nervosa
- 10.11. Binge Eating Disorder
- 10.12. Insomnia
- 10.13. Hypersomnia
- 10.14. Narcolepsy
 - 10.14.1. Without Cataplexy
 - 10.14.2. With Cataplexy
 - 10.14.3. With Cerebellar Ataxia
 - 10.14.4. With Obesity or Diabetes
- 10.15. Obstructive Sleep Apnea
- 10.16. Sleep-Related Hypoventilation
- 10.17. Non-REM Sleep Awakening Disorders
 - 10.17.1. Sleepwalking
 - 10.17.2. With Night Terrors
- 10.18. Nightmare Disorder
- 10.19. Restless Leg Syndrome

Module 11. Techniques for Emotional Processing in Therapy

- 11.1. Emotional Memories
 - 11.1.1. Creating Memories
 - 11.1.2. Classification and Types of Memory
 - 11.1.3. Autobiographical Memory
- 11.2. Traumatic Memory
 - 11.2.1. Definition and Characteristics
 - 11.2.2. Emotional Kidnapping
 - 11.2.3. Difference Between Traumatic Emotional Memory and Recollection Memory
- 11.3. Bilateral Brain Stimulation Techniques
 - 11.3.1. Introduction to Bilateral Stimulation Techniques
 - 11.3.2. Origin and Historical Evolution of EMDR
 - 11.3.3. EMDR Application Phases
- 11.4. *Brainspotting*
 - 11.4.1. Introduction What is *Brainspotting*?
 - 11.4.2. Historical Evolution
 - 11.4.3. The Six Types of BSP
- 11.5. Emotional Freedom Technique (EFT)
 - 11.5.1. Origins Energy Psychology
 - 11.5.2. Birth of the EFT
 - 11.5.3. Basic Protocol
- 11.6. Writing-Based Techniques
- 11.7. Integrative Meditation from the Big Mind Model. The Voice Dialogue
 - 11.7.1. Introduction: Integrative Meditation
 - 11.7.2. Personal or Psychological Voices
 - 11.7.3. Transpersonal, Non-Dual or Meditative Voices
 - 11.7.4. Tantra: Every Voice is a Non-Dual Voice
- 11.8. Clinical Hypnosis I. What is it and What is it For?
 - 11.8.1. Origins and Historical Evolution
 - 11.8.2. What is Hypnosis?
 - 11.8.3. Myths and False Beliefs About Hypnosis

- 11.8.4. Benefits and Applications of Hypnosis in Psychotherapy
- 11.9. Clinical Hypnosis II. Hypnotic Induction Techniques
 - 11.9.1. Introduction: Two Types of Techniques
 - 11.9.2. Classic Techniques
 - 11.9.3. Ericksonian Techniques
 - 11.10. Techniques for Children

Module 12. Latest Breakthroughs in Clinical Hypnosis

- 12.1. Theoretical Foundations of Clinical Hypnosis
- 12.2. Knowledge of Hypnosis from Today's Psychologists
- 12.3. The Insertion of Clinical Hypnosis in Psychotherapy
- 12.4. Role of Clinical Hypnosis in the Therapeutic Link

Module 13. Mental Relaxation

- 13.1. Historical Keys in Relaxation Training
- 13.2. Discoveries in the Relationship Between Stress and Muscle Tension
- 13.3. Influence of Imagination on the Organism
- 13.4. Psychotherapeutic Intervention with Mental Relaxation: Systematic Desensitization (J. Wolpe, 1948)
- 13.5. Psychotherapeutic Intervention with Mental Relaxation: Covert Conditioning (Cautela)
- 13.6. Psychotherapeutic Intervention with Mental Relaxation: Sophrology (A. Caycedo, 1960)
- 13.7. Edmund Jacobson's Progressive Relaxation (1901)
- 13.8. Schultz's Autogenous Relaxation (1901)
- 13.9. Creative Relaxation by Dr. Eugenio Herrero (1950)
- 13.10. Chromatic Relaxation by R. Aguado (1990)
- 13.11. Differences and Similarities of Mental Relaxation and Clinical Hypnosis
- 13.12. S.D.F. (Selective Dissociation Focusing)

Module 14. Clinical Hypnosis

- 14.1. Historical Review of Hypnosis
 - 14.1.1. 18th Century From Demonology to Hypnotism
 - 14.1.2. 19th Century School of Salpêtrière vs. School of Nancy
 - 14.1.3. 20th Century Birth of Clinical Hypnosis

- 14.2. History and Links of Clinical Hypnosis with Psychotherapy
 - 14.2.1. Freud: Hypnosis, Catharsis and Free Association What is the Difference?
 - 14.2.2. What is the Subconscious? The Hypnotic State as an "Explorer" of the Subconscious
- 14.3. New Technologies in 21st Century Psychotherapy and Clinical Hypnosis
- 14.4. What Does it Feel Like to be in a Hypnotic State?
- 14.5. Myths and Misconceptions About Hypnosis
- 14.6. Fields of Application of Clinical Hypnosis in Psychotherapy
- 14.7. Ingredients Needed to Reach the Hypnotic State
 - 14.7.1. Variables of the Hypnotizer
 - 14.7.2. Variables of the Hypnotized Person
 - 14.7.3. Context and Environmental Situation
- 14.8. Definitions of Clinical Hypnosis
 - 14.8.1. Barner (2000)
 - 14.8.2. Zeig (1999)
 - 14.8.3. R. Aguado (2001)
- 14.9. Types of Procedures to Reach the Hypnotic State
- 14.10. Selective Dissociation Focusing (SDF) (© Aguado, R. 2005)
- 14.11. Induced Head Movements (IHM) (© Aguado, R. 2007)
 - 14.11.1. IHM Methodology
 - 14.11.2. Why in the Skull, from the Back, Silently and With Hands?
- 14.12. Differentiating Characteristics of IHM From Other Types of Hypnosis

Module 15. Neurology and Biochemistry of the Hypnotic State

- 15.1. How Does our Brain Work?
- 15.2. Hemispheric Differentiation
- 15.3. From MacLean's Triune Brain to R. Aguado's Fifth Evolutionary Moment
 - 15.3.1. First Moment Reptilian Brain
 - 15.3.2. Second Moment Mammalian Brain
 - 15.3.3. Third Moment Human or Cognitive Brain
 - 15.3.4. Fourth Moment Interhemispheric Specialization
 - 15.3.5. Fifth Moment Orbital Frontal Lobe Specialization
- 15.4. Relationship Between Structures

- 15.5. Biochemical, Neurological Structures and Action Motors
- 15.6. How is a Traumatic Memory Cemented?
- 15.7. Sites of Traumatic Memories
- 15.8. Neurological Inertial Circuits
- 15.9. Neurobiological Change
 - 15.9.1. Pharmacodynamics
 - 15.9.2. Pharmacokinetics
 - 15.9.3. Plasma Level Curve
- 15.10. Implication of Hypnosis in Emotional and Psychopathological Changes

Module 16. Basic Emotional Universes as an Intervention Protocol with Clinical Hypnosis in Mental Disorders

- 16.1. Introduction and Framing of the Emotional World in Disease
- 16.2. Let's Speak with Authority
- 16.3. Basic Emotional Universes as an Intervention Protocol in Hypnosis
 - 16.3.1. Fear
 - 16.3.2. Anger
 - 16.3.3. Guilt
 - 16.3.4. Disgust
 - 16.3.5. Sadness
 - 16.3.6. Surprise
 - 16.3.7. Curiosity
 - 16.3.8. Security/safety
 - 16.3.9. Admiration
 - 16.3.10. Joy
- 16.4. Fear Intervention in Paroxysmal Anxiety Disorders
- 16.5. Anger Disruptive Behavior and Social Aggressiveness
- 16.6. Guilt Obsessive--Compulsive Disorder and Endogenous Depressions
- 16.7. Disgust Eating Disorders
- 16.8. Sadness Depressive Disorders and Dysthymia
- 16.9. Surprise Generalized Anxiety Disorder
- 16.10. Curiosity Histrionic Personality Disorder

Module 17. Classical Hypnotic Induction Procedures

- 17.1. Psychoeducational Phase
 - 17.1.1. Suggestibility Scale
 - 17.1.2. Falling Backwards
 - 17.1.3. Brick and Sponge (R. Aguado, 1999)
 - 17.1.4. Arm Against the Wall (P. Abozzi, 1996)
 - 17.1.5. Thumb Twist
- 17.2. Hypnotic Induction Phase
 - 17.2.1. Techniques that Fix the Subject's Attention
 - 17.2.2. Fixing on a Light Spot (Braid Method)
 - 17.2.3. Coin Technique (William S. Kroger, 1963)
 - 17.2.4. Candle Procedure (J.P. Guyonnaud)
 - 17.2.5. Weight and Lightness Method with Triple dissociation (R. Aguado 2002)
- 17.3. Techniques for Delving into the Hypnotic State
 - 17.3.1. Hand Levitation (Wolberg, 1948; Milton H. Erickson, 1959)
 - 17.3.2. Mountain Descent (H. Gonzalez Ordi)
 - 17.3.3. Staircase Procedure (various authors, version R. Aguado, 1998)
 - 17.3.4. Blackboard Technique
- 17.4. Stabilization Technique
 - 17.4.1. Boat Method (R. Aguado version, 1999)
 - 17.4.2. Mist Method
 - 17.4.3. Arm Technique as *Feedback* (Thermostat Technique R. Aguado 2000)
 - 17.4.4. Cloud Technique (R. Aguado, 1998)
- 17.5. Therapeutic Phase
 - 17.5.1. Posthypnotic Phase
 - 17.5.2. Reactivation Phase
- 17.6. Tools with Classical Hypnosis to Solve Anxiety Disorders, Sleep and Pain

Module 18. Conversational or Post-Hericksonian Hypnotic Induction Procedures

- 18.1. Techniques of the Inverse Metamodel or Milton's Model
- 18.2. Techniques that Omit Information
 - 18.2.1. Nominalizations
 - 18.2.2. Conversion of Words Into Verbs
 - 18.2.3. Use of Non-Tangible Words
 - 18.2.4. Non-Specific Verbs
 - 18.2.5. Omission
 - 18.2.6. Reading the Mind
 - 18.2.7. Omission of the Interpreter
 - 18.2.8. Causal Modeling or Linkage
 - 18.2.9. Illusion of Alternatives
 - 18.2.10. Chaining of Comparable Alternatives
 - 18.2.11. Confusion Technique
- 18.3. Leverage Inductions and Pattern Interruption
 - 18.3.1. Dreaming Arm, Pattern Disruption in Children
 - 18.3.2. Observations of Out-Of-Context Behavior
 - 18.3.3. Empty Words
 - 18.3.4. Incorporation
 - 18.3.5. Catharsis
- 18.4. Simple Inductions
 - 18.4.1. Pacing and Verbal Conduction (5-4-3-2-1 NLP Technique)
 - 18.4.2. Non-Verbal Pacing and Driving
 - 18.4.3. Superposition of Figurative Systems
 - 18.4.4. Access to a Previous Trance State
 - 18.4.5. Spontaneous State of Hypnosis
 - 18.4.6. Anchoring Hypnotic States
 - 18.4.7. Analogous Underline
- 18.5. Advanced Inductions
 - 18.5.1. Overload
 - 18.5.2. Stacked Realities
- 18.6. Process Instructions

Module 19. Procedures of Selective Dissociation Focusing (SDF) (R. Aguado, 2009)

- 19.1. Definition of SDF
- 19.2. Regression from SDF
- 19.3. Position of the Patient
- 19.4. Position of the Therapist
- 19.5. Use of Silence
- 19.6. Differences Between SDF and Classical and Conversational Techniques
 - 19.6.1. Frontal Plane
 - 19.6.2. Sagittal plane
 - 19.6.3. Transverse plane
- 19.7. Basics of a Case Treated with SDF and Time-Limited Psychotherapy
- 19.8. IHM Technique as an SDF Protocol
- 19.9. U Technique (Emotional Bonding)
- 19.10. Emotional Training

Module 20. The Emotional Wellness Therapist

- 20.1. Gardner's Intrapersonal Intelligence
 - 20.1.1. Introduction What is Intrapersonal Intelligence?
 - 20.1.2. How are Personal Intelligences Formed?
 - 20.1.3. Brain Areas Involved in Personal Intelligences
- 20.2. Self-Knowledge
 - 20.2.1. The Importance of Knowing Oneself
 - 20.2.2. I am Like This
 - 20.2.3. I Reflect Myself in You
 - 20.2.4. Tolerating Pain to Avoid Suffering
 - 20.2.5. What If I Am Wrong?
 - 20.2.6. I am the Protagonist of my Life
- 20.3. Self-Management
 - 20.3.1. The Curve of Emotion
 - 20.3.2. High Intensity and Misaligned Emotions
 - 20.3.3. Taking Charge of Your Life Being proactive.
 - 20.3.4. My Circle of Concern

- 20.4. Difference Between Empathy and Sympathy, and Mirror Neurons
 - 20.4.1. Theory of Mind
 - 20.4.2. Difference Between Empathy and Sympathy
 - 20.4.3. Mirror Neurons
- 20.5. The Therapist-Patient Bond
 - 20.5.1. The Therapist as a Reference
 - 20.5.2. Accompaniment, Containment and Escorting
 - 20.5.3. U Techniques
- 20.6. Introduction to NLP
 - 20.6.1. The Origins
 - 20.6.2. Budgets in NLP
 - 20.6.3. Learning to Listen
 - 20.6.4. Common Submodalities for Common States
- 20.7. The Motivational Interview
 - 20.7.1. Origins and Evolution of the MI
 - 20.7.2. General Aspects and Principles of MI
 - 20.7.3. Basic Strategies

Module 21. A Multifactorial View of Health Psychoneuroimmunology

- 21.1. What is Psychoneuroimmunology?
 - 21.1.1. Definition
 - 21.1.2. Origins and Birth of Psychoneuroimmunology
- 21.2. Communication Routes
 - 21.2.1. Neural Communication
 - 21.2.2. Electrical Phenomena
 - 21.2.3. Neuronal Circuits
 - 21.2.4. The Circulatory System
 - 21.2.5. Blood Circuits
 - 21.2.6. The Lymphatic System
- 21.3. The Psyche-Nervous System-Endocrine System-Immune System Axis (1) The Nervous System
 - 21.3.1. Formation of the Nervous System
 - 21.3.2. Nervous System Structures
 - 21.3.3. Central Nervous System

- 21.3.3.1. The Spinal Cord
- 21.3.3.2. The Brainstem
- 21.3.3.3. The Cerebellum
- 21.3.3.4. The Brain
- 21.3.3.5. Functional Organization of the Cortex
- 21.3.3.6. Protection Systems The Meninges
- 21.3.3.7. Cerebrospinal Fluid
- 21.3.4. The Peripheral Nervous System
 - 21.3.4.1. Autonomic Nervous System
 - 21.3.4.2. Somatic Nervous System
- 21.4. The Psyche-Nervous System-Endocrine System-Immune System Axis (2) The Endocrine System
 - 21.4.1. Connection with the Nervous System and Functioning of the Endocrine System
 - 21.4.2. Hypothalamus and Pituitary Hormones
 - 21.4.3. Peripheral Glands and Hormones
- 21.5. The Psyche-Nervous System-Endocrine System-Immune System Axis (3) The Immune System
 - 21.5.1. Introduction to Immune System Functioning
 - 21.5.2. Defence Levels
 - 21.5.3. Immunological Memory
 - 21.5.4. Immune System Problems
- 21.6. The Psyche-Nervous System-Endocrine System-Immune System Axis (4) Interaction Between Systems
 - 21.6.1. Influence Between Systems
 - 21.6.2. Bereavement, Depression and the Immune System
- 21.7. Emotion, Personality and Disease
- 21.8. The Process of Getting Sick Biopsychosocial Model of Health
 - 21.8.1. The Concept of Health Throughout History
 - 21.8.2. Biomedical Model
 - 21.8.3. Biopsychosocial Model of Health
- 21.9. Healthy Living
 - 21.9.1. Health Behavior
 - 21.9.2. Personality and Health
 - 21.9.3. How to Improve Psychoneuroimmunological Functioning?

Module 22. Mindfulness

- 22.1. From the Origin Meditation
 - 22.1.1. Definition What is Meditation?
 - 22.1.1.1. Meditation as a State of Consciousness
 - 22.1.1.2. Meditation as a Technique to Develop Consciousness
- 22.2. What is *Mindfulness*?
 - 22.2.1. The Beginnings
 - 22.2.2. What is *Mindfulness*?
 - 22.2.3. Benefits and Scientific Evidence
 - 22.2.4. Formal and Informal Practice
 - 22.2.5. *Mindfulness* Exercise for Today
- 22.3. Attitudes in *Mindfulness*
 - 22.3.1. Don't Judge
 - 22.3.2. Patience
 - 22.3.3. Beginner's Mind
 - 22.3.4. Confidence
 - 22.3.5. No Effort
 - 22.3.6. Acceptance
 - 22.3.7. Release
- 22.4. Compassion and Self-Compassion
 - 22.4.1. Introduction
 - 22.4.2. Compassion
 - 22.4.3. Self-Compassion
- 22.5. Directing Attention
 - 22.5.1. Find a Comfortable Posture
 - 22.5.2. Focus on Your Breathing
 - 22.5.3. Feel Your Body
 - 22.5.4. Allows Entry to Feelings and Emotions
 - 22.5.5. Stop Fighting Your Thoughts
- 22.6. Fields of Application
 - 22.6.1. *Mindfulness* in the West
 - 22.6.2. *Mindfulness* in Companies
 - 22.6.3. *Mindfulness* in the Educational Context
 - 22.6.4. *Mindfulness* in the Sports Context
 - 22.6.5. *Mindfulness* and Health
- 22.7. *Mindfulness* for Children
 - 22.7.1. Application and Benefits of *Mindfulness* in the Child Population
 - 22.7.2. The Role of the *Mindfulness* Mentor or Companion for Children
- 22.8. *Mindfulness* and ADHD
 - 22.8.1. Justifying the Use of *Mindfulness* in Patients with ADHD
 - 22.8.2. A *Mindfulness* program for ADHD
- 22.9. Stress, Anxiety and *Mindfulness*
 - 22.9.1. Stress and Anxiety in the Society of the 21st Century
 - 22.9.2. *Mindfulness* as a Technique to Decrease Stress and Anxiety
 - 22.9.3. Mindfulness-Based Stress Reduction Program (REBAP)
- 22.10. *Mindfulness* and Impulse Dyscontrol Disorders
 - 22.10.1. *Mindfulness* and Addictions
 - 22.10.1.1. The Addict Patient
 - 22.10.1.2. How Can *Mindfulness* Help?
 - 22.10.2. *Mindfulness* and Obsessive-Compulsive Disorder
- 22.11. *Mindfulness* and Eating Disorders
 - 22.11.1. The Complexity of Eating Disorders
 - 22.11.2. Benefits of Using *Mindfulness*
- 22.12. *Mindfulness* in Psychotherapy: Cognitive Therapy Based on *Mindfulness*
 - 22.12.1. Introduction and Fundamental Objectives
 - 22.12.2. Intervention Protocol
- 22.13. *Mindfulness* in Psychotherapy: Acceptance Therapy and Commitment
 - 22.13.1. Relational Frame Theory (RFT)
 - 22.13.2. Experiential Avoidant Disorder (EAD)
 - 22.13.3. Acceptance and Commitment Therapy Research
- 22.14. *Mindfulness* in Psychotherapy: Dialectical Behavioral Therapy
 - 22.14.1. Dialectical Behavioral Therapy and Borderline Personality Disorder
 - 22.14.2. The Three Fundamentals of Dialectical Behavior Therapy
 - 22.14.3. Treatment

Module 23. Intervention on Emotion Through the Body

- 23.1. Body Therapies
 - 23.1.1. What are Body Therapies
 - 23.1.2. Historical Evolution
- 23.2. Characteranalytic Vegetotherapy
 - 23.2.1. Origins W. Reich
 - 23.2.2. What is Characteroanalytic Vegetotherapy?
 - 23.2.3. Vegetotherapy Today
- 23.3. Lowen Bioenergetic Analysis
 - 23.3.1. What is Bioenergetics?
 - 23.3.2. Historical Record
 - 23.3.3. Bioenergetic Types
 - 23.3.4. Psychotherapeutic Techniques
 - 23.3.5. The Bioenergetic Therapist
- 23.4. *Focusing*
 - 23.4.1. Historical Approach: Eugene Gendlin
 - 23.4.2. Protocol
 - 23.4.3. Applications in Psychotherapy
- 23.5. Yoga
 - 23.5.1. Brief Historical Record Origins
 - 23.5.2. The 9 Branches of the Yoga Tree
 - 23.5.3. Yoga Doctrines
 - 23.5.4. Benefits
- 23.6. Biodynamic Craniosacral Therapy
- 23.7. Laughter Therapy
 - 23.7.1. Brief Historical Record
 - 23.7.2. Therapy or Psychotherapeutic Technique?
 - 23.7.3. Techniques and Exercises
- 23.8. Art Therapy
 - 23.8.1. What is Art Therapy?
 - 23.8.2. A Little History
 - 23.8.3. What can be Worked on? Objectives





- 23.8.4. Materials and Techniques.
- 23.8.5. Art Therapy in Children
- 23.9. DMT: Dance Movement Therapy
 - 23.9.1. What is it? Definition
 - 23.9.2. A Little History
 - 23.9.3. Movement and Emotion
 - 23.9.4. Who Can Benefit from DMT?
 - 23.9.5. Techniques
 - 23.9.6. A Session of DMT

Module 24. Reaching Emotions from Spirituality Transpersonal Therapy

- 24.1. The Integration of East and West
- 24.2. Origins and Founders
- 24.3. A New Look: The Transpersonal Therapist
- 24.4. Transpersonal Psychotherapy
- 24.5. Tools and Techniques: The Shadow
- 24.6. Tools and Techniques: The Inner Child
- 24.7. Tools and Techniques: Family Constellations
- 24.8. Tools and Techniques: The Witness
- 24.9. Support Requests
- 24.10. Transpersonal Therapy and Self-Esteem

Module 25. Group Emotional Psychotherapy

- 25.1. Emotion-Based Group Psychotherapy
- 25.2. Psychodrama
- 25.3. *Debriefing*
- 25.4. Family Therapy
- 25.5. Integral Couples Therapy

06

Methodology

This training program provides you with a different way of learning. Our methodology uses a cyclical learning approach: ***Re-learning***.

This teaching system is used, for example, in the most prestigious medical schools in the world, and major publications such as the ***New England Journal of Medicine*** have considered it to be one of the most effective.



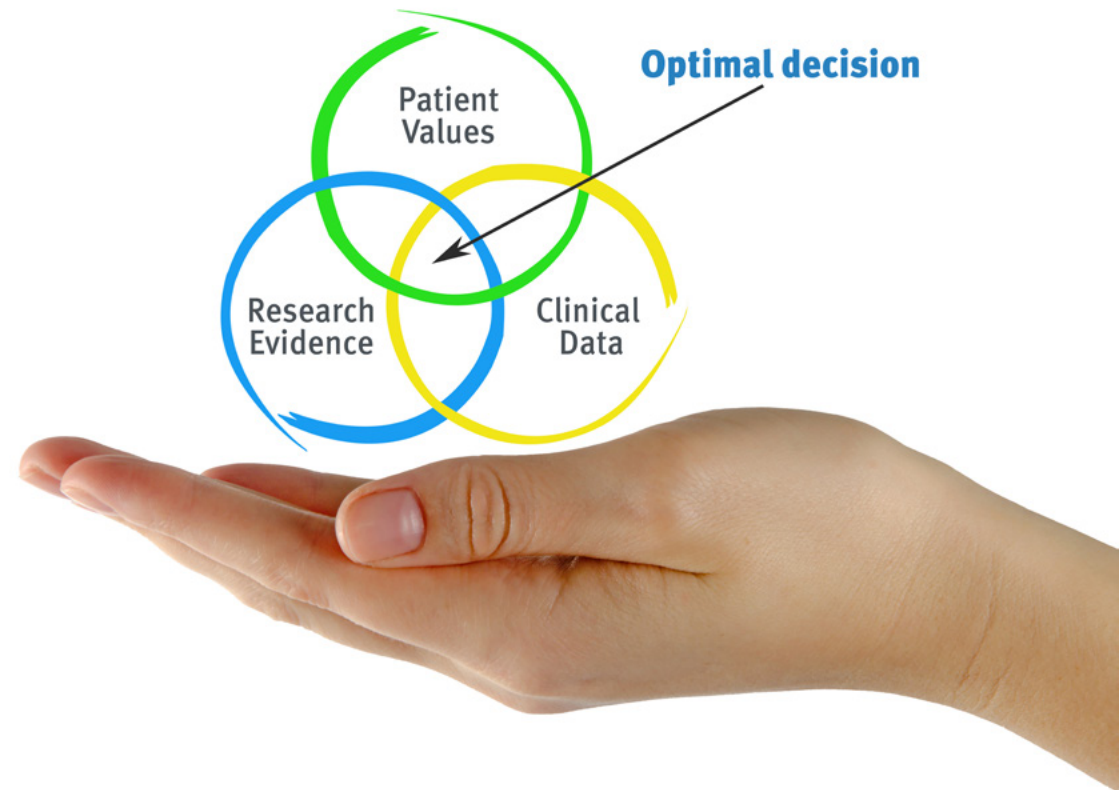
“

Discover Re-learning, a system that abandons conventional linear learning, to take you through cyclical teaching systems: a way of learning that has proven to be extremely effective, especially in subjects that require memorization"

At TECH we use the Case Method

When faced with a certain situation, what should a professional do? Throughout the program, students will be presented with multiple simulated clinical cases based on real patients, where they will have to investigate, establish hypotheses and, finally, resolve the situation. There is abundant scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

With TECH, psychologists can experience a way of learning that is shaking the foundations of traditional universities around the world.



According to Dr. Gervas, the clinical case is the annotated presentation of a patient, or group of patients, which becomes a "case", an example or model that illustrates some peculiar clinical component, either because of its teaching power or because of its uniqueness or rarity. It is essential that the case is based on current professional life, trying to recreate the real conditions in the psychologist's professional practice.

“

Did you know that this method was developed in 1912, at Harvard, for law students? The case method consisted of presenting students with real-life, complex situations for them to make decisions and justify their decisions on how to solve them. In 1924, Harvard adopted it as a standard teaching method"

The effectiveness of the method is justified by four fundamental achievements:

1. Psychologists who follow this method not only grasp concepts, but also develop their mental capacity by means of exercises to evaluate real situations and apply their knowledge.
2. The learning is solidly focused on practical skills that allow the psychologist to better integrate the knowledge into clinical practice.
3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.



Re-learning Methodology

At TECH we enhance the Harvard case method with the best 100% online teaching methodology available: Re-learning.

Our university is the first in the world to combine the study of clinical cases with a 100% online learning system based on repetition, combining a minimum of 8 different elements in each lesson, which represent a real revolution with respect to simply studying and analyzing cases.

The psychologist will learn through real cases and by solving complex situations in simulated learning environments. These simulations are developed using state-of-the-art software to facilitate immersive learning.



At the forefront of world teaching, the Re-learning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best Spanish-speaking online university (Columbia University).

With this methodology we have trained more than 150,000 psychologists with unprecedented success in all clinical specialties. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

Re-learning will allow you to learn with less effort and better performance, involving you more in your training, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to success.

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, each of these elements are combined concentrically.

The overall score obtained by our learning system is 8.01, according to the highest international standards.



This program offers the best educational material, specifically prepared for professionals:



Study Material

All teaching material is produced by the specialists who teach the course, specifically for the course, so that the teaching content is really specific and precise.

These contents are then applied to the audio-visual format to create the online work method of TECH. All with the newest techniques that offer items of great quality in all the materials made available to the students.



Latest Techniques and Procedures on Video

TECH introduces students to the latest techniques, to the latest educational advances, to the forefront of current psychology. All this in first person, with maximum rigor, explained and detailed to contribute to the assimilation and understanding of the student. And best of all, you can watch them as many times as you want.



Interactive Summaries

The team of TECH presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive multimedia educational content presentation system was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents and international guidelines, among others. In the virtual library of TECH, students will have access to everything they need to complete their training.





Expert-Led Case Studies and Case Analysis

Effective learning ought to be contextual. Therefore, TECH presents real case developments in which the expert will guide the student through focusing on and solving the different situations: a clear and direct way to achieve the highest degree of understanding.



Testing & Retesting

Students' knowledge is periodically evaluated and re-evaluated throughout the program, through assessment and self-assessment activities and exercises: so that, this way, students can see how they are achieving their goals.



Classes

There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence in future difficult decisions.



Quick Action Guides

TECH offers the most relevant contents of the course in the form of worksheets or quick action guides. A synthetic, practical, and effective way to help students progress with their learning.



07

Certificate

This Advanced Master's Degree in Clinical Neuropsychology and Emotional Wellness guarantees you, in addition to the most rigorous and up-to-date training, access to a Advanced Master's Degree, issued by TECH Global University.



“

Successfully complete this TECH Advanced Master's Degree and receive your university degree without travel or laborious paperwork”

This private qualification will allow you to obtain a **Advanced Master's Degree diploma in Clinical Neuropsychology, Hypnosis and Emotional Wellness** endorsed by **TECH Global University**, the world's largest online university.

TECH Global University is an official European University publicly recognized by the Government of Andorra ([official bulletin](#)). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Advanced Master's Degree in Clinical Neuropsychology, Hypnosis and Emotional Wellness**

Modality: **online**

Duration: **2 years**

Accreditation: **120 ECTS**



*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.

future
health confidence people
education information tutors
guarantee accreditation teaching
institutions technology learning
community commitment
personalized service innovation
knowledge present
online training
development language
virtual classroom



Advanced Master's Degree

Clinical Neuropsychology,
Hypnosis and Emotional
Wellness

- » Modality: **online**
- » Duration: **2 years**
- » Certificate: **TECH Global University**
- » Credits: **120 ECTS**
- » Schedule: **at your own pace**
- » Exams: **online**

Advanced Master's Degree
Clinical Neuropsychology, Hypnosis
and Emotional Wellness

