

# Professional Master's Degree

## Clinical Hypnosis and Relaxation



## Professional Master's Degree

### Clinical Hypnosis and Relaxation

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: [www.techtute.com/pk/psychology/professional-master-degree/professional-master-degree-clinical-hypnosis-relaxation](http://www.techtute.com/pk/psychology/professional-master-degree/professional-master-degree-clinical-hypnosis-relaxation)

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# 01

# Introduction

Clinical Hypnosis is an instrument with which we are able to connect with the subcortical structures to subsequently change the traumatic memories or affect planes far from the will, and from there to be able to affect pain, anxiety or an unbalanced mood. Numerous studies show that any psychotherapy procedure is much more effective if performed in a hypnotic state. Irving Kirsch found an 80% improvement if the therapeutic activity is performed in a hypnotic state as opposed to wakefulness.

*This program will provide you with a sense of confidence in the practice of psychology, which will help you grow both personally and professionally.*





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*Improve your knowledge in Clinical Hypnosis and Relaxation with this program, where you will find the best teaching material with real clinical cases. Learn here about the latest advances in the speciality to be able to perform quality psychological practice"*

The main objective of the Professional Master's Degree in Clinical Hypnosis and Relaxation is to ensure that the psychologist learns to hypnotize his patients in real time, that is to say, that he/she can include Clinical Hypnosis in his/her daily work, and in this way, not only be more effective, but also achieve this effectiveness in less time.

In this program the professional will learn the different modalities known, at this moment, to reach the hypnotic state of the patient. There are three ways of hypnotizing:

- ♦ The classic techniques, similar to relaxation, are a first way to achieve the hypnotic state, since if in addition to body relaxation, we are able to involve the subject in a mental dissociation, the consequence is a hypnotic state of medium or deep alteration of consciousness.
- ♦ Conversational techniques where an apparent conversation is interspersed with a sophisticated technology in the use of language that allows the listener to enter a hypnotic state, even with open eyes and without the need to concentrate on the hypnotist's voice, as required by classical techniques. This type of techniques were developed mainly by H. Milton Erickson, and later multiple schools such as NLP or Palo Alto MRI added technology to carry it out. In this program we present all the technology on conversational techniques, those that were designed by other models, and those designed by ours.
- ♦ Selective Dissociation Focusing Techniques, where mainly the ICM (Induced Head Movements) is the therapy in which without talking to the subject is able to achieve a deep hypnotic state, also in very few minutes. This state of consciousness is achieved by stimulating the ascending reticular system. Achieving very deep hypnotic states without the need for conversation is fundamental in the intervention with young children, the elderly and all those individuals who have trouble concentrating or understanding the language they are being spoken to with.

This **Professional Master's Degree in Clinical Hypnosis and Relaxation** contains the most complete and updated program on the market. The most important features of the program include:

- ♦ More than 75 clinical cases presented by psychology experts
- ♦ The graphic, schematic, and eminently practical contents with which they are created provide scientific and practical information on the disciplines that are essential for professional.
- ♦ Diagnostic and therapeutic novelties in Clinical Hypnosis and Relaxation
- ♦ It contains practical exercises where the self-evaluation process can be carried out to improve learning
- ♦ An algorithm-based interactive learning system for decision-making in the clinical situations presented throughout the course.
- ♦ With special emphasis on evidence-based psychology and research methodologies in psychology
- ♦ All this will be complemented by theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments.
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



*Update your knowledge through this program in Clinical Hypnosis and Relaxation"*

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*This Professional 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 in Clinical Hypnosis and Relaxation, you will obtain a Professional Master's Degree from TECH Technological University”*

The teaching staff includes professionals from the field of psychology, who bring their experience to this training program, as well as renowned specialists from leading scientific societies.

The multimedia content, developed with the latest educational technology will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive training program to train in real situations.

This program is designed around Problem Based Learning, whereby the student will must try to solve the different professional practice situations that arise during the course. For this purpose, the psychologist will be assisted by an innovative interactive video system created by renowned and experienced experts in the field of Clinical Ophthalmology with extensive teaching experience.

*Increase your decision-making confidence by updating your knowledge through this program.*

*Take the opportunity to learn about the latest advances in Clinical Hypnosis and Relaxation and improve your patient care.*





# 02

# Objectives

The program is oriented to achieve the development of theoretical-practical learning, so that the specialist is able to keep their knowledge up-to-date in order to practice their profession with complete safety.





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*This program aims to help you update your knowledge in Clinical Hypnosis and Relaxation, with the use of the latest educational technology, to contribute with quality and safety to decision-making, diagnosis, treatment, and patient support"*



## General Objectives

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- ♦ Explaining 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 the techniques of 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





## Specific objectives

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- ♦ 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
- ♦ To 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 MCI techniques
- ♦ To substantiate, based on scientific knowledge, the dynamics that occur in induction and hypnotic state



# 03 Skills

After passing the assessments of the program, the psychologist will have acquired the necessary professional skills for quality, up-to-date practice based on the most recent scientific evidence.





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*With this program you will be able to master the new diagnostic and therapeutic procedures in Clinical Hypnosis and Relaxation”*



## Basic Skills

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- Describes the myths and truths of Clinical Hypnosis in order to justify its usefulness based on rigorous scientific criteria
- Appreciates and explains 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
- Connects with the subject's reticular system and modifies the subject's energetic code in order to achieve hypnotic induction with MCI
- Master the three scientifically proven hypnotic induction modalities: classical, conversational and selective dissociation focusing in order to apply them according to the criteria learned



## General Skills

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- Develop within the profession in terms of working with other health professionals, acquiring skills to work as a team
- 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



*Take advantage of the opportunity and take the step to get up-to-date on the latest developments in Clinical Hypnosis and Relaxation”*





## Specific Skills

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- ♦ 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
- ♦ Distinguish the hypnotic state from the state of relaxation in order not to produce iatrogenesis
- ♦ Distinguish 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
- ♦ Identifies 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
- ♦ Recognizes what happens at the psychophysiological level in the hypnotic and relaxed state
- ♦ Describe the history of Clinical Hypnosis and its prevalence at the end of the last three centuries
- ♦ Identifies 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 their structures from changes in what is said within the same induction structure
- ♦ Recognizes 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 the 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 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 subject 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
- ♦ Handles 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 classical 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
- ♦ 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 ICM
- ♦ Recognize the importance of reciprocal interaction in the ICM process
- ♦ Describe the laws of biodynamics and body energy
- ♦ Explain how the brain works in order to understand the basis of MCI 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
- ♦ Explains 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
- ♦ Explains how to teach the laboring woman to control the tension and distention of contractions
- ♦ Define how to assist the patient undergoing surgery preoperatively, intraoperatively and postoperatively



# 04

# Course Management

The program includes in its teaching staff reference specialists in Clinical Hypnosis and Relaxation, who pour into this training the experience of their work. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner.





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*Learn the latest advances in procedures in the field of Clinical Hypnosis and Relaxation from leading professionals"*

## Management



### Aguado Romo, Roberto

- ◆ Psychologist specializing in clinical psychology at CEP centers in Madrid, Bilbao and Talavera
- ◆ Specialist in Forensic and Legal Psychology
- ◆ Psychologist of the Courts 1 and 2 of Toledo
- ◆ Coordinator in Toledo of the emergency intervention and psychological assistance plan
- ◆ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ◆ Expert in adult psychotherapy
- ◆ Director of the Expert in Psychodiagnosis and Legal Expertise by the European Institute of Time-Limited Psychotherapies
- ◆ Coordinator of the gender violence plan at the national level of the Society for Time Limited Psychotherapies



## Professors

### Arriero, Esther

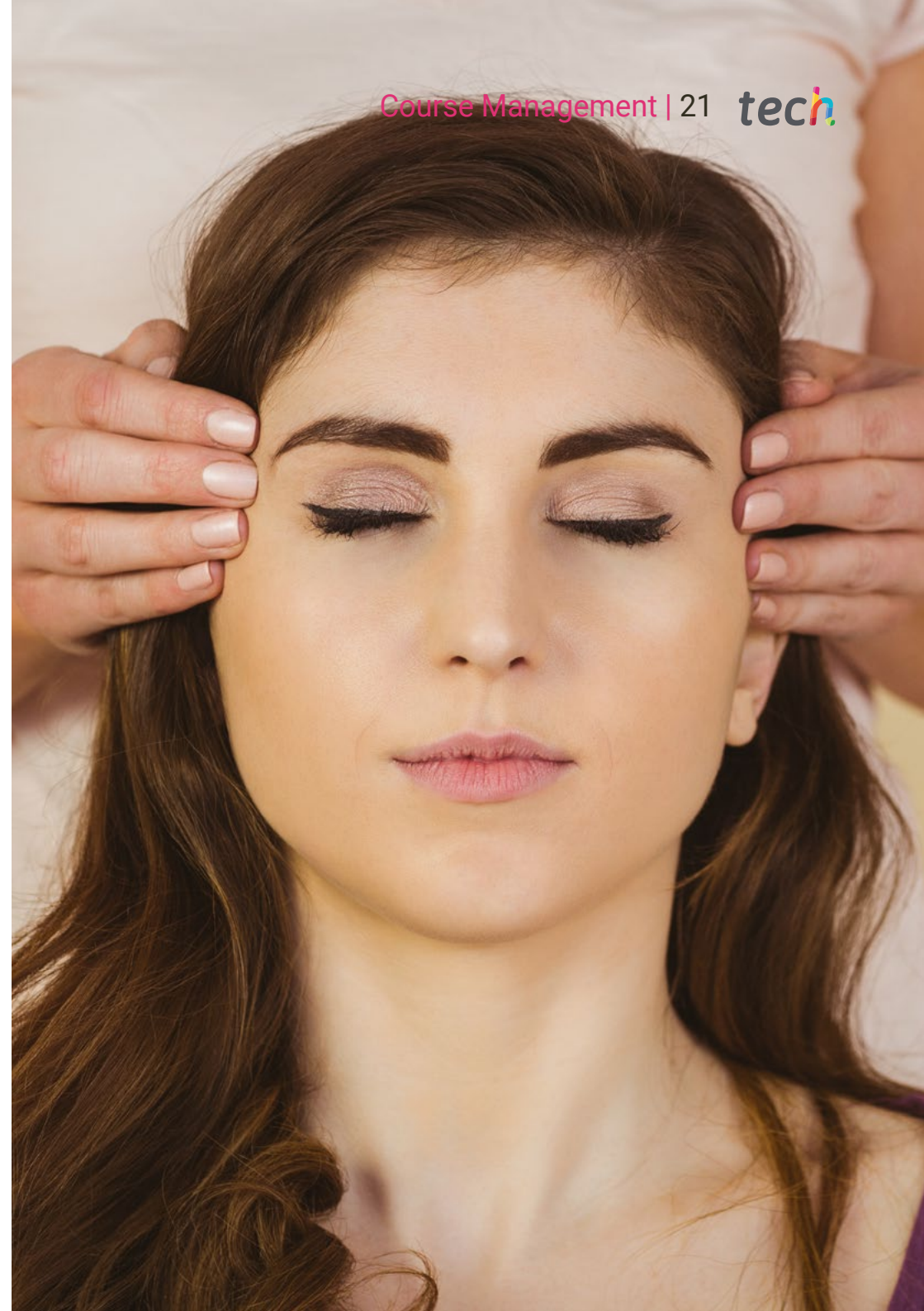
- ♦ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center of Talavera de la Reina.
- ♦ Health Psychologist
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ♦ Specialist in Adult Therapy
- ♦ Specialist in interventions with chronic patients.

### 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 of chronic illnesses.
- ♦ Psychologist of the Alzheimer's Association
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology





05

# Structure and Content

The structure of the contents has been designed by a team of professionals from the best hospitals and universities in the country, who are aware of the relevance of up-to-date training to be able to intervene with patients with mental illness or psychological disorders, and are committed to quality teaching through new educational technologies.





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*This training contains the most complete and updated program on the market”*

### Module 1. Latest Breakthroughs in Clinical Hypnosis

- 1.1. Theoretical Foundations of Clinical Hypnosis
- 1.2. Knowledge of Hypnosis from Today's Psychologists
- 1.3. The Insertion of Clinical Hypnosis in Psychotherapy
- 1.4. Role of Clinical Hypnosis in the Therapeutic Link

### Module 2. Mental Relaxation

- 2.1. Historical Keys in Relaxation Training
- 2.2. Discoveries in the Relationship Between Stress and Muscle Tension
- 2.3. Influence of Imagination on the Organism
- 2.4. Psychotherapeutic Intervention with Mental Relaxation: Systematic Desensitization (J. Wolpe, 1948)
- 2.5. Psychotherapeutic Intervention with Mental Relaxation: Covert Conditioning (Cautioning)
- 2.6. Psychotherapeutic Intervention with Mental Relaxation: Sophrology (A. Caycedo, 1960)
- 2.7. Edmund Jacobson's Progressive Relaxation (1901)
- 2.8. Schultz's Autogenous Relaxation (1901)
- 2.9. Creative Relaxation by Dr. Eugenio Herrero (1950)
- 2.10. Chromatic Relaxation by R. Aguado (1990)
- 2.11. Differences and Similarities of Mental Relaxation and Clinical Hypnosis
- 2.12. SDF (Selective Dissociation Focusing)

### Module 3. Clinical Hypnosis

- 3.1. Historical Review of Hypnosis
  - 3.1.1. 18th Century From Demonology to Hypnotism
  - 3.1.2. 19th Century School of Salpêtrière vs. School of Nancy
  - 3.1.3. 20th Century Birth of Clinical Hypnosis
- 3.2. History and Links of Clinical Hypnosis with Psychotherapy
  - 3.2.1. Freud: Hypnosis, Catharsis and Free Association What is the Difference?
  - 3.2.2. What is the Subconscious? The Hypnotic State as an "Explorer" of the Subconscious
- 3.3. New Technologies in 21st Century Psychotherapy and Clinical Hypnosis
- 3.4. What Does it Feel Like to be in a Hypnotic State?



- 3.5. Myths and Misconceptions About Hypnosis
- 3.6. Fields of Application of Clinical Hypnosis in Psychotherapy
- 3.7. Ingredients Needed to Reach the Hypnotic State
  - 3.7.1. Variables of the Hypnotizer
  - 3.7.2. Variables of the Hypnotized Person
  - 3.7.3. Context and Environmental Situation
- 3.8. Clinical Hypnosis Definitions
  - 3.8.1. Banner (2000)
  - 3.8.2. Zeig (1999)
  - 3.8.3. R. Aguado (2001)
- 3.9. Types of Procedures to Reach the Hypnotic State
- 3.10. Selective Dissociation Focusing (SDF), (Aguado, R. 2005)
- 3.11. Induced Head Movements (ICM), (Aguado, R. 2007)
  - 3.11.1. ICM Methodology
  - 3.11.2. Why in the Skull, from the Back, Silently and With Hands?
- 3.12. Differentiating Characteristics of ICM From Other Types of Hypnosis

#### Module 4. Neurology and Biochemistry of the Hypnotic State

- 4.1. How Does our Brain Work?
- 4.2. Hemispheric Differentiation
- 4.3. From MacLean's Triune Brain to R. Aguado's Fifth Evolutionary Moment
  - 4.3.1. First Moment Reptilian Brain
  - 4.3.2. Second Moment Mammalian Brain
  - 4.3.3. Third Moment Human or Cognitive Brain
  - 4.3.4. Fourth Moment Interhemispheric Specialization
  - 4.3.5. Fifth Moment Orbital Frontal Lobe Specialization
- 4.4. Relationship Between Structures
- 4.5. Biochemical, Neurological Structures and Action Motors
- 4.6. How is a Traumatic Memory Cemented?
- 4.7. Sites of Traumatic Memories
- 4.8. Neurological Inertial Circuits
- 4.9. Neurobiological Change
  - 4.9.1. Pharmacodynamics
  - 4.9.2. Pharmacokinetics
  - 4.9.3. Plasma Level Curve

- 4.10. Implication of Hypnosis in Emotional and Psychopathological Changes

#### Module 5. Basic Emotional Universes as an Intervention Protocol with Clinical Hypnosis in Mental Disorders

- 5.1. Introduction and Framing of the Emotional World in Disease
- 5.2. Let's Speak with Authority
- 5.3. Basic Emotional Universes as an Intervention Protocol in Hypnosis
  - 5.3.1. Fear
  - 5.3.2. Anger
  - 5.3.3. Guilt
  - 5.3.4. Disgust
  - 5.3.5. Sadness
  - 5.3.6. Surprise
  - 5.3.7. Curiosity
  - 5.3.8. Security/safety
  - 5.3.9. Admiration
  - 5.3.10. Joy
- 5.4. Fear Intervention in Paroxysmal Anxiety Disorders
- 5.5. Anger Disruptive Behavior and Social Aggressiveness
- 5.6. Guilt Obsessive-Compulsive Disorder and Endogenous Depressions
- 5.7. Disgust Eating Disorders
- 5.8. Sadness Depressive Disorders and Dysthymia
- 5.9. Surprise Generalized Anxiety Disorder
- 5.10. Curiosity Histrionic Personality Disorder

#### Module 6. Classical Hypnotic Induction Procedures

- 6.1. Psychoeducational Phase
  - 6.1.1. Suggestibility Scale
  - 6.1.2. Falling Backwards
  - 6.1.3. Brick and Sponge (R. Aguado, 1999)
  - 6.1.4. Arm Against the Wall (P. Abozzi, 1996)
  - 6.1.5. Thumb Twist



- 6.2. Hypnotic Induction Phase
  - 6.2.1. Techniques that Fix the Subject's Attention
  - 6.2.2. Fixing on a Light Spot (Braid Method)
  - 6.2.3. Coin Technique (William S. Kroger, 1963)
  - 6.2.4. Candle Procedure (JP Guyonnaud)
  - 6.2.5. Weight and Lightness Method with Triple Decoupling (R. Aguado, 2002)
- 6.3. Techniques for Delving into the Hypnotic State
  - 6.3.1. Hand Levitation (Wolberg, 1948; Milton H. Erickson, 1959)
  - 6.3.2. Mountain Descent (H. Gonzalez Ordi)
  - 6.3.3. Staircase Procedure (various authors, version R. Aguado, 1998)
  - 6.3.4. Blackboard Technique
- 6.4. Stabilization Technique
  - 6.4.1. Boat Method (R. Aguado version, 1999)
  - 6.4.2. Mist Method
  - 6.4.3. Feedback Arm Technique (Thermostat Technique) (R. Aguado 2000)
  - 6.4.4. Cloud Technique (R. Aguado, 1998)
- 6.5. Therapeutic Phase
  - 6.5.1. Posthypnotic Phase
  - 6.5.2. Reactivation Phase
- 6.6. Tools with Classical Hypnosis to Solve Anxiety Disorders, Sleep and Pain

## Module 7. Conversational or Post-Hericksonian Hypnotic Induction Procedures

- 7.1. Techniques of the Inverse Metamodel or Milton's Model
- 7.2. Techniques that Omit Information
  - 7.2.1. Nominalizations
  - 7.2.2. Conversion of Words Into Verbs
  - 7.2.3. Use of Non-Tangible Words
  - 7.2.4. Non-Specific Verbs
  - 7.2.5. Omission
  - 7.2.6. Reading the Mind
  - 7.2.7. Omission of the Interpreter
  - 7.2.8. Causal Modeling or Linkage
  - 7.2.9. Illusion of Alternatives

- 7.2.10. Chaining of Coparable Alernatives
- 7.2.11. Confusion Technique
- 7.3. Leverage Inductions and Pattern Interruption
  - 7.3.1. Dreaming Arm, Pattern Disruption in Children
  - 7.3.2. Observations of Out-Of-Context Behavior
  - 7.3.3. Empty Words
  - 7.3.4. Incorporation
  - 7.3.5. Catharsis
- 7.4. Simple Inductions
  - 7.4.1. Pacing and Verbal Conduction (5-4-3-2-1 NLP Technique)
  - 7.4.2. Non-Verbal Pacing and Driving
  - 7.4.3. Superposition of Figurative Systems
  - 7.4.4. Access to a Previous Trance State
  - 7.4.5. Spontaneous State of Hypnosis
  - 7.4.6. Anchoring Hypnotic States
  - 7.4.7. Analogous Underline
- 7.5. Advanced Inductions
  - 7.5.1. Overload
  - 7.5.2. Stacked Realities
- 7.6. Process Instructions

## Module 8. Selective Dissociation Focusing Procedures (SDF) (R. Aguado, 2009)

- 8.1. Definition of SDF
- 8.2. Regression from SDF
- 8.3. Position of the Patient
- 8.4. Position of the Therapist
- 8.5. Use of Silence
- 8.6. Differences Between SDF and Classical and Conversational Techniques
  - 8.6.1. Frontal Plane
  - 8.6.2. Sagittal plane
  - 8.6.3. Transverse plane
- 8.7. Basics of a Case Treated with SDF and Time-Limited Psychotherapy
- 8.8. ICM Technique as an SDF Protocol

- 8.9. U Technique (Emotional Bonding)
- 8.10. Emotional Training

## Module 9. The Emotional Wellness Therapist

- 9.1. Gardner's Intrapersonal Intelligence
  - 9.1.1. Introduction. What is Intrapersonal Intelligence?
  - 9.1.2. How are Personal Intelligences Formed?
  - 9.1.3. Brain Areas Involved in Personal Intelligences
- 9.2. Self-Knowledge
  - 9.2.1. The Importance of Knowing Oneself
  - 9.2.2. I am Like This
  - 9.2.3. I Reflect Myself in You
  - 9.2.4. Tolerating Pain to Avoid Suffering
  - 9.2.5. And If I Am Wrong
  - 9.2.6. I am the Protagonist of my Life
- 9.3. Self-Management
  - 9.3.1. The Curve of Emotion
  - 9.3.2. High Intensity and Misaligned Emotions
  - 9.3.3. Taking Charge of Your Life Being proactive.
  - 9.3.4. My Circle of Concern
- 9.4. Difference Between Empathy and Sympathy, and Mirror Neurons
  - 9.4.1. Theory of Mind
  - 9.4.2. Difference Between Empathy and Sympathy
  - 9.4.3. Mirror Neurons
- 9.5. The Therapist-Patient Bond
  - 9.5.1. The Therapist as a Reference
  - 9.5.2. Accompaniment, Containment and Escorting
  - 9.5.3. U Techniques
- 9.6. Introduction to NLP
  - 9.6.1. The Origins
  - 9.6.2. Budgets in NLP
  - 9.6.3. Learning to Listen
  - 9.6.4. Common Submodalities for Common States

- 9.7. The Motivational Interview
  - 9.7.1. Origins and Evolution of the MI
  - 9.7.2. General Aspects and Principles of MI
  - 9.7.3. Basic Strategies

## Module 10. A Multifactorial View of Health Psychoneuroimmunology

- 10.1. What is Psychoneuroimmunology?
    - 10.1.1. Definition
    - 10.1.2. Origins and Birth of Psychoneuroimmunology
  - 10.2. Communication Routes
    - 10.2.1. Neural Communication
    - 10.2.2. Electrical Phenomena
    - 10.2.3. Neuronal Circuits
    - 10.2.4. The Circulatory System
    - 10.2.5. Blood Circuits
    - 10.2.6. The Lymphatic System
  - 10.3. The Psyche-Nervous System-Endocrine System-Immune System Axis (1)  
The Nervous System
    - 10.3.1. Formation of the Nervous System
    - 10.3.2. Nervous System Structures
      - 10.3.3. Central Nervous System
        - 10.3.3.1. The Spinal Cord
        - 10.3.3.2. The Brainstem
        - 10.3.3.3. The Cerebellum
        - 10.3.3.4. The Brain
        - 10.3.3.5. Functional Organization of the Cortex
        - 10.3.3.6. Protection Systems The Meninges
        - 10.3.3.7. Cerebrospinal Fluid
      - 10.3.4. The Peripheral Nervous System
        - 10.3.4.1. Autonomic Nervous System
        - 10.3.4.2. Somatic Nervous System
- 10.4. The Psyche-Nervous System-Endocrine System-Immune System Axis (2)  
The Endocrine System
  - 10.4.1. Connection with the Nervous System and Functioning of the Endocrine System

- 10.4.2. Hypothalamus and Pituitary Hormones
- 10.4.3. Peripheral Glands and Hormones
- 10.5. The Psyche-Nervous System-Endocrine System-Immune System Axis (3)  
The Immune System
  - 10.5.1. Introduction to Immune System Functioning
  - 10.5.2. Defense Levels
  - 10.5.3. Immunological Memory
  - 10.5.4. Immune System Problems
- 10.6. The Psyche-Nervous System-Endocrine System-Immune System Axis (4)  
Interaction Between Systems
  - 10.6.1. Influence Between Systems
  - 10.6.2. Bereavement, Depression and the Immune System
- 10.7. Emotion, Personality and Disease
- 10.8. The Process of Getting Sick Biopsychosocial Model of Health
  - 10.8.1. The Concept of Health Throughout History
  - 10.8.2. Biomedical Model
  - 10.8.3. Biopsychosocial Model of Health
- 10.9. Healthy Living
  - 10.9.1. Health Behavior
  - 10.9.2. Personality and Health
  - 10.9.3. How to Improve Psychoneuroimmunological Functioning?

## 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. Mindfulness

- 12.1. From the Origin Meditation
  - 12.1.1. Definition What is Meditation?
    - 12.1.1.1. Meditation as a State of Consciousness
    - 12.1.1.2. Meditation as a Technique to Develop Consciousness

- 12.2. What is *Mindfulness*?
  - 12.2.1. The Beginnings
  - 12.2.2. What is *Mindfulness*?
  - 12.2.3. Benefits and Scientific Evidence
  - 12.2.4. Formal and Informal Practice
  - 12.2.5. *Mindfulness* Exercise for Today
- 12.3. Attitudes in *Mindfulness*
  - 12.3.1. Don't Judge
  - 12.3.2. Patience
  - 12.3.3. Beginner's Mind
  - 12.3.4. Confidence
  - 12.3.5. No Effort
  - 12.3.6. Acceptance
  - 12.3.7. Release
- 12.4. Compassion and Self-Compassion
  - 12.4.1. Introduction
  - 12.4.2. Compassion
  - 12.4.3. Self-Compassion
- 12.5. Directing Attention
  - 12.5.1. Find a Comfortable Posture
  - 12.5.2. Focus on Your Breathing
  - 12.5.3. Feel Your Body
  - 12.5.4. Allows Entry to Feelings and Emotions
  - 12.5.5. Stop Fighting Your Thoughts
- 12.6. Fields of Application
  - 12.6.1. *Mindfulness* in the West
  - 12.6.2. *Mindfulness* in Companies
  - 12.6.3. *Mindfulness* in the Educational Context
  - 12.6.4. *Mindfulness* in the Sports Context
  - 12.6.5. *Mindfulness* and Health
- 12.7. *Mindfulness* for Children
  - 12.7.1. Application and Benefits of *Mindfulness* in the Child Population
  - 12.7.2. The Role of the *Mindfulness* Mentor or Companion for Children
- 12.8. *Mindfulness* and ADHD
  - 12.8.1. Justifying the Use of *Mindfulness* in Patients with ADHD
  - 12.8.2. A *Mindfulness* Program for ADHD
- 12.9. Stress, Anxiety and *Mindfulness*
  - 12.9.1. Stress and Anxiety in the Society of the 21st Century
  - 12.9.2. *Mindfulness* as a Technique to Decrease Stress and Anxiety
  - 12.9.3. *Mindfulness*-Based Stress Reduction Program (REBAP)
- 12.10. *Mindfulness* and Impulse Dyscontrol Disorders
  - 12.10.1. *Mindfulness* and Addictions
    - 12.10.1.1. The Addict Patient
    - 12.10.1.2. How Can *Mindfulness* Help?
  - 12.10.2. *Mindfulness* and Obsessive Compulsive Disorder
- 12.11. *Mindfulness* and Eating Disorders
  - 12.11.1. The Complexity of Eating Disorders
  - 12.11.2. Benefits of Using *Mindfulness*
- 12.12. *Mindfulness* in Psychotherapy: Cognitive Therapy Based on *Mindfulness*
  - 12.12.1. Introduction and Fundamental Objectives
  - 12.12.2. Intervention Protocol
- 12.13. *Mindfulness* in Psychotherapy: Acceptance Therapy and Commitment
  - 12.13.1. Relational Frame Theory (RFT)
  - 12.13.2. Experiential Avoidant Disorder (EAD)
  - 12.13.3. Acceptance and Commitment Therapy Research
- 12.14. *Mindfulness* in Psychotherapy: Dialectical Behavioral Therapy
  - 12.14.1. Dialectical Behavioral Therapy and Borderline Personality Disorder
  - 12.14.2. The Three Fundamentals of Dialectical Behavior Therapy
  - 12.14.3. Treatment



*A unique, key, and decisive training experience to boost your professional development*



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***.



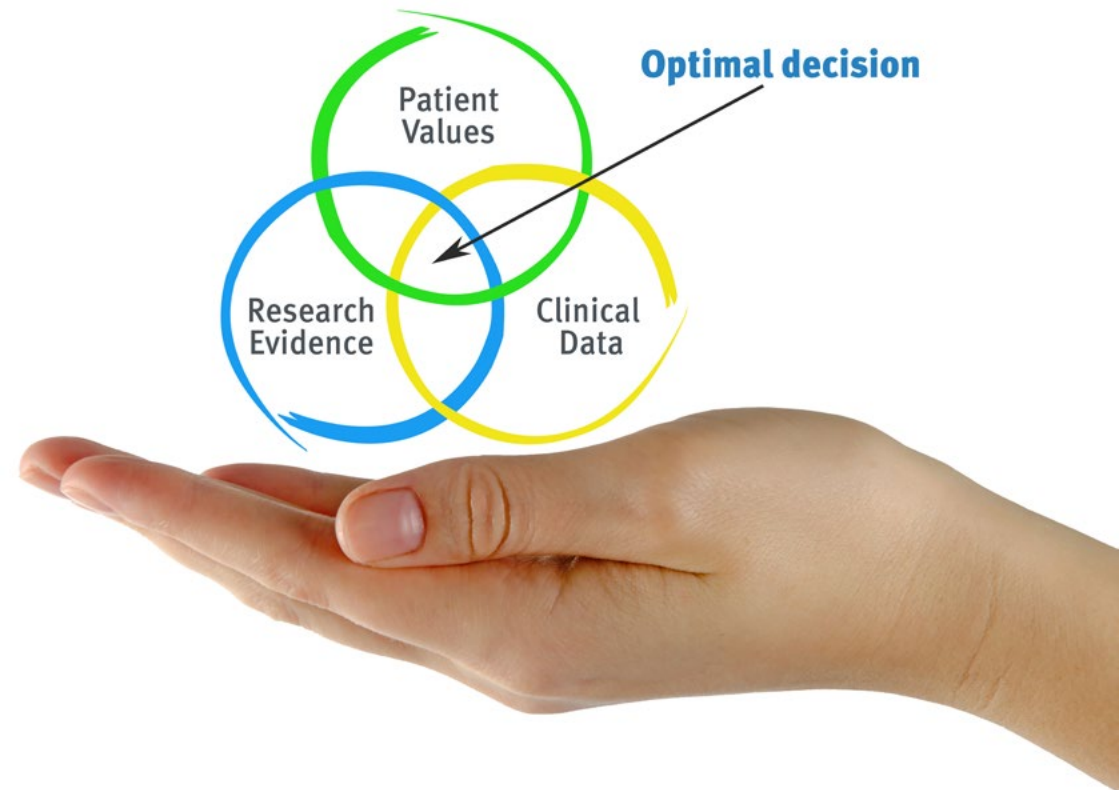
“

*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. 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.



“

*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.

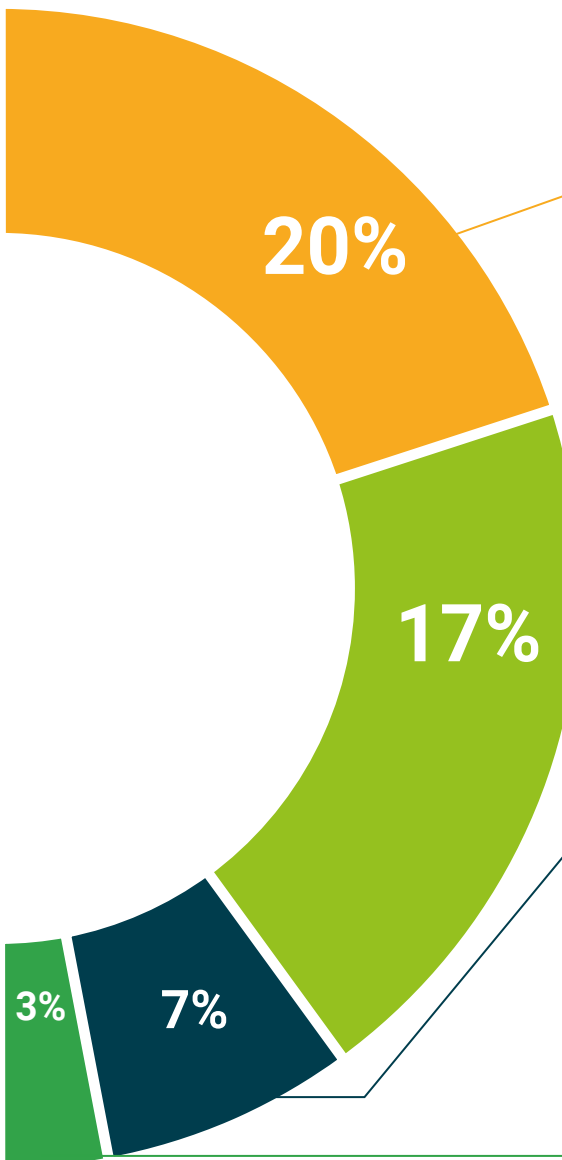
This exclusive multimedia educational content presentation system was awarded by Microsoft as a "European Success Story".



#### 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

The Professional Master's Degree in Clinical Hypnosis and Relaxation guarantees you, in addition to the most rigorous and updated training, access to a Professional Master's Degree issued by TECH Technological University.





“Successfully complete this specialisation and receive your university degree without travel or laborious paperwork”

This **Professional Master's Degree in Clinical Hypnosis and Relaxation** contains the most complete and updated program on the market.

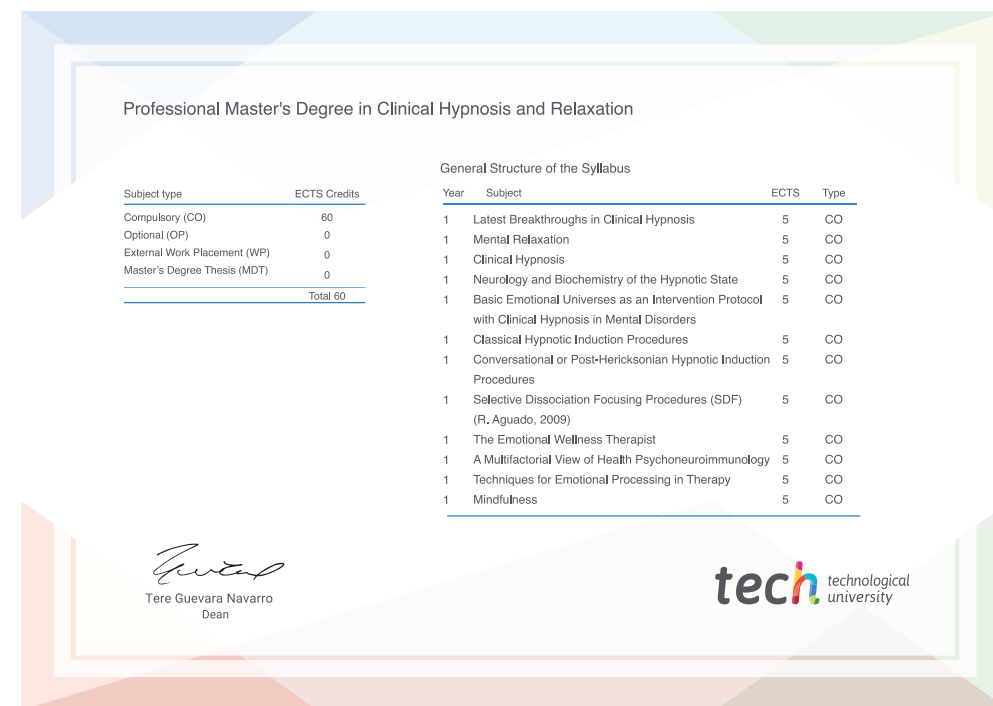
After the student has passed the evaluations, they will receive their corresponding **Professional Master's Degree** title issued by **TECH Technological University** by tracked delivery.

The certificate issued by **TECH Technological University** will reflect the qualification obtained in the Professional Master's Degree, and meets the requirements commonly demanded by committee exchanges, competitive examinations and professional career evaluation committees.

Title: **Professional Master's Degree in Clinical Hypnosis and Relaxation**

ECTS: **60**

Official N.º of Hours: **1,500 hours.**



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



## Professional Master's Degree

### Clinical Hypnosis and Relaxation

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online



# Professional Master's Degree

## Clinical Hypnosis and Relaxation

