

Advanced Master's Degree  
Psychological Intervention in  
Psychosomatic Personality  
Disorders and Psychoses





## Advanced Master's Degree Psychological Intervention in Psychosomatic Personality Disorders and Psychoses

- » 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-psychological-intervention-psychosomatic-personality-disorders-psychoses](http://www.techtute.com/us/psychology/advanced-master-degree/advanced-master-degree-psychological-intervention-psychosomatic-personality-disorders-psychoses)

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# 01

# Introduction

Psychological illnesses are not easy to diagnose. Therefore, the detection of psychosomatic, personality or psychotic pathologies is of utmost importance, especially because in many cases, the abnormal traits of these patients appear in childhood and adolescence, but are not detected until adulthood.





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*In-depth knowledge of psychological pathologies  
in this comprehensive Advanced Master's Degree,  
created to propel you to another professional level"*

The Advanced Master's Degree in Psychological Intervention in Psychosomatic Personality Disorders and Psychosis offers psychologists a complete and specific specialization in these areas, which will allow them to make more accurate and effective diagnoses.

The program includes everything we know today about what happens between the Central Nervous System, the Autonomic System, the Endocrine System and the Immunological System, when human beings express their emotional conflicts through their bodies.

Special emphasis is also placed on the knowledge of schizophrenia, a term that was introduced by Bleuler in 1911, who considered it more appropriate to emphasize the splitting that occurs in the association of ideas, emotions and contact with reality and social life. Today, schizophrenia is still one of the major challenges of science, as it affects approximately 1% of the population.

There is still a huge gap between our knowledge of specific mental illnesses and our knowledge of personality disorders. Some personality disorders classically considered to be character-dependent have in fact been shown to be subsyndromal forms of specific illnesses. Most patients tend to show behaviors (and problems) suggestive of a personality disorder, which may make the clinician overlook syndromes unrelated to personality.

A thorough and systematic mental status examination is essential in the assessment of patients presenting a psychotic disorder or personality disorder. On the other hand, bipolar disorder is another syndrome that has a characteristic impact at the family level. Moreover, as it is an episodic disease that often returns after the acute episode to previous levels of normal functioning, the immediate consequence is that the individual between episodes tends to work, marry and have children in spite of his/her disease, because given the absence of symptoms, he/she is in a position to do so.

Throughout the specialization, students will go through all the current approaches used in psychology work to the different challenges the 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, helping you to think and develop critical thinking skills. And we will push you to think and develop critical thinking. This 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 Psychological Intervention in Psychosomatic Personality Disorders and Psychoses** contains the most complete and up-to-date program on the market. The most important features include:

- ◆ The latest technology in online teaching software
- ◆ A highly visual teaching system, 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 remote training
- ◆ Continuous updating and retraining systems
- ◆ Autonomous 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 program, supported by advanced technological development and the teaching experience of the best professionals"*



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*This Advanced Master's Degree may be the best investment you can make when choosing a refresher program for two reasons: in addition to updating your knowledge of Psychological Intervention in Psychosomatic Personality Disorders and Psychoses, you will obtain a certificate from TECH Global University”*

Our teaching staff is made up of working professionals. This is TECH's guarantee to offer students the update objective it aims to provide. A multidisciplinary team of psychologists specialized and experienced 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 Advanced Master's Degree.

This command of the subject is complemented by the effectiveness of the methodological design of this Grand Master. Developed by a multidisciplinary team of *e-learning* experts, it integrates the latest advances in educational technology. 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 dealing with the case you are studying in real time. A concept that will allow students to integrate and focus their 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.*

*A deep and complete immersion in the strategies and approaches in Psychological Intervention in Psychosomatic Personality Disorders and Psychoses.*



# 02

# Objectives

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





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



## General Objectives

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- ♦ Explain the relation between psychic conflict and its psychosomatic expression
- ♦ Train as a specialist in the identification of the aspects of the psyche that do not allow the emotional expression by psychological means
- ♦ Recognize the natural stressors that affect the different systems that make up our organism
- ♦ Compare the behavior of bodily disorders with the basic patient conflicts
- ♦ Train as part of a multidisciplinary team with the ability to intervene and improve psychosomatic disorders
- ♦ Explain the biochemical functioning of the affected system, as well as the antidotes for improvement
- ♦ Describe the fundamentals of psychodiagnosis for psychotic disorders and personality disorders
- ♦ Perform differential diagnosis between personality disorders and psychotic disorders
- ♦ Describe the various subspecialties in the field of psychosis and personality testing
- ♦ Master the current knowledge on medication used in psychiatry and neurology
- ♦ Train to achieve the therapist-patient-medication link
- ♦ Identify the absorption properties of medication
- ♦ Develop mastery of the positive and negative symptoms of psychotic disorders
- ♦ Describe in protocols the intervention programs, taking into account the characteristics and specific aspects of these disorders
- ♦ Identify the evolution of the different disorders listed in the DSM-5 or ICD-10
- ♦ Master the fields of medical-psychologist interaction in family intervention.
- ♦ Train the professional on all the updated references on the diagnosis, intervention and therapeutic process in order to interact with the medication
- ♦ Describe with decision protocols the individualized study of family members to perform a rigorous psychopathological study
- ♦ Use decision trees to make a permanent differential diagnosis.
- ♦ Frame all the information within a multidisciplinary model in the study of the biopsychosocial framework of the psychotherapy-pharmacology relationship in psychotic and personality disorders



*Learning that draws on the real-world experience of practicing professionals. Learning is the best way to achieve quality in your profession"*



## Specific Objectives

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- ◆ Describe and develop intervention models for Time Limited Psychotherapy
- ◆ Make listening the bridge to build therapeutic relationships
- ◆ Know how to be always present
- ◆ Manage the psychosomatic clinic and its relationship with the patient's emotional system
- ◆ Achieve greater diagnostic accuracy by performing psychosomatic and psychological equivalents
- ◆ Discern between the relationships of the nervous, endocrine and immune systems
- ◆ Identify technology that is effective in the improvement of psychosomatic disorders
- ◆ Develop joint protocols with other specialists
- ◆ Describe all the research done in the last twenty years
- ◆ Differentiate intervention according to the system affected
- ◆ Manage the differential characteristics the same psychosomatic disorder presents, and find similar intervention modalities for different disorders
- ◆ Incorporate psychological activity at the epicenter of psychosomatic pathology
- ◆ Deploy interventions that do not require cognitive activity
- ◆ Achieve an anamnesis of the psychosomatic disorder
- ◆ Identify the current psychosomatic disorder in the subject's biography
- ◆ Control psychosocial stressors that unbalance the affected system
- ◆ Understand and manage psychic symbolism and its impact on the psychosomatic disorder

- ◆ Develop interventions derived from hypochondriacal considerations on the subject
- ◆ Implement techniques that connect with the pathological expression of the organism
- ◆ Develop active listening skills, obtaining non-verbal information from patients
- ◆ Identify the symptom as a messenger rather than as the therapeutic target
- ◆ Implement metaphor and analogy together with clinical hypnosis in the intervention process
- ◆ Describe the relation between the affected organ and the patient's personality
- ◆ Manage the clinical practice stage of the patient, as well as to provide the necessary skills to work multidisciplinary
- ◆ Identify and make decisions about patients taking into account the social and emotional fabric in which they find themselves
- ◆ Master the course within a framework of intervention in psychotic disorders and personality disorders
- ◆ Perform and adapt psychological intervention protocols within an interdisciplinary framework
- ◆ Addressing the clinical use of the drug
- ◆ Manage the dynamics of therapeutic time
- ◆ Employ knowledge about the side effects of drugs so that they do not disable psychotherapy intervention with psychotic disorders
- ◆ Management of emotional crises with psychotropic drugs in these diseases
- ◆ Master evaluation and intervention tools using all the intervention indicators
- ◆ Identify and use information from social and family agents
- ◆ Develop pharmacological interventions according to the mental logic of the different age groups
- ◆ Describe the effects on the social fabric of the psychotic patient





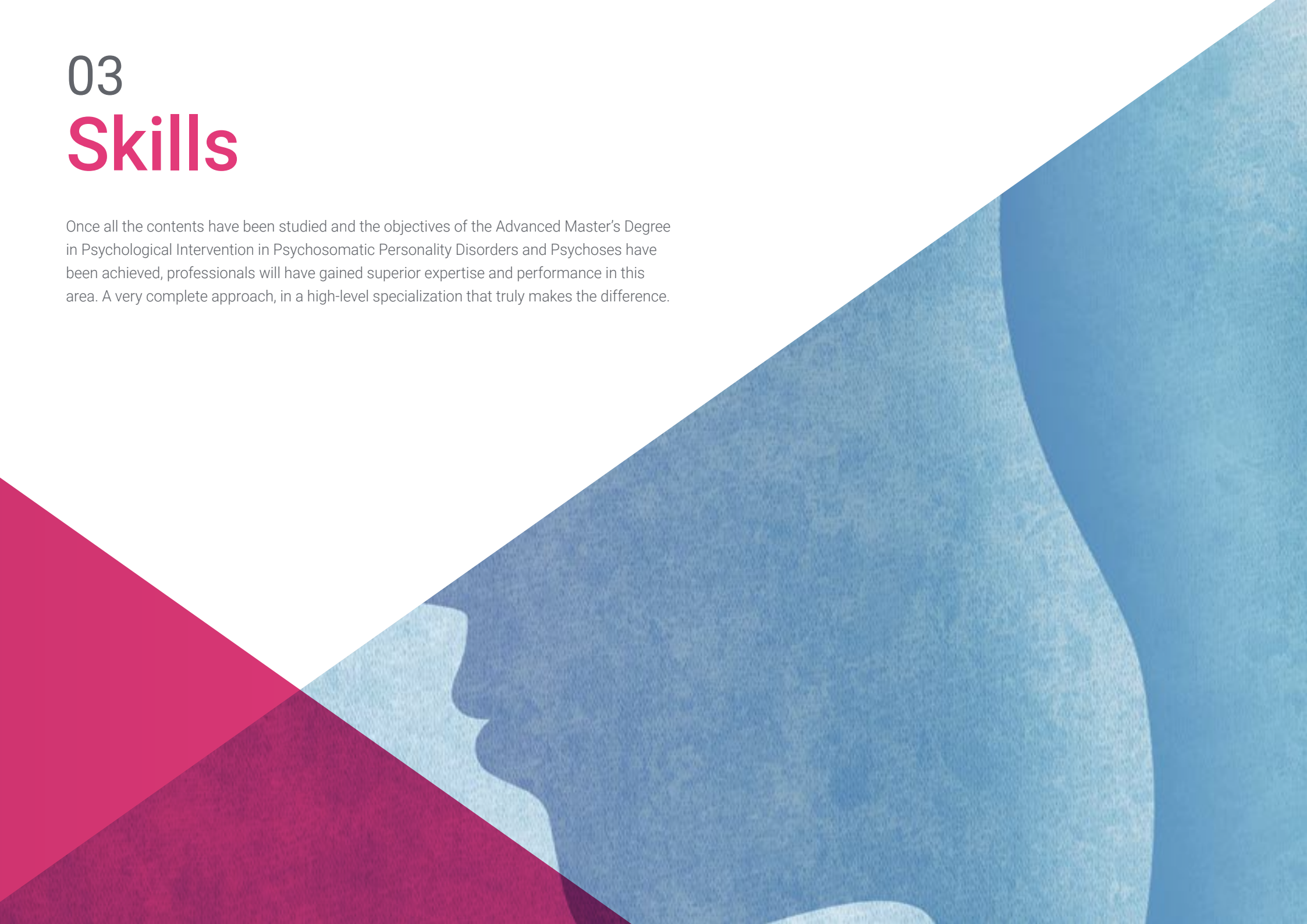


- ◆ Master the adverse and permanent effects of these diseases
- ◆ Manage and stabilize the emotional and affective deficiencies of the patient within the intervention
- ◆ Master and manage the differential characteristics of psychotic pathologies
- ◆ Identify and master the clinical and prognostic features of the different childhood and adolescence disorders with pharmacological intervention
- ◆ Use the intervention to determine when it is necessary for other professionals to join process
- ◆ Developing and understanding mutations and new forms of disease in personality disorders
- ◆ Develop knowledge that discriminates an important problem of natural evolution within the process of family coexistence
- ◆ Manage and master the systemic psychopathology that causes these disorders
- ◆ Develop monitoring models that express the changes of stress pathologies and chronic pathological mental states



# 03 Skills

Once all the contents have been studied and the objectives of the Advanced Master's Degree in Psychological Intervention in Psychosomatic Personality Disorders and Psychoses have been achieved, professionals will have gained superior expertise and performance in this area. A very complete approach, in a high-level specialization that truly makes the difference.



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*Achieving excellence in any profession requires effort and perseverance. But, above all, the support of professionals, who will give you the boost you need, with the necessary means and assistance. At TECH, we offer you everything you need”*



## General Skills

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- ♦ Manage the body-mind relationship in order to identify psychosomatic expressions with rigorous scientific criteria
- ♦ Differentiate in each patient the emotional equivalence of the psychosomatic disorder to offer effective treatment
- ♦ Develop intervention protocols adapted to multidisciplinary work for patient improvement
- ♦ Compare intervention models by choosing a form of intervention for each patient tailored to the specific problem
- ♦ Interpret the mechanisms of psychological assessment to identify the pathology and design treatment tailored to the patient
- ♦ Implement systemic tools to recognize the stressors within the subject's living environment that prove a threat
- ♦ Interpret the patient's symptomatology to obtain a biographical script to work on the factors of the patient's psychological conflict
- ♦ Differentiate the particularities of each patient for effectiveness, even if the disorder is the same through individualized analysis
- ♦ Eclectically consider current knowledge to minimize execution errors in interactions where the subject actively participates
- ♦ Explain to patients the mechanisms that make them suffer from their disorder in order to neutralize them so patients can manage their own lives
- ♦ Describe the skills needed for psychodiagnosis, psychological assessment, and expert witnessing for effective interventions in psychotic disorders and personality disorders
- ♦ Understand the importance of psychosocial intervention in psychotic disorders and personality disorders
- ♦ Understand the reactions of a person suffering from these disorders
- ♦ Offer initial supportive psychological help at the onset of a psychotic disorder
- ♦ Master basic communication and negotiation skills applied to the management of a person in crisis
- ♦ Master specific skills needed for effective crisis intervention
- ♦ Create and implement action protocols adapted to the specific situations leading to an emergency situation
- ♦ Offer strategies for the prevention and management of stress caused by a crisis situation in the family environment
- ♦ Develop group interventions for psychosocial reintegration
- ♦ Understand the basis for the most effective models and techniques used in the therapy of psychosis and personality disorders
- ♦ Train in the management of a psychosocial team
- ♦ Master strategies for the relationship with the multidisciplinary team
- ♦ Assess and intervene in minor medical pathologies resulting from psychotic pathology in patients





## Specific Skills

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- ◆ Describe and integrate the hallmarks of time-limited psychotherapy
- ◆ Understand that what is important is not so much what is said or done, but what is felt and sensed
- ◆ Discover the magical space between patients and therapists called the link
- ◆ Identify the linking mechanisms between the soma and the psyche
- ◆ Differentiate disease from somatic conversions and functional symptoms of the affected organ
- ◆ Explain the global concept of health psychology
- ◆ Manage the previous and current theories on alexithymia construct
- ◆ Master the specific and general aspects of psychosomatic patients
- ◆ Analyze the components of psychosomatic illness and the characteristics of its expression
- ◆ Evaluate the process and dynamics of each psychosomatic disorder within the particularities of each patient
- ◆ Identify the different ways in which psychosomatic conditions can present themselves
- ◆ Evaluate and analyze the common stressors of psychosomatic disorders
- ◆ Describe the influence of the personality factor in psychosomatic symptoms
- ◆ Develop theories on the psychosocial aspects of psychosomatic disorders
- ◆ Identify the processes of emigration, overlapping and compensation in psychosomatic patients
- ◆ Develop intervention models that influence neurophysiological, neuroendocrine, immunological mechanisms with psychological technology

- ♦ Manage the approach to psychosomatic clinics
- ♦ Develop a unique bond based on respect and trust with patients
- ♦ Manage Lipowsky's basic postulates
- ♦ Propose intervention objectives under the indicators of time-limited psychotherapy
- ♦ Evaluate psychosomatic clinical practice using active interviews
- ♦ Master the hypnosis questionnaire for vital situations
- ♦ Master the VAK, ESS, BEQ questionnaires
- ♦ Identify and master clinical practice in psychosomatic disorders
- ♦ Describe and manage the psychosomatic manifestations of cardiovascular, respiratory, gynecological, digestive, dermatological, dental medicine, neurological, neoplastic, chronic, and surgical intervention disorders
- ♦ Master intervention in psychosomatic disorders with brief psychotherapy models
- ♦ Manage the concept of focus in psychosomatic intervention
- ♦ Place readaptation as a goal in brief psychotherapy
- ♦ Adapt the techniques to patient needs
- ♦ Create corrective emotional experiences
- ♦ Get patients to express their intrapersonal conflicts
- ♦ Propose the examination of feelings as a vehicle for improvement
- ♦ Assess the patient's ability to tolerate frustration
- ♦ Describe the benefits of psychosomatization in the patient's globality
- ♦ Maintain an active role as a therapist
- ♦ Master the Bellak and Small method
- ♦ Describe Malan's way of intervening
- ♦ Propose the therapeutic contract of Sifneos
- ♦ Manage crises with Gilliéron's method
- ♦ Intervene in Mann's universal base conflicts
- ♦ Describe Davanloo's methodology in relationships with patients
- ♦ Analyze the Conceptual Scheme of Operational Reference (ECRO in Spanish)
- ♦ Develop and master the concepts of belonging, cooperation, relevance, communication, learning and teleology
- ♦ Understand the basic principles of therapy in brief psychotherapy
- ♦ Master the tactics to conduct action plans
- ♦ Describe logistics as the expenditure of minimum energy to obtain the best results
- ♦ Identify different paths to reach goals
- ♦ Identify skills and develop tools to achieve therapeutic change
- ♦ Manage the tools used in brief psychotherapy
- ♦ Employ direct and indirect suggestion
- ♦ Focus on emotional discharge
- ♦ Indicate new behavioral patterns to achieve improvement
- ♦ Point out the psychic contradictions in patients
- ♦ Clarify by making the unconscious conscious
- ♦ Interpret the elements that maintain the problem
- ♦ Master the intervention in psychosomatic disorders with Gestalt models
- ♦ Differentiate between suppressive and expressive techniques
- ♦ Learn how to detect "shoulds" in patients
- ♦ Describe "as if" role-plays
- ♦ Manage the externalization of the internal
- ♦ Influence patients to express what is not expressed



- ◆ Encourage patients to work on problems in an imaginary way
- ◆ Get patients to relive traumatic situations in a healthy way
- ◆ Instruct in the exaggeration and development of the symptom to dominate it
- ◆ Instruct patients to learn to challenge themselves
- ◆ Describe to patients how they can take responsibility
- ◆ Encourage the emergence of fears
- ◆ Act on the patient's emotions and feelings
- ◆ Master integrative techniques. Incorporate the aligned parts in patient therapy
- ◆ Incite dialogue between "I should" and "I want"
- ◆ Describe the patient's intrapersonal encounters
- ◆ Identify dreams within the Gestalt model
- ◆ Describe the patient's defense mechanisms within the Gestalt model
- ◆ Handle the patient's inability to integrate the internal and the external
- ◆ Explain the defense mechanisms of introjection, projection, confluence, deflection and retroflexion
- ◆ Master cognitive-behavioral interventions in psychosomatic disorders
- ◆ Differentiate between what patients think, do and feel
- ◆ Focus on the present
- ◆ Develop an active therapeutic role in the therapy
- ◆ Stress the psychoeducation phase by teaching and incorporating new knowledge about disorders
- ◆ Manage relaxation to counteract stress
- ◆ Explain how to breathe to ameliorate stress
- ◆ Manage exposure with response prevention
- ◆ Develop interventions with stress inoculation, overcorrection, time-out, problem solving, and social skills training
- ◆ Develop cognitive restructuring
- ◆ Assess and manage cognitive distraction
- ◆ Elaborate ways to achieve thought detection
- ◆ Explain decatastrophizing as a therapeutic resource
- ◆ Master the basics of time-limited psychotherapy
- ◆ Describe and integrate the hallmarks of time-limited psychotherapy
- ◆ Achieve a unique bond with patients
- ◆ Design a single-therapist intervention with a single patient
- ◆ Explain the role of family therapists
- ◆ Focus the basis of the interaction on admiration and contemplation
- ◆ Elaborate a bond such that therapists are always present, whether or not in the immediate presence of patients
- ◆ Manage patient interactions in the here and now
- ◆ Describe the regulatory mechanisms in psychosomatic illnesses
- ◆ Master the functioning of the ascending reticular system and its importance in psychosomatic clinical practice
- ◆ Implement the neurological and biochemical theory of the emotion-reflection axis
- ◆ Describe and integrate the phases in time-limited psychotherapy
- ◆ Initiate patients in self-discovery as the ultimate intervention goal
- ◆ Encourage patients to rewrite their life script
- ◆ Develop a life plan where clinical psychosomatic is not necessary using time-limited psychotherapy

- ♦ Master the medication used in psychosomatic clinical practice
- ♦ Describe the role of benzodiazepines in psychosomatic disorders
- ♦ Explain the positive and negative effects of tricyclic antidepressants, tetracyclic antidepressants and Monoamine Oxidase Inhibitors (MAOIs) in psychosomatic disorders
- ♦ Describe the incidence of Selective Serotonin Reuptake Inhibitors (SSRIs) in psychosomatic conditions
- ♦ Analyze the role of antipsychotics in psychosomatic disorders
- ♦ Develop theories that explain the events that explain psychotic pathology
- ♦ Use and master projective techniques to assess the psychotic patient
- ♦ Manage and discover intrapersonal elements in the subject through the Rorschach test
- ♦ Identify and master the drawing test and the desiderative test
- ♦ Developing conclusions with the Max Lüscher color test
- ♦ Interpret and recognize the psychic state in the TAT study
- ♦ Explain and describe the results of neurological tests specific to differential diagnosis
- ♦ Use and master the CBCA and SVA story credibility scales
- ♦ Explain the appropriateness of the intervention process
- ♦ Describe the mechanisms of preposition
- ♦ Raise awareness of the importance of psychological support in the emergencies of psychotic and bipolar disorders
- ♦ Differentiate the peculiar characteristics of the different profiles in personality disorders
- ♦ Identify the different levels of severity
- ♦ Determine why psychosocial support is important in these disease processes
- ♦ Discriminate the different moments of psychosocial intervention
- ♦ Understand the place of the psychologist in these disorders and his or her relationship with the rest of the stakeholders
- ♦ Understand the objectives of the intervention and its purpose
- ♦ Master the basic principles of crisis intervention
- ♦ Identify and avoid the most common errors when intervening with psychotic patients and personality disorders
- ♦ Understand what stress is and its general characteristics in psychotic conditions
- ♦ Understand the neurological functioning of the brain in psychotic and bipolar disorders
- ♦ Identify the psychological defense mechanisms that a person deploys when faced with a situation that overwhelms them
- ♦ Evaluate what is considered normal and what is not between the reactions of a person in a critical situation
- ♦ Understand the concept of psychological crisis and its characteristics
- ♦ Discover the triggers of psychotic crises
- ♦ Identify the characteristics of a person in the impact phase and the intervention guidelines to deal with them
- ♦ Facilitate proactivity in patient response
- ♦ Create a climate of trust in the relationship with the affected person
- ♦ Train in empathic listening during delirious and disorganized discourse
- ♦ Develop communication skills applied to the transmission and reception of information
- ♦ Design and use different representational systems to improve patient understanding and comprehension
- ♦ Train to handle a difficult discussion or conversation
- ♦ Appropriate use of questions to manage the conversation with the patient
- ♦ Master the paraphrasing strategy
- ♦ Manage influence and persuasion techniques to overcome patient resistance and facilitate change toward more adaptive responses

- ◆ Build a positive response in patients that will lead toward solutions
- ◆ Master communication in terms of present and future, avoiding the loops of thinking about the past
- ◆ Submit and execute according to deontological standards
- ◆ Differentiate and describe violence within a victim safety framework
- ◆ Master and manifest simulation differentiation mechanisms
- ◆ Provide relevant information according to intervention time
- ◆ Train to anticipate changing situations and focus patients on solutions
- ◆ Facilitate decision making for effective crisis resolution
- ◆ Facilitate the connection to other resources needed by the patient
- ◆ Develop a specific intervention protocol, with adapted objectives and guidelines, for patients with acute stress, anxiety and panic problems, with psychotic disorder
- ◆ Develop a specific intervention protocol, with adapted objectives and guidelines, for bereaved patients
- ◆ Identify the specific treatment with the aggressive patient
- ◆ Designing the intervention with a person threatening to commit suicide
- ◆ Develop a specific intervention protocol, with adapted objectives and guidelines, for child patients
- ◆ Design a specific intervention protocol for intoxicated patients, patients with dual pathology
- ◆ Describe the intervention in a patient with a psychotic break
- ◆ Design protocols for intervention with people with intellectual disabilities
- ◆ Describe intervention with people with speech disabilities
- ◆ Describe the characteristics of stress in emergency situations
- ◆ Recognize noticeable signs of psychological impact
- ◆ Identify and transmit general techniques of healthy habits
- ◆ Master different cognitive-behavioral stress management techniques
- ◆ Understand the differences between group and individual techniques of intervention with psychotic patients
- ◆ Evaluate when it is necessary to apply a group intervention technique
- ◆ Understand the differences between crisis intervention and crisis therapy
- ◆ Elaborate the basis of Time-Limited Psychotherapy and its benefits in crisis therapy
- ◆ Understand the importance of delegating tasks and responsibilities
- ◆ Train to apply conflict resolution strategies and techniques in multidisciplinary teams working with psychotic patients and personality disorders
- ◆ Understand the importance of first aid applied to the intervention of this type of patients
- ◆ Develop and identify the signs and symptoms of the most frequent pathologies in psychosocial emergency situations
- ◆ Identify when to ask for help from health services
- ◆ Manage intervention with benzodiazepines
- ◆ Master the interaction between antidepressants and other drugs
- ◆ Break down the difference in performance between SSRIs and AMRIs
- ◆ Develop the appropriate intervention with lithium carbonate
- ◆ Know and handle valproic acid
- ◆ Master the Carbamazepine intervention
- ◆ Differentiate intervention for agitation from acetylcholinesterase inhibitors
- ◆ Differentiate the pharmacological casuistry for depression and anxiety disorders
- ◆ Master the interaction of MAOIs with other medication
- ◆ Handle sleep management with pharmacotherapy

- ◆ Develop intervention plans for narcolepsy
- ◆ Manage pharmacotherapy for anorexia nervosa
- ◆ Master the pharmacological treatment of bulimia
- ◆ Learn the side effects of medication for Alzheimer's disease
- ◆ Handle treatment for children and adolescents with psychotropic medication
- ◆ Develop pharmacological interventions for the elderly
- ◆ Manage and detect suicidal profiles
- ◆ Describe depressive axes
- ◆ Develop differential diagnoses of the symptoms
- ◆ Identify and evaluate neurological disorders
- ◆ Explain the comorbidity elements of personality disorders and psychopathic pathology
- ◆ Describe antisocial, borderline and paranoid personality disorders
- ◆ Develop ways to detect personality disorders: histrionic, dependent and avoidant
- ◆ Develop and recognize the unique signs of passive aggressive personality disorder
- ◆ Differentiate between the knowledge of DNA and RNA, in order to perform diagnostic differentiation in the family setting
- ◆ Describe the importance of epigenetics in the study of child and adolescent behavior
- ◆ Manage and master the role of sympathy and empathy in vicarious learning
- ◆ Differentiate the fashion of adherence components from dependence
- ◆ Assess and rate peer pressure on the individual
- ◆ Assess the impact of parental anxiety, depressive and psychotic disorders
- ◆ Manifest the importance of admiration in the overall balance of the family
- ◆ Develop effective analysis plans for differential diagnosis
- ◆ Identify and recognize the subject's self-image
- ◆ Describe little known syndromes such as self-injury
- ◆ Master and understand that self-injury lowers emotional anxiety
- ◆ Identify and develop plans to control negativism and vandalism
- ◆ Point out the importance of maintaining affective bridges with the subject
- ◆ Stress nihilism and anhedonia as atrocious symptoms for the human psyche
- ◆ Outline and manage the classification of mental illnesses in the DSM-5 and ICD-10
- ◆ Communicate and educate so that the proposed diagnoses lead to an effective therapeutic relationship
- ◆ Advocate and develop protocols that differentiate health from illness in the family



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*Our objective is very simple:  
to offer you quality specialized  
training, with the best teaching  
methods currently, so that you can  
reach new heights of excellence in  
your profession"*



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

With a renowned trajectory in the field of **Mental Health**, Kirsten W. Bolton is a professional specialized in the treatment of **Psychotic Disorders and Serious Mental Illnesses**. She has been a member of the team of the **Division of Psychiatric Disorders** at **McLean Hospital** in **Belmont, USA**, one of the most prestigious institutions in the field of Psychiatry.

As such, her commitment to the well-being of her patients has propelled her to become the **Director of the Appleton program**, a residential initiative dedicated to the **supervision** of individuals facing **major mental illnesses**. In fact, her focus on **rehabilitation and comprehensive treatment** has proven to be an effective model of care for individuals with **Severe Psychotic Disorders**. She also excels in her role as a **clinical social worker** in the **Schizophrenia and Bipolar Inpatient Program**, where she has excelled in her ability to address complex cases and provide **effective therapeutic interventions**.

In addition, Kirsten W. Bolton has launched the successful **"McLean OnTrack"** program to address **First Episode Psychosis** in young adults. This innovative project has been instrumental in the **early diagnosis and treatment** of young adults experiencing their first onset of **Bipolar Disorders** and the **Schizophrenia** spectrum. In addition, it has become a highly effective multidisciplinary referral, which has benefited hundreds of patients and their families.

It is worth mentioning his participation in the **International Certification Training Program** training in this **therapeutic approach**. Due to all of the above, it is clear that her commitment to excellence in the **treatment of psychotic disorders**, as well as her extensive **clinical experience**, have consolidated her reputation as one of the most respected leaders in this field.



## Ms. Bolton, Kirsten W.

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- Director of the Appleton Program, McLean Hospital, Belmont, USA
- Psychologist in the Division of Psychotic Disorders, at McLean Hospital
- Clinical Social Worker in the Inpatient Program for Schizophrenia and Bipolar Disorder
- International Training Program in Dialogical Practice
- Master's Degree in Social Work at Simmons College
- Bachelor's Degree in Psychology from Simmons College

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

## International Guest Director

With an extensive background in **Psychology**, Matthias Schwannauer has been noted for his research on psychological interventions for **Bipolar Disorders**. This work included the implementation of a randomized controlled trial of **Interpersonal Cognitive Therapy** and a study on the role of interpersonal and cognitive factors in mood regulation in bipolar disorders and the recovery process.

After graduating in **Philosophy** and **Psychology** from the University of Marburg, he worked as a **Clinical Psychologist** in the NHS Adolescent Mental Health Services in Glasgow. He has also been **Head of Clinical and Health Psychology** and **Director of the Doctoral Program in Clinical Psychology** at the University of Edinburgh. In addition, he has worked as a Clinical Psychologist in the Early Psychosis Support Service at CAMHS Lothian. Subsequently, he has held the position of **Director of the School of Health and Social Sciences** at the University of Edinburgh.

In particular, Matthias Schwannauer has led the **Contextual Mental Health Research Group**, which focuses on studying the evolutionary trajectories of mental health and well-being across the lifespan. She has also focused on investigating the development of psychological models of emotional distress. One of his main areas of interest is the advancement of specific psychological interventions for the **mental health of young people**.

Moreover, he is principal investigator of several randomized controlled trials to develop and evaluate psychological interventions for serious **mental health** problems. In addition, he has published numerous scientific articles. His research interests include the application of **attachment theory**, **reflective function** and recovery to major **mental health** problems in **adolescence**, particularly psychosis and recurrent mood disorders.





## Dr. Schwannauer, Matthias

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- Director of the School of Health and Social Sciences, University of Edinburgh, Scotland
- Consultant Clinical Psychologist in the Early Psychosis Support Service at CAMHS Lothian
- Clinical Psychologist in the NHS Adolescent Mental Health Services
- Director of the Doctoral Program in Clinical Psychology at the University of Edinburgh
- Head of Clinical and Health Psychology at the University of Edinburgh
- Doctorate in Clinical Psychology from the University of Edinburgh
- Bachelor of Arts in Philosophy and Psychology from the University of Marburg

“

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

05

# Structure and Content

The contents of this specialization 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 program enables you to learn all aspects in 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 program, you will be able to access the most advanced knowledge of Psychological Intervention in Psychosomatic Personality Disorders and Psychoses”*

## Module 1. Definition for Time-Limited Psychotherapy

- 1.1. Basic Fundamentals of Time-Limited Psychotherapy
- 1.2. Distinctive Features
  - 1.2.1. Determinant
  - 1.2.2. The Basic Referential Person
  - 1.2.3. Communication
  - 1.2.4. Basic Trust
  - 1.2.5. Intervention Scenario
  - 1.2.6. Regularly Induce Hypnotic States
- 1.3. Background on Time-Limited Psychotherapy
- 1.4. Singular Relationship
- 1.5. A Single Therapist and a Single Patient
  - 1.5.1. Single Intimacy Scenario
- 1.6. Tutor Therapist
- 1.7. The Basis of Interaction
  - 1.7.1. Admiration
  - 1.7.2. Silence
  - 1.7.3. Contemplation
  - 1.7.4. Being Present
- 1.8. Dealing with Relational Aspects
  - 1.8.1. Identifying Emotional Patterns
  - 1.8.2. Discovering the Vital Script
- 1.9. Subject Interaction with the World in the Here and Now
- 1.10. Careful Study of Multilevel Communication between Therapists and Patients
- 1.11. Theoretical Basis
  - 1.11.1. Importance of the Bond in the Therapeutic Process
  - 1.11.2. Conception of Health and Disease in TLP in a Biopsychosocial Unit
- 1.12. Regulatory Mechanisms
  - 1.12.1. Neurologic
  - 1.12.2. Immunologic
  - 1.12.3. Endocrine
  - 1.12.4. Psychological
- 1.13. Basic Desires and Needs
- 1.14. Autobiographical Memory (The SELF)
- 1.15. Study of Micro, Meso and Macro Dynamics
- 1.16. Basic Assumptions
  - 1.16.1. First Assumption
  - 1.16.2. Second Assumption
  - 1.16.3. Third Assumption
- 1.17. Etiological Theory of Psychosomatic Disorders in TLP
- 1.18. Ascending Reticular System
  - 1.18.1. Neurotransmission Activator
  - 1.18.2. Conscious State Activator
  - 1.18.3. Sleep-Wake Cycle Activator
  - 1.18.4. Learning Activator
- 1.19. Brainstem
  - 1.19.1. Neuroanatomy
  - 1.19.2. Functional Aspects
- 1.20. Phases in Time-Limited Psychotherapy
  - 1.20.1. Reciprocal Admiration Phase
  - 1.20.2. Meeting and Marking Phase
  - 1.20.3. Unframing and Displacement Phase
  - 1.20.4. Restoration and Resolution Phase
  - 1.20.5. Therapeutic Turning Point Phase
  - 1.20.6. Contemplation Phase



## Module 2. Establishing Therapeutic Bonds

- 2.1. Accompaniment
- 2.2. Containment
- 2.3. Escort
- 2.4. The Impossibility Not to Influence
- 2.5. Influencing Only the Problem
- 2.6. Not Influencing Personality Structure
- 2.7. Getting Patients to Influence Change
- 2.8. Influence Not So Much What Happens As What the Patient Does with What Happens to Them
- 2.9. Integrate Emotions and Affective Experiences within Current Reality
- 2.10. Focus on Solutions and Healthy Aspects in Subjects
- 2.11. Address the Cause for Consultation and for Basic Conflicts
- 2.12. Use the Cause for consultation as a Guide for Therapy

## Module 3. The Therapist Role

- 3.1. Therapists as Referential Figures
- 3.2. Asymmetrical Relationships
- 3.3. Detecting Basic Conflicts
- 3.4. Tutor Therapist
- 3.5. Family Therapists
- 3.6. Interdisciplinary Interventions
- 3.7. Therapeutic Styles
- 3.8. Experience What Patients Have Experienced as Much as Possible
- 3.9. Commitment to Patients
- 3.10. Therapist Presence Even When Not Present: Therapist Introjection

## Module 4. Fundamentals of Psychosomatics

- 4.1. The Soma-Psyche Unit
- 4.2. Functional Symptom, Conversion and Disease
  - 4.2.1. Psychosomatic Orientation in Psychology
  - 4.2.2. Liaison Psychology
- 4.3. Resurgence of a New Discipline: Health Psychology
- 4.3.1. Disciplinary Delimitation
- 4.4. The Alexithymia Construct
  - 4.4.1. Historical Review of the Concept
  - 4.4.2. Features
  - 4.4.3. Etiological Hypotheses
  - 4.4.4. Assessment
  - 4.4.5. Processing Emotional Stimuli in Alexithymia
- 4.5. Psychosomatic Patients
  - 4.5.1. Psychosomatic Disease Components and Characteristics
  - 4.5.2. Processes and Dynamics of Psychosomatic Disease
  - 4.5.3. Ways Psychosomatic Disorders Manifest
- 4.6. Stress and Psychosomatics Disorders
- 4.7. Personality and Psychosomatics
- 4.8. Psychosocial Aspects of Psychosomatic Disorders
- 4.9. Psychosomatic Processes: A Defense Mechanism for Integrity?
- 4.10. Intermediate Neurophysiological, Neuroendocrine, Immunological and Psychic Mechanisms

## Module 5. Clinical Practice in Psychosomatic Disorders

- 5.1. Approaching Psychosomatic Disorders
  - 5.1.1. Managing Bonding in Psychosomatic Patients
- 5.2. Intervention Objectives Set by Time-Limited Psychotherapy
- 5.3. Assessing Psychosomatic Disorders
  - 5.3.1. Active Interview (Time-Limited Psychotherapy R. Aguado, 1997)
  - 5.3.2. Vital Situations Hypnosis Questionnaire (CHSV) (R. Aguado, 1998)
- 5.4. Self-Recording of Conscious Emotional Bonding (VECAR, Aguado and Aritz Anasagasti, 2015)
- 5.5. VAK 103 Questionnaire (Kaisser, Aguado, Vozmediano, 2009)
- 5.6. Logotype Test (P. Marty)
- 5.7. Rorschach Test
- 5.8. Max Lüscher Color Test
- 5.9. Cardiovascular
  - 5.9.1. Hypertension and Arterial Hypotension
  - 5.9.2. Personality Profile Characteristic of Cardiovascular Disorders
  - 5.9.3. Ischemic Heart Disease
    - 5.9.3.1. Angina Pectoris
    - 5.9.3.2. Acute Myocardial Infarction
    - 5.9.3.3. Cardiac Arrhythmias
- 5.10. Respiratory Function
  - 5.10.1. Bronchial Asthma
  - 5.10.2. Tobacco use
- 5.11. Digestive Tract
  - 5.11.1. Vomiting
  - 5.11.2. Gastroduodenal Ulcer
  - 5.11.3. Diarrhea
  - 5.11.4. Spasmodic Colitis (Irritable Colon)
  - 5.11.5. Ulcerative Colitis and Crohn's Disease
  - 5.11.6. Liver and Bladder Pathology



**Module 6. Psychosomatic Clinic of Gynecological, Obstetric and Neurological Disorders**

- 6.1. Introduction to Gynecological and Obstetrical Psychosomatics
- 6.2. Menstrual Cycle Disorders
  - 6.2.1. Dysmenorrhea
  - 6.2.2. Psychogenic Amenorrhea
  - 6.2.3. Nervous Pregnancy (False Pregnancy)
  - 6.2.4. Premenstrual Dysphoric Disorder (PMDD)
- 6.6. Menopause
  - 6.3.1. Common Psychiatric Disorders in Menopause
- 6.4. Reproductive Function Alterations
  - 6.4.1. Pregnancy Psychosomatics
  - 6.4.2. Pregnancy Termination
  - 6.4.3. Postpartum Depression
- 6.5. Pain Disorders in Gynecology
  - 6.5.1. Pelvic Pain
  - 6.5.2. Perineal Pain
  - 6.5.3. Dyspareunia and Vaginismus
- 6.6. Sterility and Insemination Techniques
- 6.7. Mastectomy and Hysterectomy
- 6.8. Painless Childbirth
- 6.9. Cesarean Section
- 6.10. Introduction to Neurological Psychosomatics
- 6.11. Gilles de la Tourette's Syndrome
- 6.12. Tics
- 6.13. Stuttering
  - 6.13.1. Division of Sounds into Groups
  - 6.13.2. Stuttering in Specific Sounds
  - 6.13.3. Dysphemics
  - 6.13.4. Treatment for Stuttering
  - 6.13.5. Time-Limited Psychotherapy in Dysphemia

**Module 7. Psychological Intervention in Psychosomatic Disorders Using Gestalt**

- 7.1. Suppressive Techniques
  - 7.1.1. Experiencing Nothingness
  - 7.1.2. Making Sterile Emptiness become Fertile Emptiness
  - 7.1.3. Avoiding "Talking about" and Encouraging Living
- 7.2. Detecting the "Shoulds"
- 7.3. Detecting "as if" Role Playing
- 7.7. Expressive Techniques
  - 7.4.1. Externalizing the Internal
  - 7.4.2. Expressing the Unexpressed
  - 7.4.3. Completing or Complementing Expression
    - 7.4.3.1. Role-Playing Games
    - 7.4.3.2. Working on Problems in an Imaginary Way
    - 7.4.3.3. Reviving Situations in a Healthy Way
- 7.5. Look for the Direction to Make the Direct Expression
  - 7.5.1. Continuous Repetition
  - 7.5.2. Exaggeration and Development
  - 7.5.3. Translation: Expressing in Words What is Done
- 7.6. Confronting Oneself
  - 7.6.1. Taking on Responsibility
  - 7.6.2. Allowing Fears to Surface
  - 7.6.3. Getting People to Express Their Feelings
- 7.7. Action and Identification
  - 7.7.1. Acting out Your Feelings and Emotions
- 7.8. Integrative Techniques
  - 7.8.1. Incorporate or Re-Integrate Aligned Parts:
  - 7.8.2. Intrapersonal Encounter
  - 7.8.3. Dialog between "I Should" and "I Want"
  - 7.8.4. Assimilation of Projections: Living the Projection as One's Own

- 7.9. Dreams in Gestalt
  - 7.9.1. Living the Dream, Not Explaining It
  - 7.9.2. Types of Dreams in Gestalt Psychology (Marta Suárez)
- 7.10. Defense Mechanisms in Gestalt Psychology
- 7.11. Facilitating Internal and External Contact
- 7.12. Self-Regulation of the Organism
  - 7.12.1. Desensitization
  - 7.12.2. Projection
  - 7.12.3. Introjection
  - 7.12.4. Retroreflection
  - 7.12.5. Deflection
  - 7.12.6. Confluence
  - 7.12.7. Fixation
  - 7.12.8. Retention

### Module 8. Psychological Intervention in Psychosomatic Disorders Using the Cognitive-Behavioral Model

- 8.1. Cognitive-Behavioral Intervention in Psychosomatic Disorders
  - 8.1.1. What They Think, Do, and Feel
  - 8.1.2. Does Not Focus on the Present
  - 8.1.3. The Patients Hyperactive Role
- 8.2. Psychoeducation
  - 8.2.1. Inform.
  - 8.2.2. Possess Knowledge
  - 8.2.3. Incorporate
- 8.3. Relaxation when Stressed
  - 8.3.1. Relaxation in Behavior Therapy
  - 8.3.2. Jacobson's Progressive Relaxation (1901)
  - 8.3.3. Schultz's Autogenous Relaxation (1901)
  - 8.3.4. Creative Relaxation by Dr. Eugenio Herrero (1950)
  - 8.3.5. Chromatic Relaxation by Aguado (1990)

- 8.4. Desensitization in Psychosomatic Disorders
- 8.5. Exposure with Response Prevention
- 8.6. Stress Inoculation
- 8.7. Overcorrection
  - 8.7.1. Undo and Redo
  - 8.7.2. Repeat and Repeat
- 8.8. Time Out
- 8.9. Social Skills Training
- 8.10. Problem Solving
  - 8.10.1. Establish the Latent Content of the Problem: What Is Happening?
  - 8.10.2. Analyze the Nature of the Problem and the Cause
  - 8.10.3. Conflict Resolution
    - 8.10.3.1. Negotiation
    - 8.10.3.2. Mediation
- 8.11. Cognitive restructuring
  - 8.11.1. Identifying Inappropriate Thoughts
  - 8.11.2. Assessing and Analyzing Thoughts
  - 8.11.3. Searching for Alternative Thoughts
- 8.12. Cognitive Distractions
  - 8.12.1. Awareness
  - 8.12.2. Stopping Thoughts
  - 8.12.3. Replacing Thoughts
- 8.13. Labeling Cognitive Distortions
- 8.14. Exhibition
  - 8.14.1. Exposure Therapy and Extinction Learning
- 8.15. Techniques to Reduce or Eliminate Behavior: Aversive Techniques
  - 8.15.1. Positive Punishment (or by Application)
  - 8.15.2. Response Cost
- 8.16. Modeling

**Module 9. Pharmacological Intervention in Psychosomatic Disorders**

- 9.1. Benzodiazepine Medication
  - 9.1.1. Long-Term Action
  - 9.1.2. Immediate Action
  - 9.1.3. Short Term Action.
  - 9.1.4. Ultra-Short-Term Action
- 9.2. Antidepressant Drugs
  - 9.2.1. Tricyclics
  - 9.2.2. Tetracyclics
  - 9.2.3. ISRS
  - 9.2.4. IRNS
  - 9.2.5. Non-Selective 5-HT Reuptake Inhibitors
  - 9.2.6. NA Reuptake Inhibitors
  - 9.2.7. Antagonists and 5-HT Reuptake Antagonists / Inhibitors
  - 9.2.8. DA-NA Reuptake Inhibitors.
  - 9.2.9. Agomelatine
- 9.3. MAOI
- 9.4. Euthymizing Drugs
  - 9.4.1. Lithium
  - 9.4.2. Valproic Acid
  - 9.4.3. Carbamazepine
  - 9.4.4. Lamotrigine
  - 9.4.5. Topiramate
  - 9.4.6. Oxcarbazepine
  - 9.4.7. Gabapentin
  - 9.4.8. Vigabatrin
  - 9.4.9. Levetiracetam

- 9.5. Antipsychotic Drugs
- 9.6. Classic Neuroleptics
  - 9.6.1. Haloperidol
  - 9.6.2. Chlorpromazine
  - 9.6.3. Levomepromazine
  - 9.6.4. Fluphenazine
  - 9.6.5. Pipothiazine
  - 9.6.6. Zuclopenthixol
- 9.7. Atypical Neuroleptics
  - 9.7.1. Clozapine
  - 9.7.2. Olanzapine
  - 9.7.3. Risperidon
  - 9.7.4. Quetiapine
  - 9.7.5. Ziprasidone
  - 9.7.6. Aripiprazole

**Module 10. Neurodevelopmental Disorders (II): Communication Disorders and Learning Difficulties**

- 10.1. Childhood Language Development
- 10.2. Definition and Prevalence
- 10.3. Neurobiological Bases
- 10.4. Neuropsychological Approaches
- 10.5. Classification of Comprehension, Production-Expression and Pronunciation Disorders
- 10.6. Diagnostic Criteria (I): DSM-5. Language Disorder. Phonological Disorder
- 10.7. Diagnostic Criteria (II): DSM-5. Childhood-Onset Fluency Disorder (Stuttering)
- 10.8. Social Communication Disorder (Pragmatic)
- 10.9. Diagnostic Criteria (III): Differential Diagnosis DSM-5 and CIE-10
- 10.10. Assessment: Assessment Variables and Techniques and Instruments
- 10.11. Psychological and Psychopedagogical Intervention: Animal-Assisted

## Module 11. Psychosocial Assessment in Psychotic and Personality Disorders

- 11.1. The Basic Elements of Clinical Evaluation
- 11.2. Psychosocial Examination
  - 11.2.1. The Evaluation Interview
  - 11.2.2. Observation
  - 11.2.3. Psychological Tests
- 11.3. Why Seek Therapeutic Treatment?
- 11.4. The Therapeutic Relationship
  - 11.4.1. Elements of the Therapeutic Bond or Relationship
  - 11.4.2. Personal, Attitudinal, Emotional and Behavioral Characteristics of the Psychotherapist
  - 11.4.3. Personal, Attitudinal, Emotional and Behavioral Characteristics of the Patient that Will Pose Problems in the Therapeutic Relationship.
  - 11.4.4. Emotional Bonding Using the “U” Technique
- 11.5. Pharmacological Strategies
  - 11.5.1. Mechanisms of Action of Pharmacokinetics
  - 11.5.2. Mechanisms of Action of Hypothermia
- 11.6. Antidepressants
  - 11.6.1. Tricyclics
  - 11.6.2. Selective Serotonin Reuptake Inhibitors (ISRS)
  - 11.6.3. Mixed Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)
  - 11.6.4. Mixed Quaternary Serotonin and Norepinephrine Reuptake Inhibitors
- 11.7. Anxiolytics
  - 11.7.1. Benzodiazepines
- 11.8. Mood Stabilizers
- 11.9. Antipsychotics
- 11.10. Psychological Strategies

## Module 12. Eating Disorders in Childhood and Adolescence

- 12.1. Schizoid Disorder
  - 12.1.1. Epidemiology
  - 12.1.2. Comorbidity
  - 12.1.3. Casuistry
- 12.2. Schizotypal Disorder
  - 12.2.1. Epidemiology
  - 12.2.2. Comorbidity
  - 12.2.3. Casuistry
- 12.3. Borderline Disorder
  - 12.3.1. Epidemiology
  - 12.3.2. Comorbidity
  - 12.3.3. Casuistry
- 12.4. Narcissistic Disorder
  - 12.4.1. Epidemiology
  - 12.4.2. Comorbidity
  - 12.4.3. Casuistry
- 12.5. Antisocial Disorder
  - 12.5.1. Epidemiology
  - 12.5.2. Comorbidity
  - 12.5.3. Casuistry
- 12.6. Paranoid Disorder
  - 12.6.1. Epidemiology
  - 12.6.2. Comorbidity
  - 12.6.3. Casuistry
- 12.7. Histrionic Disorder
  - 12.7.1. Epidemiology
  - 12.7.2. Comorbidity
  - 12.7.3. Casuistry

- 12.8. Avoidant Disorder
  - 12.8.1. Epidemiology
  - 12.8.2. Comorbidity
  - 12.8.3. Casuistry
- 12.9. Dependent Disorder
  - 12.9.1. Epidemiology
  - 12.9.2. Comorbidity
  - 12.9.3. Casuistry
- 12.10. Obsessive Compulsive Disorder
  - 12.10.1. Epidemiology
  - 12.10.2. Comorbidity
  - 12.10.3. Casuistry
- 12.11. Passive Aggressive Disorder
  - 12.11.1. Epidemiology
  - 12.11.2. Comorbidity
  - 12.11.3. Casuistry
- 12.12. Depressive Disorder
  - 12.12.1. Epidemiology
  - 12.12.2. Comorbidity
  - 12.12.3. Casuistry

### **Module 13. The Clinical Interview with the Psychotic Patient and Personality Disorders**

- 13.1. Active Interview (CHSV)
  - 13.1.1. Information Theory
  - 13.1.2. Communication Channels
  - 13.1.3. Communication System
- 13.2. Axioms of the Interview
  - 13.2.1. It is Impossible Not To Communicate
  - 13.2.2. Content and Relationship
  - 13.2.3. Affective Value
  - 13.2.4. Digital and Analog Communication
  - 13.2.5. Symmetry and Asymmetry

- 13.3. Exploring Communication
  - 13.3.1. Verbal Communication
  - 13.3.2. Non-Verbal Communication
  - 13.3.3. Double Bond
  - 13.3.4. Psychopathology of Communication
  - 13.3.5. A Gesture is Worth a Thousand Words
- 13.4. Medical History
  - 13.4.1. Personal
  - 13.4.2. Family
  - 13.4.3. Generational
- 13.5. Medical history
  - 13.5.1. Psychopathological Biography
  - 13.5.2. Biography of Medical Diseases
  - 13.5.3. Biography Social Problems
- 13.6. General Structure of the Mental Examination
  - 13.6.1. Non-Verbal Communication and Emotions
  - 13.6.2. Communication Around the Table
- 13.7. Semiology
  - 13.7.1. Signs
  - 13.7.2. Symptoms
- 13.8. Epistemology of Diagnosis
  - 13.8.1. Descriptive Syndromic Diagnosis Versus Disease
  - 13.8.2. Nosology Categorical vs. Dimensional Diagnosis
- 13.9. Multiple Diagnoses and Comorbidity
- 13.10. Clinical Versus Forensic Criteria
- 13.11. Expert Interview Biases to Avoid



## Module 14. Questionnaires and Tests Used in the Diagnosis of Psychosis and Personality Disorders

- 14.1. Projective Techniques in Expert Appraisal
- 14.2. Rorschach Test
  - 14.2.1. Application
  - 14.2.2. Presentation of Sheets
  - 14.2.3. Reaction Time
  - 14.2.4. Time of the Patient in Front of the Sheet
  - 14.2.5. The Survey
  - 14.2.6. Rorschach Assessment
- 14.3. Expressive Techniques
- 14.4. Drawing (HTP)
  - 14.4.1. From the House
  - 14.4.2. Tree
  - 14.4.3. Person
- 14.5. Free Drawing
- 14.6. Family Drawing
- 14.7. Düss Fables
- 14.8. Desiderative Test
- 14.9. Max Lüscher Color Test
- 14.10. Thematic Apperception Test TAT
- 14.11. Psychometric Tests in Expertise
- 14.12. Wechsler Intelligence Test
  - 14.12.1. WISC-IV
  - 14.12.2. WAIS-IV
- 14.13. Neuropsychological Maturity Questionnaire
- 14.14. Raven's Progressive Arrays
- 14.15. Goodenough's Test
- 14.16. The Personality Test
- 14.17. Millon Multiaxial Clinical Millon Inventory (MCMI-III)
  - 14.17.1. Modifying Scales: Desirability and Alteration Index
  - 14.17.2. Basic Personality Scales: Schizoid, Avoidant, Depressive, Depressive, Dependent, Histrionic, Narcissistic, Antisocial, Aggressive-Sadistic, Compulsive, Passive-Aggressive, Self-Destructive
  - 14.17.3. Severe Personality Scales: Schizotypal, Borderline and Paranoid
  - 14.17.4. Moderate Clinical Syndromes: Anxiety, Hysteriform, Hypomania, Depressive Neurosis, Alcohol Abuse, Drug Abuse, P-Trauma Stress D
  - 14.17.5. Severe Clinical Syndromes: Psychotic Thinking, Major Depression and Psychotic Delirium
- 14.18. CATELL's 16 PF-5
  - 14.18.1. Agreeableness, Reasonableness, Stability, Dominance, Encouragement, Attention to Standards, Boldness, Sensitivity, Vigilance, Abstraction, Privacy, Apprehension, Openness to Change, Self-sufficiency, Perfectionism and Tension. Incorporate a Social Desirability (SD), an Infrequency (IN) and an Acquiescence (AQ) Scale to Control Response Bias
- 14.19. Child and Adolescent Assessment System BASC
  - 14.19.1. Internalized problems: Depression, Anxiety, Social Anxiety, Somatic Complaints, Obsessive-Compulsion and Post-Traumatic Symptomatology
  - 14.19.2. Externalized Problems: Hyperactivity and Impulsivity, Attention Problems, Aggressiveness, Defiant Behavior, Anger Control Problems, Antisocial Behavior
  - 14.19.3. Specific Problems: Developmental Delay, Eating Behavior Problems, Learning Disabilities, Schizotypy, Substance Abuse, etc.
- 14.20. Personality Assessment Inventory (PAI)
  - 14.20.1. 4 Validity Scales (Inconsistency, Infrequency, Negative Impression, Positive Impression)
  - 14.20.2. 11 Clinical Scales (Somatic Complaints, Anxiety, Anxiety-Related Disorders, Depression, Mania, Paranoia, Schizophrenia, Borderline Traits, Antisocial Traits, Alcohol Problems, Drug Problems)
  - 14.20.3. 5 Scales of Consideration for Treatment (Aggression, Suicidal Thoughts, Stress, Lack of Social Support, and Refusal of Treatment)
  - 14.20.4. 2 Scales of Interpersonal Relationships (Dominance and Agreeableness)
  - 14.20.5. 30 Subscales Providing More Detailed information

- 14.21. Children's Personality Questionnaire CPQ
  - 14.21.1. Reserved/Open, Low/High Intelligence, Emotionally Affected/Stable, Calm/Excitable, Submissive/Dominant, Sober/Enthusiastic, Unconcerned/Conscientious, Cohibited/Entrepid, Hard/Soft Sensitivity, Confident/Doubting, Simple/Astute, Serene/Apprehensive, Less or More Integrated and Relaxed/Tensed
- 14.22. Clinical Analysis Questionnaire-CAQ
- 14.23. Trait-State Anxiety Questionnaire in Children STAIC and in Adults STAI
- 14.24. Multifactor Self-Assessment Test of Child Adjustment - TAMAI
- 14.25. Questionnaire for the Evaluation of Adopters, Caregivers, Guardians and Mediators (CUIDA)
- 14.26. Short Symptom Checklist - SCL-90 R
- 14.27. Study of the Story's Credibility
  - 14.27.1. CBCA System (Criteria Based Content Analysis)
  - 14.27.2. The *Statement Validity Assessment* (SVA), Udo Undeutsch
  - 14.27.3. SVA = Interview + CBCA + Validity Checklist

## Module 15. Psychotic Psychopathology

- 15.1. Schizophrenia
- 15.2. Schizophreniform Disorder
- 15.3. Schizoaffective Disorder
- 15.4. Delusional Disorder
- 15.5. Brief Psychotic Disorder
- 15.6. SubstanceInduced Psychotic Disorder
- 15.7. Catatonia
- 15.8. Bipolar Disorder
  - 15.8.1. Type I:
  - 15.8.2. Type I:
- 15.9. Cyclothymic Disorder
  - 15.9.1. With Anxiety

- 15.10. Delirium
  - 15.10.1. Substance Intoxication
  - 15.10.2. For Substance Withdrawal
  - 15.10.2. Medication-Induced
- 15.11. Alzheimer's Disease
- 15.12. Frontotemporal Lobe Degeneration
- 15.13. Traumatic Brain Injury
- 15.14. Vascular Disease
- 15.15. Parkinson's Disease
- 15.16. Huntington's Disease
- 15.17. Neurological Malignant Syndrome
- 15.18. Disorders Caused by Medication
  - 15.18.1. Acute Dystonia
  - 15.18.2. Acatisia
  - 15.18.3. Tardive Dyskinesia
  - 15.18.4. Antidepressant Discontinuation Syndrome

## Module 16. Personality Disorders and Associated Pathologies

- 16.1. General Personality Disorder
  - 16.1.1. Cognition
  - 16.1.2. Affectivity
  - 16.1.3. Interpersonal Functioning
  - 16.1.4. Impulse Control
- 16.2. Intervention in Personality Disorders
- 16.3. Paranoid
  - 16.3.1. Mistrust
  - 16.3.2. Suspiciousness
  - 16.3.3. Deception
  - 16.3.4. Concern
  - 16.3.5. Resentment

- 16.4. Schizoid
  - 16.4.1. Displacer
  - 16.4.2. Loneliness
  - 16.4.3. Disinterest
  - 16.4.4. Difficulty in Intimate Relationships
  - 16.4.5. Emotional Coldness
- 16.5. Schizotypal
  - 16.5.1. Reference Idea
  - 16.5.2. Unusual Perception
  - 16.5.3. Strange Thoughts
  - 16.5.4. Suspiciousness
  - 16.5.5. Inappropriate Affection
  - 16.5.6. Strange Appearance
  - 16.5.7. Social Anxiety
- 16.6. Antisocial
  - 16.6.1. Illegality
  - 16.6.2. Deception
  - 16.6.3. Impulsiveness
  - 16.6.4. Irresponsibility
  - 16.6.5. Absence of Remorse
- 16.7. Limit
  - 16.7.1. Homelessness
  - 16.7.2. Interpersonal Instability
  - 16.7.3. Abnormalities About Identity
  - 16.7.4. Autolysis
  - 16.7.5. Affective Instability
  - 16.7.6. Chronic Emptiness
  - 16.7.8. Irritability
- 16.8. Histrionic
  - 16.8.1. Theatrical
  - 16.8.2. Seduction
  - 16.8.3. Emotional Lability
  - 16.8.4. Self-Dramatization
  - 16.8.5. Suggestibility
- 16.9. Narcissist
  - 16.9.1. Megalomania
  - 16.9.2. Fantasies of Success
  - 16.9.3. Privilege
  - 16.9.4. Exploits Relationships
  - 16.9.5. Lacks Empathy
  - 16.9.6. Envy
- 16.10. Evasive
  - 16.10.1. Avoidance
  - 16.10.2. Shame
  - 16.10.3. Concern over Criticism
  - 16.10.4. Inhibition in Relationships
  - 16.10.5. Does not Take Risks
- 16.11. Dependent
  - 16.11.1. Indecision
  - 16.11.2. Can Not Take Responsibility
  - 16.11.3. Discomfort
  - 16.11.4. Fear of Loneliness
  - 16.11.5. Irrational Fear
- 16.12. Obsessive Compulsive
  - 16.12.1. Concern
  - 16.12.2. Perfectionism
  - 16.12.3. Excessive Dedication
  - 16.12.4. Hyperconsciousness
  - 16.12.5. Collectionism
  - 16.12.6. Greed
- 16.13. Intervention in Dissociative Disorders
  - 16.13.1. Dissociative Identity Disorder
  - 16.13.2. Dissociative Amnesia
  - 16.13.3. Depersonalization/Derealization Disorder

## 16.14. Intervention in Impulse Control Disorders

- 16.14.1. Oppositional Defiant Disorder
- 16.14.2. Intermittent Explosive Disorder
- 16.14.3. Behavioral Disorder
- 16.14.4. Destructive Disorder

## 16.15. Interventions in Eating Disorders

- 16.15.1. Pica.
- 16.15.2. Anorexia Nervosa
- 16.15.3. Bulimia Nervosa
- 16.15.4. Intervention in Sleep Disorders
- 16.15.5. Insomnia
- 16.15.6. Hypersomnia
- 16.15.7. Narcolepsy
- 16.15.8. Central Sleep Apnea
- 16.15.9. Parasomnia

## 16.16. interventions in Addictive Behavior Disorders

**Module 17. Intervention in Personality and Psychotic Disorders From the Most Relevant Models**

- 17.1. Behavioral Therapy in Personality and Psychotic Disorders
- 17.2. Cognitive Therapy in Personality and Psychotic Disorders
- 17.3. Rational Emotive Behavior Therapy in Personality and Psychotic Disorders
- 17.4. Stress Management Therapy in Personality and Psychotic Disorders
- 17.5. Beck's Cognitive Therapy in Personality and Psychotic Disorders
- 17.6. Human Therapies in Personality and Psychotic Disorders
- 17.7. Gestalt Therapy and Psychodynamic Therapies in Personality and Psychotic Disorders
- 17.8. Interpersonal Therapy in Personality and Psychotic Disorders
- 17.9. Time-Limited Psychotherapy (Eclectic Psychotherapy) in Personality and Psychotic Disorders

**Module 18. Psychosocial Intervention in Psychotic Disorders**

- 18.1. Family Mediation
  - 18.1.1. Premediation
  - 18.1.2. Negotiation
  - 18.1.3. Mediation
    - 18.1.3.1 Reconciliation
    - 18.1.3.1 Reparation
- 18.2. Notion of Conflict
  - 18.2.1. Changing the Attitude Towards Team Cooperation
  - 18.2.2. Improve Attitude
  - 18.2.3. Emphasizing Performance
- 18.3. Types of Conflict
  - 18.3.1. Attraction-Attraction
  - 18.3.2. Evasion-Evasion
  - 18.3.3. Attraction-Evasion
- 18.4. Mediation, Arbitration and Neutral Evaluation
  - 18.4.1. Mediator is Present, Does Not Have an Influence
  - 18.4.2. Arbitration Makes Decisions by Listening to the Parties
  - 18.4.3. Neutral Evaluation Draw Consequences From the Data Obtained
- 18.5. Coaching and Psychology
  - 18.5.1. Equalities
  - 18.5.2. Differences
  - 18.5.3. Contradictions
  - 18.5.4. Impersonation
- 18.6. Learning in **Coaching**
  - 18.6.1. Declaring Bankruptcy
  - 18.6.2. Stripping Off the Masks
  - 18.6.3. Re-Engineering Ourselves
  - 18.6.4. Focusing on the Task

- 18.7. Facing Challenges that can be Taken on
  - 18.7.1. Locus of Control
  - 18.7.2. Expectations
- 18.8. Focused on the Activity
  - 18.8.1. Focusing Techniques
  - 18.8.2. Thought Control techniques
- 18.9. Clear Goals
  - 18.9.1. Definition of Where We Are
  - 18.9.2. Definition of Where We Want to Go
- 18.10. Realignment with the Activity
  - 18.10.1. Placing the Attitude in Action and not in Anticipatory Thinking
  - 18.10.2. Verbalizing Small Achievements
  - 18.10.3. Be Flexible and Allow for Frustration
- 18.11. Working on Self-Deception
  - 18.11.1. Know that We are Lying to Ourselves
  - 18.11.2. Know that We Modify Reality
  - 18.11.3. Knowing that We Conform Reality to our Beliefs
- 18.12. Conflict Management.
  - 18.12.1. Emotional Management
  - 18.12.2. Saying What I Think, but From HOME Emotions
- 18.13. Dialogue With Beliefs
  - 18.13.1. Self-Dialogue
  - 18.13.2. Cognitive Restructuring
- 18.14. Managing Stress
  - 18.14.1. Breathing Techniques
  - 18.14.2. Emotional Management Techniques
  - 18.14.3. Relaxation Techniques
- 18.15. Emotional Management
  - 18.15.1. Identifying Emotions
  - 18.15.2. Identifying Suitable Emotions
  - 18.15.3. Changing Emotions for Others
- 18.16. Biology of the Stress Response
- 18.17. Biochemistry of Stress







## Module 19. Pharmacotherapy in Psychosis and Dementias

- 19.1. Schizophrenia and Schizophreniform Psychoses
- 19.2. Delusional Disorder
- 19.3. Brief Psychotic Disorder
- 19.4. Substance-Induced Psychotic Disorder
- 19.5. Catatonia
- 19.6. Bipolar Disorder
- 19.7. Cyclothymic Disorder
- 19.8. Delirium
- 19.9. Alzheimer's Disease.
- 19.10. Frontotemporal Lobe Degeneration
- 19.11. Dementia due to Brain Trauma
- 19.12. Vascular Dementia
- 19.13. Dementia due to Parkinson's Disease
- 19.14. Dementia due to Huntington's Disease
- 19.15. Personality Disorders
- 19.16. Latrogenia

“ *Our curriculum has been designed with teaching effectiveness in mind: so that you learn faster, more efficiently, and on a more permanent basis”*

06

# Methodology

This academic program offers students a different way of learning. Our methodology uses a cyclical learning approach: **Relearning**.

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 Relearning, 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

What should a professional do in a given situation? Throughout the program, students will face multiple simulated clinical cases, based on real patients, in which they will have to do research, establish hypotheses, and ultimately resolve the situation. There is an abundance of scientific evidence on the effectiveness of the method. Specialists learn better, faster, and more sustainably over time.

*With TECH the psychologist experiences a way of learning that is shaking the foundations of traditional universities around the world.*



According to Dr. Gérvas, 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.



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*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 master the assimilation of concepts, but also develop their mental capacity by means of exercises to evaluate real situations and apply their knowledge.
2. Learning is solidly translated into practical skills that allow the psychologist to better integrate 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.





## Relearning Methodology

At TECH we enhance the case method with the best 100% online teaching methodology available: Relearning.

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 is a real revolution compared to the simple study and analysis of 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 Relearning method has managed to improve the overall satisfaction levels of professionals who complete their studies, with respect to the quality indicators of the best online university (Columbia University).

This methodology has trained more than 150,000 psychologists with unprecedented success in all clinical specialties. Our pedagogical methodology is developed in a highly competitive environment, with a university student body with a strong socioeconomic profile and an average age of 43.5 years old.

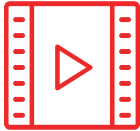
*Relearning will allow you to learn with less effort and better performance, involving you more in your training, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation for success.*

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). Therefore, we combine each of these elements 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, prepared with professionals in mind:



#### Study Material

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

These contents are then applied to the audiovisual format, to create the TECH online working method. All this, with the latest techniques that offer high quality pieces in each and every one of the materials that are made available to the student.



#### 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 of this in direct contact with students and explained in detail so as to aid their assimilation and understanding. And best of all, you can watch the videos as many times as you like.



#### Interactive Summaries

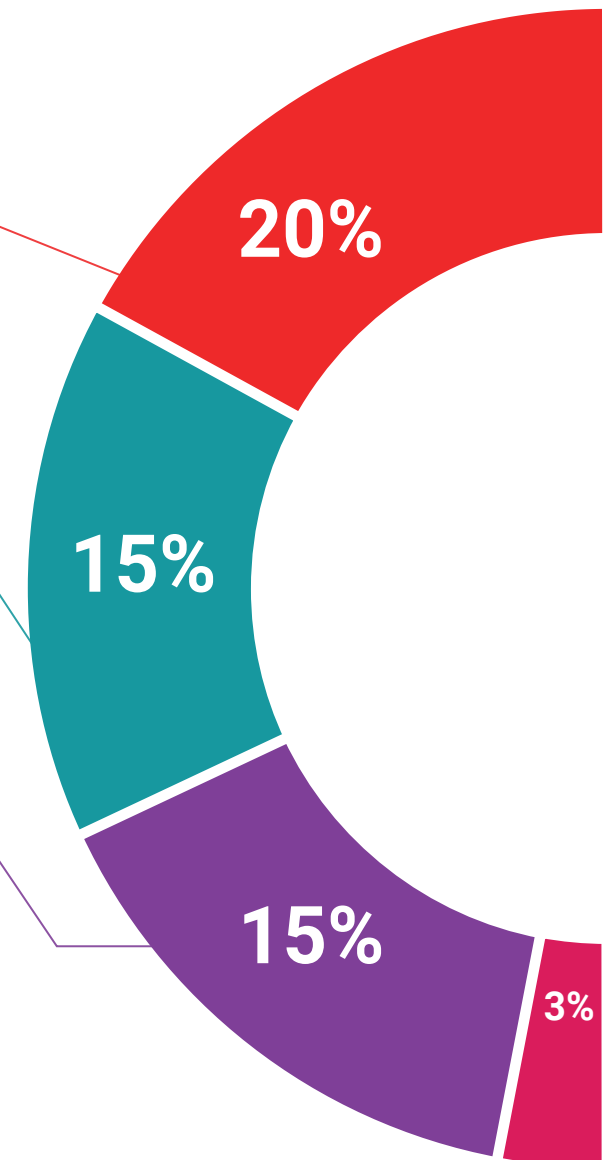
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

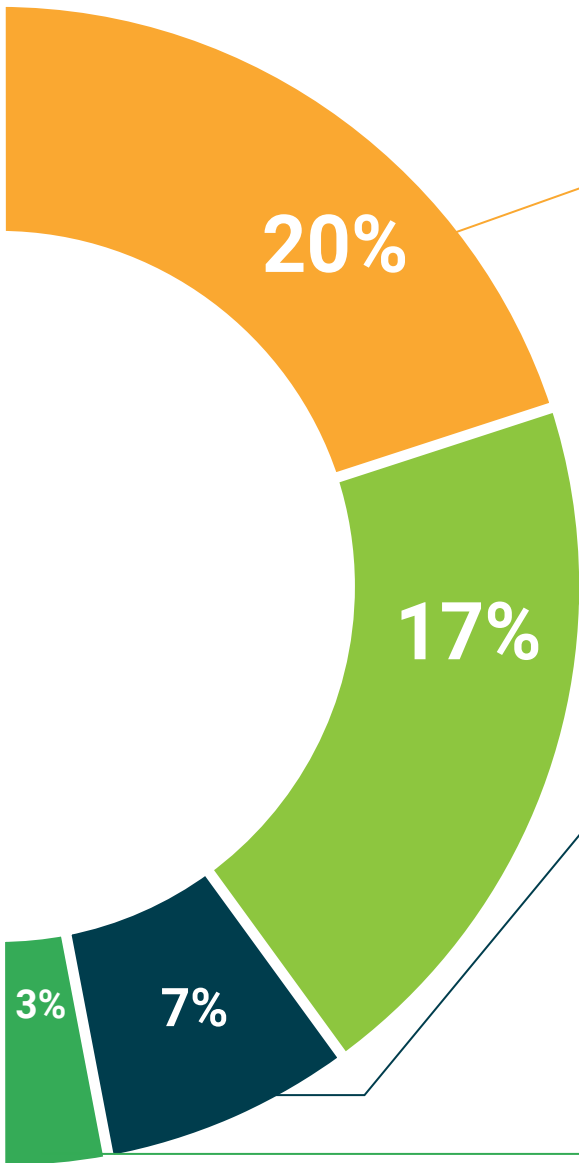
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



#### Additional Reading

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





**Expert-Led Case Studies and Case Analysis**

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



**Testing & Retesting**

We periodically evaluate and re-evaluate students' knowledge throughout the program, through assessment and self-assessment activities and exercises, so that they 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 in their learning.





07

# Certificate

The Advanced Master's Degree in Psychological Intervention in Psychosomatic Personality Disorders and Psychoses guarantees students, in addition to the most rigorous and up-to-date education, access to an Advanced Master's Degree issued by TECH Global University.





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*Successfully complete this training program and receive your diploma without travel or laborious paperwork”*

This private qualification will allow you to obtain a **Advanced Master's Degree diploma in Psychological Intervention in Psychosomatic Personality Disorders and Psychoses** 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 Psychological Intervention in Psychosomatic Personality Disorders and Psychoses**

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.



**Advanced Master's  
Degree**  
Psychological Intervention in  
Psychosomatic Personality  
Disorders and Psychoses

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

Advanced Master's Degree  
Psychological Intervention in  
Psychosomatic Personality  
Disorders and Psychoses

