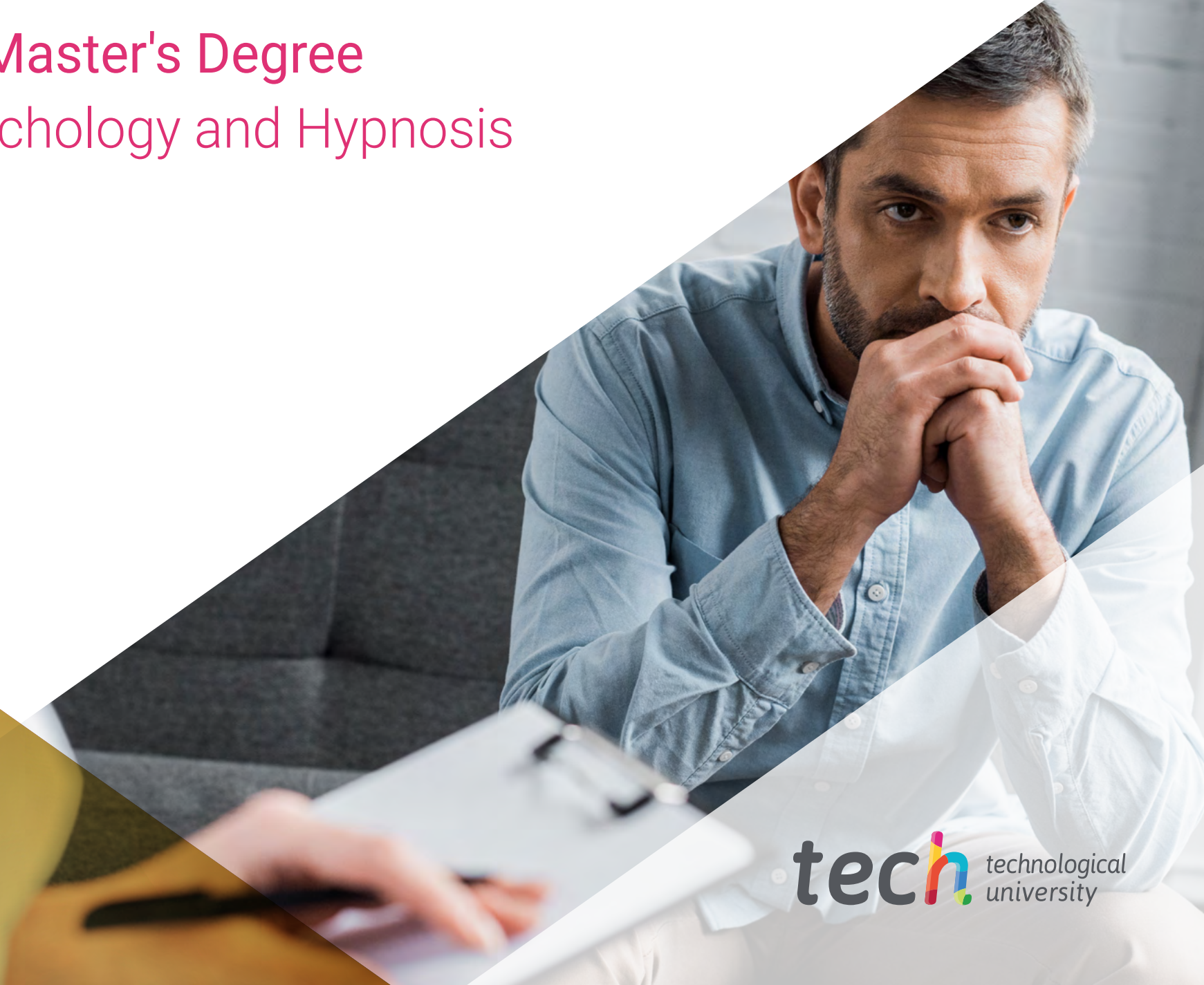


# Advanced Master's Degree Clinical Psychology and Hypnosis





## Advanced Master's Degree Clinical Psychology and Hypnosis

Course Modality: **Online**

Duration: **2 years**

Certificate: **TECH Technological University**

Teaching Hours: **3,000 h.**

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

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# 01

# Introduction

Clinical psychology investigates factors affecting mental health and adaptive behavior. This is a branch of psychology that is in continuous growth and that, in recent times, has been supported by clinical hypnosis, a tool that helps to change traumatic memories in order to have an impact on pain, anxiety or unbalanced mood.





“

*Psychologists should be trained in the major developments in hypnosis, which will help them offer more personalized treatments”*

The Advanced Master's Degree in Clinical Psychology and Hypnosis offers the psychologists a complete and specific specialization in these areas, which will allow them to make more accurate and effective diagnoses to their patients.

This program has been designed to achieve the necessary knowledge to be able to intervene as a specialist in Clinical Psychology, with a special knowledge of clinical hypnosis.

Due to the changes occurring in our society, the role of the psychologist more than ever needs to be recycled and conceptually renewed. Therefore, despite having to learn the classical approaches and techniques, a whole range of new fields of exciting intervention opens up.

By taking this Advanced Master's Degree you will learn to analyze the current state of psychology in general in our society, as well as to prepare for immediate future, since, in the coming decades, new knowledge and tools will be needed to achieve the best possible quality of life for our patients.

In addition, numerous studies indicate that any psychotherapy procedure is more effective if performed in a hypnotic state. Therefore, with this specialization the professionals will learn to hypnotize their patients in real time, which will allow them to include clinical hypnosis in their daily work, and in this way, not only to be more effective, but also to achieve this effectiveness in less time.

Throughout this specialization, the students will go through all the current approaches in the work of the psychologist in the different challenges that their profession poses. 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 to specialize and develop their personal, social and work skills during the course of their training.

Not only is it carried through the theoretical knowledge offered, but it shows another way of studying and learning: more organic, simple and efficient. We will work to keep you motivated and to create a passion for learning. We will encourage you to think and develop critical thinking.

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

This **Advanced Master's Degree in Clinical Psychology and Hypnosis** 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, discussion forums and knowledge
- ♦ 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



*Clinical Psychology relies on hypnosis to change traumatic memories. Here we offer you all the necessary information that will take you to a higher level in your profession"*

“

*A high level scientific specialization, supported by advanced technological development and the teaching experience of the best professionals”*

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

This mastery of the subject is complemented by the effectiveness of the methodological design of this Advanced Master's Degree. Developed by a multidisciplinary team of e-Learning experts, it integrates the latest advances in educational technology. In this way, you will be able to study with a range of comfortable and versatile multimedia tools that give you the operability you need in your specialization.

The design of this program focuses on Problem-Based Learning: an approach that conceives learning as an eminently practical process. To achieve this remotely, telepractice is used. With the help of an innovative, interactive video system and Learning from an Expert, students will be able to acquire the knowledge as if they were dealing with the case in real time. A concept that will make it possible to integrate and fix learning in a 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 into the strategies and approaches in Clinical Psychology and Hypnosis.*



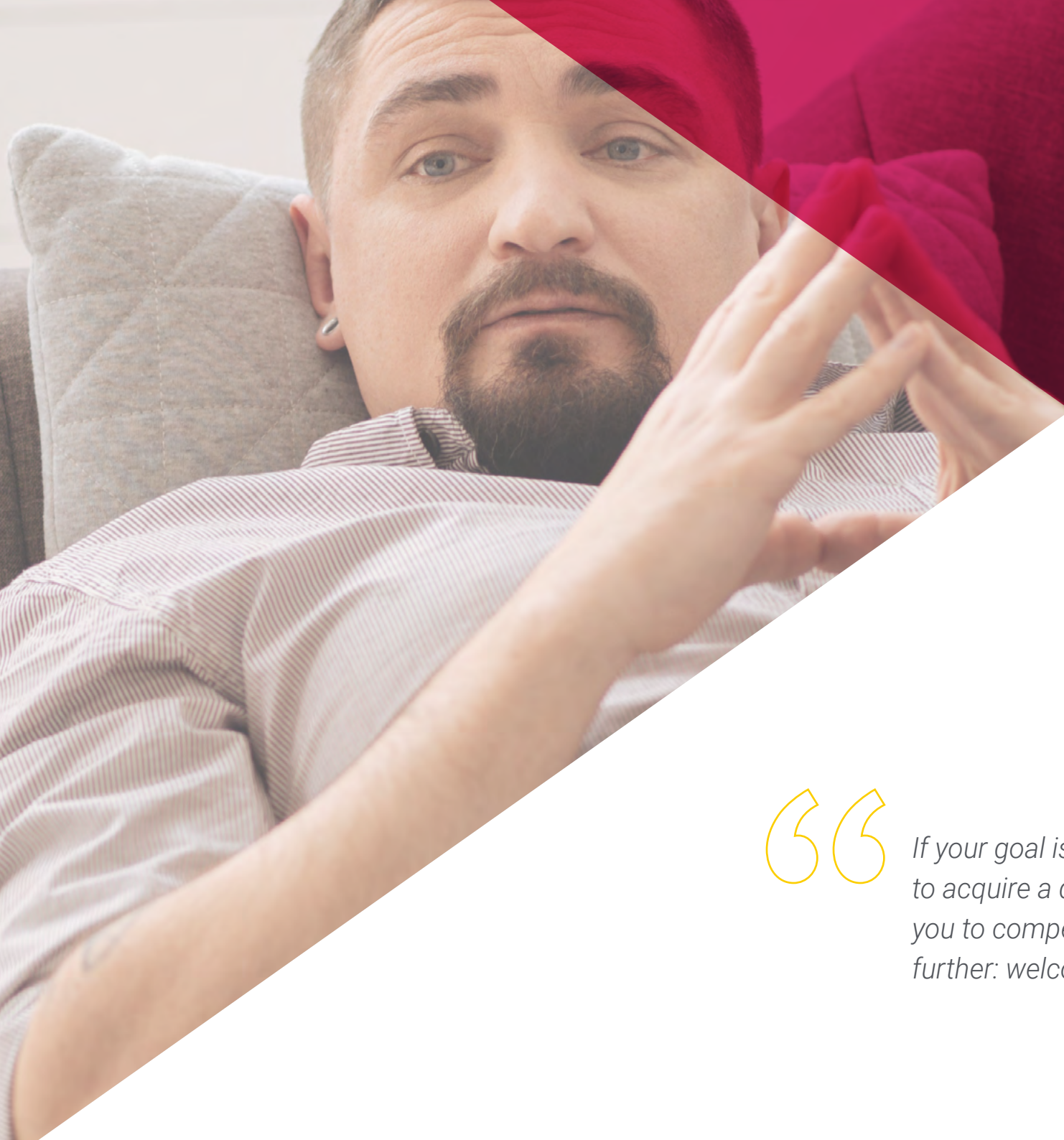
# 02

# Objectives

The objective is to enable highly qualified professionals for work experience. An objective that is complemented, moreover, in a global manner, by promoting human development that lays the foundations for a better society. This objective is focused on helping professionals reach a much higher level of expertise and control. A goal that you can take for granted, with a high-intensity and high-precision specialization.







“

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



## General objectives

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- ♦ Acquire complete and comprehensive training in Clinical and Health Psychology
- ♦ Provide the student with the conceptual and theoretical knowledge of Clinical and Health Psychology
- ♦ Differentiate illness from health
- ♦ Know the psychological models in Clinical and Health Psychology
- ♦ Conduct psychological evaluations
- ♦ Perform psychological interventions
- ♦ Design prevention protocols for health psychology and health promotion
- ♦ Know the aspects that affect clinical practice
- ♦ Manage the knowledge, skills, techniques, resources, and strategies needed to perform clinical practice
- ♦ Understand professional guidelines for good practice within the psychology profession
- ♦ Explain the reality of clinical hypnosis
- ♦ Describe the use of clinical hypnosis in the practice of psychotherapy
- ♦ Describe the procedure for settling into brain structures far removed from will and cognitive awareness
- ♦ Describe how to establish an essential therapeutic link through 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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### Module 1. Historical Evolution of Cognitive-Behavioral Psychology

- ♦ Understand the beginnings of psychology and the historical evolution of cognitive psychology
- ♦ Learn about each of the most famous theories within Psychology
- ♦ Synthesize notions of the historical chronology of psychology
- ♦ Know the importance of viewing psychology as a scientific discipline

### Module 2. Clinical Evaluation and Therapeutic Treatment

- ♦ Know the basics of clinical pharmacology
- ♦ Identify the characteristics of the different therapeutic treatments
- ♦ Know the importance of correctly carrying out an assessment

### Module 3. Anxiety Disorders

- ♦ Understand the bases of anxiety and other disorders stemming from it
- ♦ Know and internalize the basis of their treatment
- ♦ Learn the fundamentals of evaluation of this type of disorders

### Module 4. Depressive Disorders

- ♦ Know the bases and characteristics of depressive disorders
- ♦ Identify the profile of the patient
- ♦ Know the basics and the treatments for patients with depressive disorders

### Module 5. Personality Disorders

- ♦ Know the characteristics of personality disorders
- ♦ Know how to carry out an intervention within personality disorders
- ♦ Learn the fundamentals of the evaluation of personality disorders

### Module 6. Pain a Core Problem in Psychophysiological Disorders

- ♦ Know and internalize the basis of pain in physiological disorders
- ♦ Analyze the assessment and treatment of physiological disorders
- ♦ Know how to apply techniques to decentralize the pain

### Module 7. Cognitive-Behavioral Model applied in Health Psychology Intervention

- ♦ Know and contextualize the emergence of health psychology
- ♦ Understand the importance of the birth of other theories and explanatory models
- ♦ Analyze the application of this model in specific disorders and diseases

### Module 8. Psychotic Psychopathology

- ♦ Know and contextualize the first studies on psychotic psychopathology
- ♦ Describe the basis of the disease and the characteristics of the patient
- ♦ Classify the disorders on the spectrum

### Module 9. Strategies and Psychological Intervention for Health Promotion

- ♦ Know the basis of strategies and intervention to promote health
- ♦ Contextualize the birth of health psychology
- ♦ Identify the different factors that can change the promotion of health

### Module 10. Latest Breakthroughs in Clinical Hypnosis

- ♦ 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

### Module 11. Mental Relaxation

- ♦ 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

### Module 12. Clinical Hypnosis

- ♦ 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

### Module 13. Neurology and Biochemistry of the Hypnotic State

- ♦ Gain in-depth understanding of how our brain works
- ♦ Describe the therapeutic setting of psychological technology that influences brain activity and the individual's perception
- ♦ Establish hemispheric differentiation in brain functioning
- ♦ Differentiate brain evolution: reptilian, mammalian and cognitive
- ♦ Establish interhemispheric, frontal lobe and orbital specialization
- ♦ Understand and apply pharmacodynamics and pharmacokinetics

### Module 14. Basic Emotional Universes as an Intervention Protocol with Clinical Hypnosis in Mental Disorders

- ♦ Expand knowledge in introduction and framing of the emotional world in disease
- ♦ Understand the terminology of emotions within hypnosis and mental disorders
- ♦ Describe the basic emotional universes as an intervention protocol in hypnosis for the main emotions: fear, anger, guilt, disgust, sadness, surprise and curiosity



**Module 15. Classical Hypnotic Induction Procedures**

- ♦ Describe how to adjust the induction to the patient's mind
- ♦ Establish a differential diagnosis before applying hypnotic induction, so as not to create iatrogenic reactions
- ♦ Identify the neurological axes and planes involved in performing IHM techniques
- ♦ Substantiate, based on scientific knowledge, the dynamics that occur in induction and hypnotic state
- ♦ Implement techniques to give an induction back to the patient in his or her own words
- ♦ Implement techniques to disconnect the current neurological circuits for others that allow for a healthier position
- ♦ Succeed, through regression, in removing the patient from the emotional sequestration that has trapped him/her
- ♦ Working with traumatic emotional memory from a bonding and emotional anesthesia that allows the restructuring of the memory
- ♦ Manage the laws of energetic control that regulate the ascending reticular system

**Module 16. Conversational or Post-Hericksonian Hypnotic Induction Procedures**

- ♦ Establish the position of the patient and the therapist, as well as the use of silence in conversation procedures in hypnotic induction
- ♦ Differentiate Selective Dissociation Targeting from classical and conversational techniques
- ♦ Establish the rationale for a case treated with Selective Dissociation Focusing versus Time-Limited Psychotherapy

**Module 17. Procedures of Selective Dissociation Focusing (SDF)**

- ♦ Understand what intrapersonal intelligence is, how it is formed and which brain areas are involved in its creation
- ♦ Develop self-knowledge: the importance of self-knowledge
- ♦ Know the differences between empathy, sympathy and mirror neurons
- ♦ Define Neurolinguistic Programming and study its most common submodalities

**Module 18. The Emotional Wellness Therapist**

- ♦ Understand the importance of early bonds in the development of self-concept
- ♦ Master the basic emotions, their biochemistry and platform of action
- ♦ Manage the concepts of empathy and sympathy and control techniques for a correct bonding with the patient
- ♦ Develop effective communication with the patient

**Module 19. A Multifactorial View of Health. Psychoneuroimmunology**

- ♦ Master the concept of Psychoneuroimmunology as a biopsychosocial model of health
- ♦ Identify the role of Psychoneuroimmunology and its correct application for emotional well-being

**Module 20. Mindfulness**

- ♦ Learn about the emergence of Mindfulness-Based Therapies
- ♦ Become familiar with the most common techniques and practices of Mindfulness-Based Therapy
- ♦ Understand the benefits associated with the therapy

# 03 Skills

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



“

*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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- ♦ Acquire an in-depth knowledge of the features of Clinical and Health Psychology
- ♦ Master the functions of clinical and health psychology
- ♦ Understand pathological behavior
- ♦ Master eclectic models
- ♦ Manage the fundamental elements of psychological evaluation
- ♦ Understand the reasons why a person may seek psychological help
- ♦ Know the therapeutic relationship
- ♦ Explain the history of personality disorders
- ♦ Manage the difficulties of personality disorders
- ♦ Understand the development of personality disorders
- ♦ Describe the myths and truths of clinical hypnosis in order to justify its usefulness based on rigorous scientific criteria
- ♦ Appreciate and explain the differences between the state of mental relaxation and the state of hypnosis in order to avoid dissociation of the patient according to international criteria of good practice in psychotherapy
- ♦ Manage prosody skills, master silence and rhythm of hypnosis in order to apply the classical techniques in the appropriate way
- ♦ Master the language and the use of metaphor and analogy in order to apply it in induction with conversational techniques according to the fundamental principles of clinical hypnosis
- ♦ Connect with the patient's reticular system and modify its energetic code in order to achieve a hypnotic induction with IHM head movements
- ♦ Master the three scientifically proven hypnotic induction modalities: classical, conversational and selective dissociation focusing in order to apply them according to the criteria learned



*Our objective is very simple: to offer you quality training, with the best teaching system available today, so that you can achieve excellence in your profession"*





## Specific skills

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- ♦ Understand what a psychological disorder is
- ♦ Understand what health is
- ♦ Understand the determinants of health behavior
- ♦ Understand why some people become ill and others do not
- ♦ Know the different explanatory models for pathological behavior
- ♦ Master biological models
- ♦ Master psychosocial models
- ♦ Master sociocultural models
- ♦ Relate all the elements involved in the bonding relationship
- ♦ Know how to bond appropriately with the patient
- ♦ Integrate the patient's and therapist's emotional environments
- ♦ Learn existing psychological strategies
- ♦ Understand pharmacological strategies
- ♦ Understand psychological strategies
- ♦ Explain anxiety and related disorders
- ♦ Know what stress and anxiety are
- ♦ Differentiate between types of anxiety
- ♦ Understand panic disorder
- ♦ Master the characteristics of obsessive-compulsive disorder
- ♦ Understand the psychological elements of social anxiety

- ♦ Integrate knowledge about generalized anxiety
- ♦ Know how to relate to post-traumatic stress disorder
- ♦ Find out the conditioning factors of specific phobias
- ♦ Explain affective disorders
- ♦ Know what affective or mood disorders are
- ♦ Understand unipolar depression disorder
- ♦ Identify bipolar disorder
- ♦ Recognize signs that may suggest suicide
- ♦ Teach the student all about personality disorders
- ♦ Know everything related to Paranoid Personality Disorder
- ♦ Achieve the right bond with Schizoid Disorder
- ♦ Identify the signs of schizotypal disorders
- ♦ Master the relationship with histrionic disorder
- ♦ Identify how to handle narcissistic disorder
- ♦ Manage violence in Antisocial Disorder
- ♦ Recognize Borderline Personality Disorder
- ♦ Identify the signs of avoidance disorder
- ♦ Master Dependency Disorder
- ♦ Point out the basic elements that obsessive-compulsive disorder develops
- ♦ Know about psychological intervention in chronic diseases
- ♦ Know its definition, features, and explanatory factors
- ♦ Master assessment and intervention
- ♦ Manage weight regulation mechanisms
- ♦ Understand the casuistry of the passive smoker
- ♦ Know epidemiological data about alcoholism as a global pandemic
- ♦ Learn the psychological interventions in patients before a diagnostic test
- ♦ Understand what magnetic resonance consists of
- ♦ Identify patients' emotional responses to this diagnostic test
- ♦ Know psychological preparation techniques
- ♦ Understand what surgery consists of
- ♦ Consider pain as a central axis in psychological problems
- ♦ Identify the typical features of chronic pain
- ♦ Explain the neurophysiological basis, neurotransmitters involved, and psychological theories explaining chronic pain
- ♦ Know how to assess patients suffering from chronic pain
- ♦ Differentiate the types of chronic pain
- ♦ Give special relevance to fibromyalgia
- ♦ Apply psychological and pharmacological treatments for chronic pain
- ♦ Identify the characteristic features of headaches and facial pain
- ♦ Explain the psychological theories involved in headaches and facial pain
- ♦ Know how to assess patients with headaches and facial pain
- ♦ Differentiate the types of headaches and facial pains
- ♦ Apply psychological and pharmacological treatments to headaches and facial pain
- ♦ Know psychological strategies and interventions for health promotion

- ♦ Apply these to the field of physical exercise promotion
- ♦ Explain the health effects of physical exercise
- ♦ Know the most significant epidemiological data on sedentary lifestyles
- ♦ Explain the factors involved acquiring and maintaining healthy physical exercise habits
- ♦ Evaluate physical activity
- ♦ Apply different strategies for the promotion of physical activity
- ♦ Apply psychological strategies and interventions for the promotion of healthy eating habits
- ♦ Know everything related to eating behavior and health
- ♦ Conduct eating behavior assessments
- ♦ Apply strategies for eating behavior alteration
- ♦ Describe the history of mental relaxation in a global way
- ♦ Intervene in psychotherapy with mental relaxation
- ♦ Master the requirements to achieve the patient's mental relaxation
- ♦ Differentiate the hypnotic state from the state of relaxation in order not to produce iatrogenesis
- ♦ Differentiate the differences and common elements of clinical hypnosis with respect to other states of consciousness
- ♦ Recognize the myths and fallacies that are separated from clinical hypnosis as a result of scientific research
- ♦ Identify populations that cannot be hypnotized
- ♦ Frame clinical hypnosis as a tool within psychotherapy to make the change from traumatic emotional memory to memory recall
- ♦ Review and list the scientific theories that have determined the laws and essential elements of Clinical Hypnosis
- ♦ Recognize what happens at the psychophysiological level in the hypnotic and relaxed state
- ♦ Describe the history of clinical hypnosis and its prevalence at the end of the last three centuries
- ♦ Identify the procedures that, although called differently, produce hypnotic states within scientific psychology
- ♦ Master and frame the whole procedure to hypnotize the patient within psychotherapy
- ♦ Describe the sensations experienced in a hypnotic state
- ♦ Handle the essential ingredients to reach the hypnotic state
- ♦ Differentiate suggestible people from those who are not
- ♦ List the definitions of hypnotic state
- ♦ Master the psychophysiological indicators of hypnosis
- ♦ Master the different procedures to reach the hypnotic state
- ♦ Differentiate procedures and their structures from changes in what is said within the same induction structure
- ♦ Recognize the difference between relaxation and clinical hypnosis with classical techniques
- ♦ Master the different phases that make up the process of hypnosis using classic techniques
- ♦ Identify various inconveniences that may arise in the subject during the induction phases with classical techniques
- ♦ Recognize when the subject has entered a hypnotic state
- ♦ Master the technology of classical techniques to produce the desired depth of hypnotic state with the patient

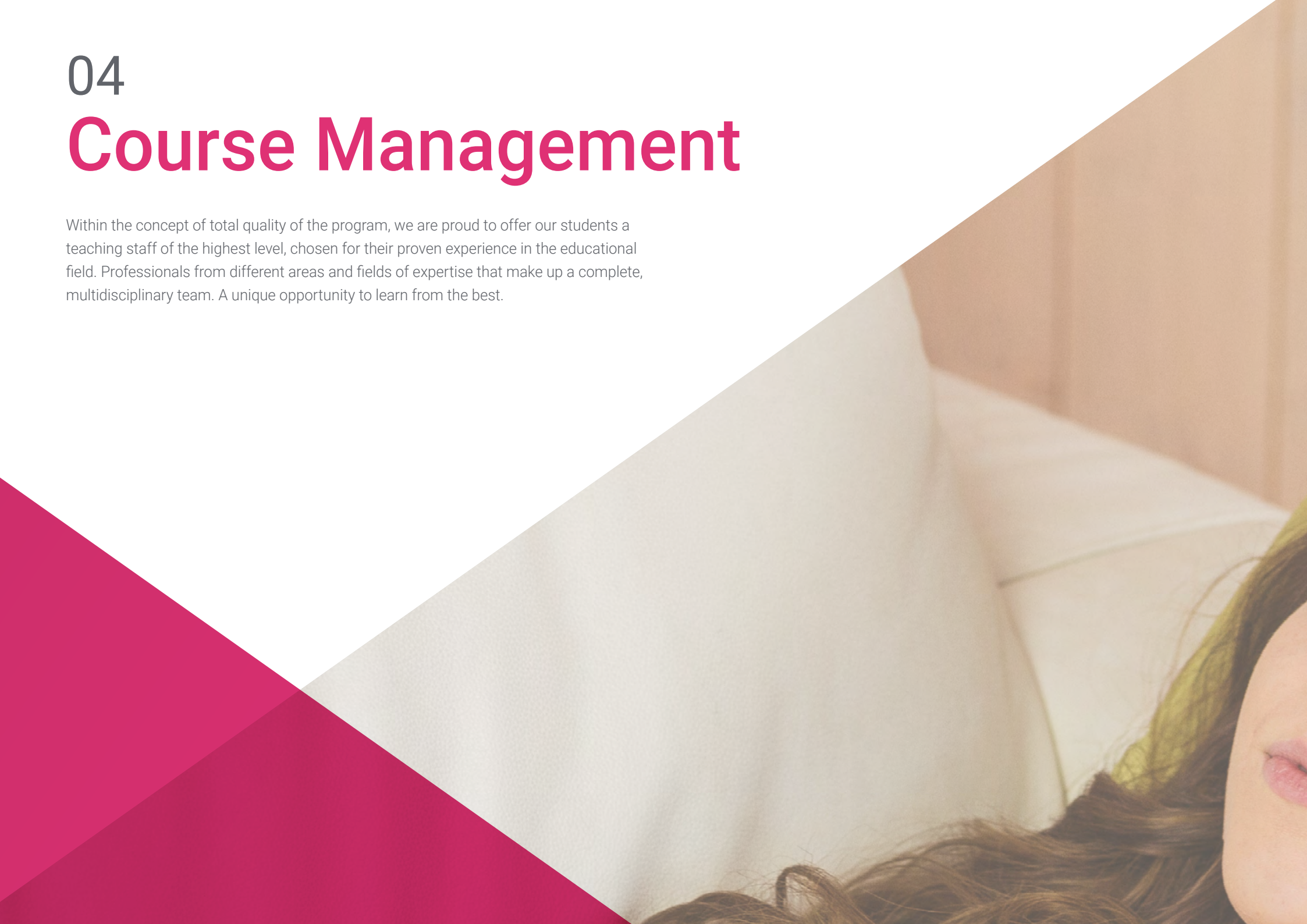
- ♦ Evaluate using suggestibility scales
- ♦ Master the different techniques: backward fall, brick and sponge, arm against the wall and thumb twist
- ♦ Manage the fixation techniques in classical techniques
- ♦ Causes fixation in the subject to be hypnotized
- ♦ Intervene in the automatisms that are secondary to hypnotic induction
- ♦ Insert in the mind of the patient the voice of the hypnotizer as if it were their own
- ♦ Link deepening techniques to fixation techniques
- ♦ Keep the subject linked to the hypnotist in the deepening phase
- ♦ Develop a unique bond that produces security and confidence in the hypnotized person
- ♦ Explain the procedure to achieve mental dissociation with the reality surrounding the subject
- ♦ Define exit routes at the time of deepening
- ♦ Master stabilization techniques
- ♦ The patient can be maintained at the depth achieved thanks to the stabilization techniques
- ♦ Describe the technique for returning to the deepened state if the patient exits the level of depth
- ♦ Include the therapeutic phase within the deep state as an awareness of stabilization techniques
- ♦ Describe the management and model for including the hypnotic state in a psychotherapy process
- ♦ Adequately manage contention in the cathartic part that can occur in this therapeutic phase
- ♦ Set the progress achieved in the hypnotic state with posthypnotic tools
- ♦ Explain how to move the patient from experience to experience in this posthypnotic phase
- ♦ Describe how to bring the patient out of the hypnotic state at the required pace
- ♦ Describe how to reverse the suffering process once the entire induction process has been performed
- ♦ Explain how to perform the hypnotic procedure with classic techniques in a maximum of 30 minutes, including the therapeutic phase
- ♦ Manage the technology of conversational techniques
- ♦ Master the language and its use in the induction process
- ♦ Use links appropriately between sentences
- ♦ Describe how to create the illusion of alternatives in the patient
- ♦ Explains how to chain sensory and perceptual elements that disassociate the patient
- ♦ Master confusion techniques
- ♦ Handle simple and advanced inductions
- ♦ Describe how to provoke spontaneous hypnotic states
- ♦ Achieve short-term memory overload
- ♦ Describe how to connect successions of realities so that the patient does not know which of them we are affecting
- ♦ Use the present progressive to produce dissociation with conversational techniques
- ♦ Explain the accompanying and conducting procedure both verbally and non-verbally to achieve the hypnotic state
- ♦ Describe how to perform progressive linking loops in the hypnotic language
- ♦ Master the laws that regulate the brain's short-term memory and from there gain success with the chas techniques

- ♦ Explain how to achieve dissociation from ambiguity
- ♦ Describe how to provoke in the patient a dissociation that takes them away from their current self and from there they 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 IHM
- ♦ Recognize the importance of reciprocal interaction in the IHM process
- ♦ Describe the laws of biodynamics and body energy
- ♦ Explain how the brain works in order to understand the principles of IHM techniques
- ♦ Describe how the ascending reticular system works
- ♦ Explain the management of the reticular system towards the emotional state that best suits the patient
- ♦ Explain the human capacity to move without touching, and to make people feel from presence
- ♦ Describe the intervention protocols and their differentiated elements in working with anxiety, affective, pain and psychosomatic disorders, impulse dyscontrol, eating behavior, sleep, sexuality, memory and motivation disorders, as well as surgical intervention with hypnotic anesthesia
- ♦ Manage the activation of the parasympathetic branch, and with it acetylcholine, as an antidote to states of anxiety and stress
- ♦ Describe the performance of desensitization to phobic stimuli
- ♦ Describe the tools for channeling and managing panic attacks
- ♦ Describe how to activate Euthymic mood by raising serotonin levels, inhibiting the activation of noradrenaline and permanent adrenaline in the depressed patient
- ♦ Describe how to achieve restructuring of the Beck triad of the depressed patient
- ♦ Explain how to help the depressed patient to detach from his/her nihilistic self-dialogue
- ♦ Explain the procedure to help the alexithymic patient from his vital rigidity
- ♦ Help people with compulsive overeating to contain the self-injurious urge to binge eat
- ♦ Explain how to empower the patient to regain emotional balance with hypnotic technology
- ♦ Describe an effective and reliable hypnosis intervention protocol to stop smoking
- ♦ Explain how to desensitize in a hypnotic state and in a regressive way the first cigarettes of the patient's life
- ♦ Describe the neurological laws of the reticular system in the sleep-wake cycle
- ♦ Describe hypnosis protocols not only for insomnia, but for all sleep disorders
- ♦ Explain intervention in chronic pain down to levels that the patient can tolerate
- ♦ Define how to place the patient in pain in a self-management tool
- ♦ Explain how to teach the laboring woman to control the tension distention of contractions
- ♦ Define how to assist the patient undergoing surgery preoperatively, intraoperatively and postoperatively

04

# Course Management

Within the concept of total quality of the program, we are proud to offer our students a teaching staff of the highest level, chosen for their proven experience in the educational field. Professionals from different areas and fields of expertise that make up a complete, multidisciplinary team. A unique opportunity to learn from the best.





“

*Our professors will put their experience and teaching skills at your disposal to offer you a stimulating and creative specialization process”*

## Management



### Dr. Martínez Lorca, Manuela

- ♦ Doctorate in Psychology from the University of Castilla-La Mancha
- ♦ Psychologist from the Complutense University of Madrid
- ♦ Health Psychologist
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology from the European Institute of Time-Limited Psychotherapy
- ♦ Specialist in Clinical Hypnosis and Relaxation
- ♦ Associate Professor at the University of Castilla-La Mancha in the Department of Psychology teaching in the Speech Therapy and Occupational Therapy degrees
- ♦ Participation in national and European research projects funded in competitive calls, as well as in projects funded in internal calls of the UCLM



### Aguado Romo, Roberto

- ♦ Psychologist specializing in Clinical Psychology
- ♦ European specialist psychologist in psychotherapy
- ♦ Managing Director of evaluation and psychotherapy centers in Madrid, Bilbao, and Talavera de la Reina
- ♦ Author of Time-Limited Psychotherapy
- ♦ Researcher at CerNet, Emotional Network, and European Institute for Time-Limited Psychotherapies



## Professors

### Mr. Anasagasti, Aritz

- ♦ European specialist psychologist in Psychotherapy by the EFPA at the CEP health center in Bilbao
- ♦ President of Emotional Network
- ♦ Master in Time-Limited Psychotherapy and Health Psychology
- ♦ Psychogeriatrics Specialist
- ♦ Creator of the home-based intervention
- ♦ Member of the Basque Association of Gestalt Therapy
- ♦ Reciprocal Interaction Psychotherapist
- ♦ Specialist in neurodegenerative diseases from the University of the Basque Country. Responsible for the computer development of Emotional Management and treatment in the elderly

### Ms. Arriero, Esther

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

### Dr. Benito de Benito, Luis

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

### D. 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 in Time-Limited Psychotherapy and Health Psychology

### Fernández Sánchez, Angel

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

### Dr. Kaiser, Carlos

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

**Dr. Martínez Lorca, Alberto**

- ♦ Specialist in nuclear medicine. Rey Juan Carlos University Hospital - Madrid. Madrid. Spain. Roldan, Lucia
- ♦ Health Psychologist
- ♦ Cognitive-behavioral intervention specialist
- ♦ Master in Time-Limited Psychotherapy and Health Psychology
- ♦ Expert in energy therapy intervention

**Ms. Otero, Verónica**

- ♦ European specialist psychologist in Psychotherapy at the CEP health center in Bilbao
- ♦ Head of the children and youth area of intervention with PTL in the CEP of Bilbao
- ♦ Master in Time-Limited Psychotherapy and Health Psychology
- ♦ Child and Adolescent Specialist

**Dr. Zabala-Baños, María Carmen**

- ♦ Doctorate in Psychology from the University of Castilla-La Mancha
- ♦ Health Psychologist
- ♦ Master's Degree in Clinical and Health Psychology
- ♦ Master in Time-Limited Psychotherapy and Health Psychology
- ♦ Psychosocial and Work Rehabilitation Specialist
- ♦ UCLM European specialist psychologist in psychotherapy
- ♦ EFPA. Specialist in Clinical Hypnosis and Relaxation





“

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

# 05

# Structure and Content

The contents of this specialisation have been developed by the different teachers of this Professional Master's Degree, 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 Advanced Master's Degree will allow you to learn all aspects of the different disciplines involved in this area. A complete and well-structured program that will take you to the highest standards of quality and success.





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*Through a very well compartmentalized development, you will be able to access the most advanced knowledge in Clinical Psychology and Hypnosis”*

## Module 1. Historical Evolution of Cognitive-Behavioral Psychology

- 1.1. Psychology as a Scientific Discipline
  - 1.1.1. Psychology Origins and Beginnings
  - 1.1.2. Philosophy as Base
  - 1.1.3. A New Discipline
  - 1.1.4. Psychology Intervention
- 1.2. Classical and Operant Conditioning
  - 1.2.1. The Beginnings of Conditioning
  - 1.2.2. Classical conditioning
  - 1.2.3. Operant Conditioning
- 1.3. Behavioral Therapy
  - 1.3.1. Beginnings of Behavioral Therapy
  - 1.3.2. Most Relevant Authors and Theories
- 1.4. Development and Characteristics the Cognitive-Behavioral Model
  - 1.4.1. Basis of the Cognitive-Behavioral Model
  - 1.4.2. Characteristics and Advantages of the Model
- 1.5. Main Authors and Models within the Cognitive-Behavioral Paradigm
  - 1.5.1. Driving Authors of the Movement
  - 1.5.2. Main Theories and Models
- 1.6. The Therapist Role
  - 1.6.1. Importance of the Therapist
  - 1.6.2. Their Position Within Cognitive-Behavioral Therapy
- 1.7. What Is Rapport?
  - 1.7.1. Introduction to the Concept of Rapport
  - 1.7.2. Relevance in Psychology
  - 1.7.3. Main Authors who Support the Concept
- 1.8. Formation of Emotional Schemes and Limiting Beliefs
  - 1.8.1. What are the Emotional Patterns?
  - 1.8.2. Types of Patterns
  - 1.8.3. Definition of Beliefs
  - 1.8.4. Limiting Beliefs

- 1.9. Cognitive Psychology Today
  - 1.9.1. Current Cognitive Psychology
  - 1.9.2. Most Relevant Authors and Theories
  - 1.9.3. Tendencies and Evolution
- 1.10. Normality and Pathology
  - 1.10.1. The Concept of Normality
  - 1.10.2. Normality vs Pathology

## Module 2. Clinical Evaluation and Therapeutic Treatment

- 2.1. The Basic Elements of Clinical Evaluation
  - 2.1.1. Basis and Fundamentals of Clinical Evaluation
  - 2.1.2. Phases and Instruments
  - 2.1.3. The Interview
- 2.2. Psychosocial Examination
  - 2.2.1. Basis and Fundamentals of Evaluation
  - 2.2.2. Phases and Instruments
  - 2.3.2. Differences in Comparison to Clinical Evaluation
- 2.3. The Therapeutic Relationship
  - 2.3.1. Introduction to the Therapeutic Relationship
  - 2.3.2. The Rapport
  - 2.3.3. Factors to Consider
- 2.4. The Biopsychosocial Model
  - 2.4.1. The Need for an Explanatory Model
  - 2.4.2. Theoretical Foundation of the Model
- 2.5. Cognitive-Behavioral Therapy
  - 2.5.1. Theoretical Basis in Cognitive-Behavioral Therapy
  - 2.5.2. Current Application
- 2.6. Third Generation Therapies
  - 2.6.1. What Are Third Generation Therapies?
  - 2.6.2. Emergence



- 2.7. Mindfulness
  - 2.7.1. The Beginnings of Mindfulness
  - 2.7.2. Use in Clinical Psychology
- 2.8. Drug Therapy
  - 2.8.1. Fundamentals and Importance of Drug Therapies
  - 2.8.2. Combining Therapies

### Module 3. Anxiety Disorders

- 3.1. What is Anxiety? What is Stress?
  - 3.1.1. Introduction and Definition of the Concepts of Anxiety and Stress
  - 3.1.2. Theories on Stress
- 3.2. Neuroanatomy of Anxiety Disorders
  - 3.2.1. Biological Principles of Anxiety
  - 3.2.2. Neuroanatomy of Anxiety
- 3.3. Factors that Predispose a Person to Stress
  - 3.3.1. Risk Factors
  - 3.3.2. Genetic Factors
  - 3.3.3. Stressful Situations
- 3.4. Coping Styles
  - 3.4.1. Different Coping Styles
  - 3.4.2. Assessment Tools
- 3.5. Endogenous and Exogenous Anxiety
  - 3.5.1. Basis of Endogenous and Exogenous Anxiety
  - 3.5.2. Assessment and Treatment of Anxiety
- 3.6. Cognitive-Behavioural Intervention
  - 3.6.1. Basis of Cognitive-Behavioural Intervention
  - 3.6.2. Cognitive-Behavioural Techniques for Anxiety Treatment
- 3.7. Pharmacological Intervention
  - 3.7.1. Psychopharmacological Therapy for Anxiety Treatment
  - 3.7.2. Types of Drugs

## Module 4. Depressive Disorders

- 4.1. What are Depressive Disorders?
  - 4.1.1. Introduction to Depressive Disorders
  - 4.1.2. Main Features
- 4.2. Causal Factors of Depressive Disorders
  - 4.2.1. Risk Factors
  - 4.2.2. Origin of Disorders
- 4.3. Depressive Disorders I
  - 4.3.1. Contextualization of Disorders
  - 4.3.2. Assessment and Diagnosis
- 4.4. Depressive Disorders II
  - 4.4.1. Contextualization of Disorders
  - 4.4.2. Assessment and Diagnosis
- 4.5. Psychological Treatment
  - 4.5.1. Treatment of Depressive Disorders
  - 4.5.2. Weaknesses of Treatment
- 4.6. Medical treatment
  - 4.6.1. Most-Used Drugs
  - 4.6.2. Combining Psychotherapy and Psycho-Pharmacology
- 4.7. Suicide and Risk of Self-Harm
  - 4.7.1. Suicide as a Real Risk
  - 4.7.2. Self-Harm
  - 4.7.3. Prevention and Action

## Module 5. Personality Disorders

- 5.1. History of the Study of Personality and its Disorders
  - 5.1.1. The First Studies on Personality
  - 5.1.2. First Authors
- 5.2. Definition and Delimitation of Personality Disorders
  - 5.2.1. Features and Delimitation of Personality Disorders
- 5.3. Diagnoses and Comorbidity
  - 5.3.1. Basis of Personality Disorders Diagnosis
  - 5.3.2. Evaluation of Personality Disorders

- 5.4. Classification of Personality Disorders
  - 5.4.1. Classification Models
  - 5.4.2. Types and Classification According to the DSM
- 5.5. Development of Personality Disorders
  - 5.5.1. Origin and Development of Personality Disorders
  - 5.5.2. Personality in the Different Stages of Development
- 5.6. Treatment of Personality Disorders
  - 5.6.1. Treatment and Intervention
  - 5.6.2. Psychotherapeutic Techniques
- 5.7. Borderline Personality Disorder
  - 5.7.1. Difficulties and Approach to Patients with a Borderline Personality Disorder
  - 5.7.2. Treatment Programs
- 5.8. Future Studies and Third Generation Therapies in Personality Disorders
  - 5.8.1. Analysis of Current Treatments
  - 5.8.2. Third Generation Techniques
  - 5.8.3. Future Lines of Research

## Module 6. Pain a Core Problem in Psychophysiological Disorders

- 6.1. Chronic Pain
  - 6.1.1. Basis and Fundamentals of Chronic Pain
  - 6.1.2. How Does Chronic Pain Affect a Person?
- 6.2. Evaluating Patients Suffering from Pain. Medical History
  - 6.2.1. Evaluation Phase
  - 6.2.2. Medical History
- 6.3. The Role of Psychological Variables in Pain Perception
  - 6.3.1. Basis of Pain Perception
  - 6.3.2. Modulating Variables
- 6.4. Fibromyalgia
  - 6.4.1. Introduction and History of Fibromyalgia
  - 6.4.2. Characteristics and Conceptualization of the Disease
- 6.5. Headaches
  - 6.5.1. Characteristics and Conceptualization of the Disease
  - 6.5.2. Evaluation and Treatment



- 6.6. Pharmacological Treatment for Chronic Pain
  - 6.6.1. Basis of Radiotherapy Treatment
  - 6.6.2. Treatment Results
  - 6.6.3. Risks of Long-Term Treatment
- 6.7. Psychological Treatment for Chronic Pain
  - 6.7.1. Psychological Techniques in Chronic Pain Treatment
  - 6.7.2. Third Generation Therapies and New Treatments

## Module 7. Cognitive-Behavioral Model applied in Health Psychology Intervention

- 7.1. Psychological Intervention in Cardiovascular Diseases
  - 7.1.1. Introduction to Cardiovascular Diseases
  - 7.1.2. Risk Factors
  - 7.1.3. Health Promotion in Cardiovascular Diseases
- 7.2. Types of Personality
  - 7.2.1. Types of Personality and their Relation to Health
  - 7.2.2. How to Modify Them
  - 7.2.3. Studies of Interest
- 7.3. Psychological Intervention in Cancer Patients
  - 7.3.1. Cancer and its Types
  - 7.3.2. Coping With the Disease
  - 7.3.3. Psychological Intervention for Patients and Their Family
- 7.4. Chronic Diseases
  - 7.4.1. Features of Chronic Diseases
  - 7.4.2. Most Common Diseases
  - 7.4.3. Profile and Treatment
- 7.5. Trauma: Factors to Consider
  - 7.5.1. Emergence of the Concept of Trauma
  - 7.5.2. Influence of Trauma

- 7.6. Confronting Death
  - 7.6.1. Vision of Death
  - 7.6.2. Coping Strategies
  - 7.6.3. Closure and Saying Goodbye
- 7.7. Grief
  - 7.7.1. Grief and Its Phases
  - 7.7.2. Family Accompaniment
- 7.8. Psychological Intervention in Bronchial Asthma
  - 7.8.1. Characteristics of the Disorder
  - 7.8.2. Psychological Factors in Asthma (Cognitive, Emotional and Behavioral)
  - 7.8.3. Treatment of the Psychological Factors That Contribute to Asthma
- 7.9. Diabetes and Psychological Evaluation
  - 7.9.1. Characteristics of the Disorder and Types
  - 7.9.2. Associated Psychosocial Factors
  - 7.9.3. Psychological Intervention in Diabetes
- 7.10. The Placebo Effect
  - 7.10.1. Conceptualization and History
  - 7.10.2. Modulating Variables
  - 7.10.3. Psychology and the Placebo Effect (Explicative Mechanisms)

## Module 8. Psychotic Psychopathology

- 8.1. Introduction to Psychotic Disorders
  - 8.1.1. Origin and First Studies on Psychotic Disorders
  - 8.1.2. First Treatments of Psychotic Disorders
- 8.2. Etiology of Schizophrenia
  - 8.2.1. Risk Factors
  - 8.2.2. Models (Biological Models and Stress-Vulnerability Models)
- 8.3. Schizophrenia as a Illness
  - 8.3.1. Characteristics of Schizophrenia
  - 8.3.2. Patient Profile

- 8.4. Assessment and Diagnosis
  - 8.4.1. Basis of Evaluation
  - 8.4.2. Most-Used Instruments
  - 8.4.3. Differential Diagnosis
  - 8.4.4. Comorbidity
- 8.5. Psychological Treatment
  - 8.5.1. Psychological Techniques for Treatment
  - 8.5.2. Treatment Results
- 8.6. Medical treatment
  - 8.6.1. Basis of Radiotherapy Treatment
  - 8.6.2. Risks and Difficulties
  - 8.6.3. Working Together
- 8.7. Spectrum Disorders
  - 8.7.1. Other Spectrum Disorders
  - 8.7.2. Definition and Classification
  - 8.7.3. Evaluation and Differential Diagnosis
- 8.8. Myths and Stigmas
  - 8.8.1. Myths Within the Disorders
  - 8.8.2. Patient Stigmas
- 8.9. Where Are We Heading?
  - 8.9.1. Most Recent Treatments
  - 8.9.2. Future Lines of Research

## Module 9. Strategies and Psychological Intervention for Health Promotion

- 9.1. Emergence of Health Psychology
  - 9.1.1. Contextualization of the Birth of Health Psychology
  - 9.1.2. First Works and Most Relevant Authors
- 9.2. Protective Factors
  - 9.2.1. Introduction to Protective Factors
  - 9.2.2. Classification and Definition
- 9.3. Risk Factors
  - 9.3.1. Introduction to Risk Factors
  - 9.3.2. Classification and Definition

- 9.4. Stress as a Differential Factor
  - 9.4.1. Definition of Stress
  - 9.4.2. Lazarus' Research
- 9.5. Eustress
  - 9.5.1. Definition and Concept of Stress
  - 9.5.2. Biological Bases
  - 9.5.3. Relevant Works and Authors
- 9.6. Threshold Theory
  - 9.6.1. Theoretical Foundation of the Threshold Theory
  - 9.6.2. Most Relevant Authors
- 9.7. Psycho-Immunology
  - 9.7.1. Theoretical Foundation of Psychoimmunology
  - 9.7.2. Most Relevant Authors
  - 9.7.3. Current Importance
- 9.8. Explanatory Models
  - 9.8.1. Most Relevant Models Within Health Psychology
  - 9.8.2. Current and Future Studies
- 9.9. Theoretical Foundation and Application of Physical Health Promotion
  - 9.9.1. Conceptualization
  - 9.9.2. Focus (Individual, Interpersonal and Community)
- 9.10. Theoretical Foundation and Application of Psychological Well-Being Promotion
  - 9.10.1. Conceptualization of Well-Being
  - 9.10.2. Well-Being-Health Relationship
  - 9.10.3. Well-Being Promotion (Foundations and Strategies)



### Module 10. Latest Advances in Clinical Hypnosis

- 10.1. Theoretical Foundations of Clinical Hypnosis
- 10.2. Knowledge of Hypnosis from Today's Psychologists
- 10.3. The Insertion of Clinical Hypnosis in Psychotherapy
- 10.4. Role of Clinical Hypnosis in the Therapeutic Link

### Module 11. Mental Relaxation

- 11.1. Historical Keys in Relaxation Training
- 11.2. Discoveries of the Stress & Muscle Tension Relationship
- 11.3. Influence of Imagination on the Organism
- 11.4. Psychotherapeutic Intervention with Mental Relaxation: Systematic Desensitization (J. Wolpe, 1948)
- 11.5. Psychotherapeutic Intervention with Mental Relaxation: Covert Conditioning (Cautioning)
- 11.6. Psychotherapeutic Intervention with Mental Relaxation: Systematic Desensitization (A. Caycedo, 1960)
- 11.7. Edmund Jacobson's Progressive Relaxation (1901)
- 11.8. Schultz's Autogenous Relaxation (1901)
- 11.9. Creative Relaxation by Dr. Eugenio Herrero (1950)
- 11.10. Chromatic Relaxation by R. Aguado (1990)
- 11.11. Differences and Similarities of Mental Relaxation and Clinical Hypnosis
- 11.12. S.D.F. (Selective Dissociation Focusing)

### Module 12. Clinical Hypnosis

- 12.1. Historical Review of Hypnosis
  - 12.1.1. 18th Century From Demonology to Hypnotism
  - 12.1.2. 19th Century School of Salpêtrière vs. School of Nancy
  - 12.1.3. 20th Century Birth of Clinical Hypnosis
- 12.2. History and Links of Clinical Hypnosis with Psychotherapy
  - 12.2.1. Freud: Hypnosis, Catharsis and Free Association What is the Difference?
  - 12.2.2. What is the Subconscious? The Hypnotic State as an "Explorer" of the Subconscious

- 12.3. New Technologies in 21st Century Psychotherapy and Clinical Hypnosis
- 12.4. What Does it Feel Like to be in a Hypnotic State?
- 12.5. Myths and Misconceptions About Hypnosis
- 12.6. Fields of Application of Clinical Hypnosis in Psychotherapy
- 12.7. Ingredients Needed to Reach the Hypnotic State
  - 12.7.1. Variables of the Hypnotizer
  - 12.7.2. Variables of the Hypnotized Person
  - 12.7.3. Context and Environmental Situation
- 12.8. Definitions of Clinical Hypnosis
  - 12.8.1. Barner (2000)
  - 12.8.2. Zeig (1999)
  - 12.8.3. R. Aguado (2001)
- 12.9. Types of Procedures to Reach the Hypnotic State
- 12.10. Selective Dissociation Focusing (SDF) (© Aguado, R. 2005)
- 12.11. Induced Head Movements (IHM) (© Aguado, R. 2007)
  - 12.11.1. Induced Head Movements Methodology
  - 12.11.2. Why in the Skull, from the Back, Silently and With Hands?
- 12.12. Differentiating Characteristics of IHM From Other Types of Hypnosis

### Module 13. Neurology and Biochemistry of the Hypnotic State

- 13.1. How Does our Brain Work?
- 13.2. Hemispheric Differentiation
- 13.3. From MacLean's Triune Brain to R. Aguado's Fifth Evolutionary Moment
  - 13.3.1. First Moment Reptilian Brain
  - 13.3.2. Second Moment Mammalian Brain
  - 13.3.3. Third Moment Human or Cognitive Brain
  - 13.3.4. Fourth Moment Interhemispheric Specialization
  - 13.3.5. Fifth Moment Orbital Frontal Lobe Specialization



- 13.4. Relationship Between Structures
- 13.5. Biochemical, Neurological Structures and Action Motors
- 13.6. How is a Traumatic Memory Cemented?
- 13.7. Sites of Traumatic Memories
- 13.8. Neurological Inertial Circuits
- 13.9. Neurobiological Change
  - 13.9.1. Pharmacodynamics
  - 13.9.2. Pharmacokinetics
  - 13.9.3. Plasma Level Curve
- 13.10. Implication of Hypnosis in Emotional and Psychopathological Changes

#### **Module 14. Basic Emotional Universes as an Intervention Protocol with Clinical Hypnosis in Mental Disorders**

- 14.1. Introduction and Framing of the Emotional World in Disease
- 14.2. Let's Speak with Authority
- 14.3. Basic Emotional Universes as an Intervention Protocol in Hypnosis
  - 14.3.1. Fear
  - 14.3.2. Rage
  - 14.3.3. Blame
  - 14.3.4. Disgust
  - 14.3.5. Sadness
  - 14.3.6. Surprise
  - 14.3.7. Curiosity
  - 14.3.8. Security/Safety
  - 14.3.9. Admiration
  - 14.3.10. Joy
- 14.4. Fear Intervention in Paroxysmal Anxiety Disorders
- 14.5. Anger Disruptive Behavior and Social Aggressiveness
- 14.6. Guilt Obsessive-Compulsive Disorder and Endogenous Depressions
- 14.7. Disgust Eating Disorders
- 14.8. Sadness Depressive Disorders and Dysthymia
- 14.9. Surprise Generalized Anxiety Disorder
- 14.10. Curiosity Histrionic Personality Disorder

#### **Module 15. Classical Hypnotic Induction Procedures**

- 15.1. Psychoeducational Phase
  - 15.1.1. Suggestibility Scale
  - 15.1.2. Falling backwards
  - 15.1.3. Brick and Sponge (R. Aguado, 1999)
  - 15.1.4. Arm Against the Wall (P. Abozzi, 1996)
  - 15.1.5. Thumb Twist
- 15.2. Hypnotic Induction Phase
  - 15.2.1. Techniques that Fix the Subject's Attention
  - 15.2.2. Fixing on a Light Spot (Braid Method)
  - 15.2.3. Coin Technique (William S. Kroger, 1963)
  - 15.2.4. Candle Procedure (J.P. Guyonnaud)
  - 15.2.5. Weight and Lightness Method with Triple dissociation (R. Aguado 2002)
- 15.3. Techniques for Delving into the Hypnotic State
  - 15.3.1. Hand Levitation (Wolberg, 1948; Milton H. Erickson, 1959)
  - 15.3.2. Mountain Descent (H. Gonzalez Ordi)
  - 15.3.3. Staircase Procedure (various authors, version R. Aguado, 1998)
  - 15.3.4. Blackboard Technique
- 15.4. Stabilization Technique
  - 15.4.1. Boat Method (R. Aguado version, 1999)
  - 15.4.2. Mist Method
  - 15.4.3. Feedback Arm Technique (Thermostat Technique) R. Aguado 2000)
  - 15.4.4. Cloud Technique (R. Aguado, 1998)
- 15.5. Therapeutic Phase
  - 15.5.1. Posthypnotic Phase
  - 15.5.2. Reactivation Phase
- 15.6. Tools with Classical Hypnosis to Solve Anxiety Disorders, Sleep and Pain

## Module 16. Conversational or Post-Hericksonian Hypnotic Induction Procedures

- 16.1. Techniques of the Inverse Metamodel or Milton's Model
- 16.2. Techniques that Omit Information
  - 16.2.1. Nominalizations
  - 16.2.2. Conversion of Words Into Verbs
  - 16.2.3. Use of Non-Tangible Words
  - 16.2.4. Non-Specific Verbs
  - 16.2.5. Omission
  - 16.2.6. Reading the Mind
  - 16.2.7. Omission of the Interpreter
  - 16.2.8. Causal Modeling or Linkage
  - 16.2.9. Illusion of Alternatives
  - 16.2.10. Chaining of Coparable Alternatives
  - 16.2.11. Confusion Technique
- 16.3. Leverage Inductions and Pattern Interruption
  - 16.3.1. Dreaming Arm, Pattern Disruption in Children
  - 16.3.2. Observations of Out-Of-Context Behavior
  - 16.3.3. Empty Words
  - 16.3.4. Incorporation
  - 16.3.5. Catharsis
- 16.4. Simple Inductions
  - 16.4.1. Pacing and Verbal Conduction (5-4-3-2-1 NLP Technique)
  - 16.4.2. Non-Verbal Pacing and Driving
  - 16.4.3. Superposition of Figurative Systems
  - 16.4.4. Access to a Previous Trance State
  - 16.4.5. Spontaneous State of Hypnosis
  - 16.4.6. Anchoring Hypnotic States
  - 16.4.7. Analogous Underline
- 16.5. Advanced Inductions
  - 16.5.1. Overload
  - 16.5.2. Stacked Realities
- 16.6. Process Instructions

## Module 17. Procedures of Selective Dissociation Focusing (SDF)

- 17.1. Definition of SDF
- 17.2. Regression from SDF
- 17.3. Position of the Patient
- 17.4. Position of the Therapist
- 17.5. Use of Silence
- 17.6. Differences Between SDF and Classical and Conversational Techniques
  - 17.6.1. Frontal Plane
  - 17.6.2. Sagittal plane
  - 17.6.3. Transverse plane
- 17.7. Basics of a Case Treated with SDF and Time-Limited Psychotherapy
- 17.8. IHM Technique as an SDF Protocol
- 17.9. U Technique (Emotional Bonding)
- 17.10. Emotional Training

## Module 18. The Emotional Well-Being Therapist

- 18.1. Gardner's Intrapersonal Intelligence
  - 18.1.1. Introduction. What is Intrapersonal Intelligence
  - 18.1.2. How are Personal Intelligences Formed?
  - 18.1.3. Brain Areas Involved in Personal Intelligences
- 18.2. Self-Knowledge
  - 18.2.1. The Importance of Knowing Oneself
  - 18.2.2. I am Like This
  - 18.2.3. I Reflect Myself in You
  - 18.2.4. Tolerating Pain to Avoid Suffering
  - 18.2.5. And If I Am Wrong
  - 18.2.6. I am the Protagonist of my Life
- 18.3. Self Management
  - 18.3.1. The Curve of Emotion
  - 18.3.2. High Intensity and Misaligned Emotions
  - 18.3.3. Taking the Reins in Your Life Being proactive
  - 18.3.4. My Circle of Concern

- 18.4. Difference Between Empathy and Sympathy, and Mirror Neurons
  - 18.4.1. Theory of Mind
  - 18.4.2. Difference Between Empathy and Sympathy
  - 18.4.3. Mirror Neurons
- 18.5. The Therapist-Patient Bond
  - 18.5.1. The Therapist as a Reference
  - 18.5.2. Accompaniment, Containment and Escorting
  - 18.5.3. U Techniques
- 18.6. Introduction to NLP
  - 18.6.1. The Origins
  - 18.6.2. Budgets in NLP
  - 18.6.3. Learning to Listen
  - 18.6.4. Common Submodalities for Common States
- 18.7. Motivational Interview
  - 18.7.1. Origins and Evolution of the MI
  - 18.7.2. General Aspects and Principles of MI
  - 18.7.3. Basic Strategies

## Module 19. A Multifactorial View of Health. Psychoneuroimmunology

- 19.1. What is Psychoneuroimmunology
  - 19.1.1. Definition
  - 19.1.2. Origins and Birth of Psychoneuroimmunology
- 19.2. Communication Routes
  - 19.2.1. Neural Communication
  - 19.2.2. Electrical Phenomena
  - 19.2.3. Neuronal Circuits
  - 19.2.4. The Circulatory System
  - 19.2.5. Blood Circuits
  - 19.2.6. The Lymphatic System

- 19.3. The Psyche-Nervous System-Endocrine System-Immune System Axis (1) The Nervous System
  - 19.3.1. Formation of the Nervous System
  - 19.3.2. Nervous System Structures
  - 19.3.3. Central Nervous System
    - 19.3.3.1. The Spinal Cord
    - 19.3.3.2. The Brainstem
    - 19.3.3.3. Cerebellum
    - 19.3.3.4. The Brain
    - 19.3.3.5. Functional Organization of the Cortex
    - 19.3.3.6. Protection Systems The Meninges
    - 19.3.3.7. Cerebrospinal Fluid
  - 19.3.4. The Peripheral Nervous System
    - 19.3.4.1. Autonomic Nervous System
    - 19.3.4.2. Somatic Nervous System
- 19.4. The Psyche-Nervous System-Endocrine System-Immune System Axis (2) The Endocrine System
  - 19.4.1. Connection with the Nervous System and Functioning of the Endocrine System
  - 19.4.2. Hypothalamus and Pituitary Hormones
  - 19.4.3. Peripheral Glands and Hormones
- 19.5. The Psyche-Nervous System-Endocrine System-Immune System Axis (3) The Immune System
  - 19.5.1. Introduction to Immune System Functioning
  - 19.5.2. Defense Levels
  - 19.5.3. Immunological Memory
  - 19.5.4. Immune System Problems
- 19.6 The Psyche-Nervous System-Endocrine System-Immune System Axis (4) Interaction Between Systems
  - 19.6.1. Influence Between Systems
  - 19.6.2. Bereavement, Depression and the Immune System
- 19.7. Emotion, Personality and Illness

- 19.8. The Process of Getting Sick. Biopsychosocial Model of Health
  - 19.8.1. The Concept of Health Throughout History
  - 19.8.2. Biomedical Model
  - 19.8.3. Biopsychosocial Model of Health
- 19.9. Healthy Living
  - 19.9.1. Health Behavior
  - 19.9.2. Personality and Health
  - 19.9.3. How to Improve Psychoneuroimmunological Functioning

## Module 20. Mindfulness

- 20.1. From the Origin Meditation
  - 20.1.1. Definition: What is Meditation
    - 20.1.1.1. Meditation as a State of Consciousness
    - 20.1.1.2. Meditation as a Technique to Develop Consciousness
- 20.2. What is Mindfulness
  - 20.2.1. The Beginnings
  - 20.2.2. What is Mindfulness
  - 20.2.3. Benefits and Scientific Evidence
  - 20.2.4. Formal and Informal Practice
  - 20.2.5. Mindfulness Exercise for Today
- 20.3. Attitudes in Mindfulness
  - 20.3.1. Don't Judge
  - 20.3.2. Patience
  - 20.3.3. Beginner's Mind
  - 20.3.4. Trust
  - 20.3.5. No Effort
  - 20.3.6. Acceptance





- 20.3.7. Release
- 20.4. Compassion and Self-Compassion
  - 20.4.1. Introduction
  - 20.4.2. Compassion
  - 20.4.3. Self-Compassion
- 20.5. Directing Attention
  - 20.5.1. Find a Comfortable Posture
  - 20.5.2. Focus on Your Breathing
  - 20.5.3. Feel Your Body
  - 20.5.4. Allows Entry to Feelings and Emotions
  - 20.5.5. Stop Fighting Your Thoughts
- 20.6. Fields of Application
  - 20.6.1. Mindfulness in the West
  - 20.6.2. Mindfulness in Companies
  - 20.6.3. Mindfulness in the Educational Context
  - 20.6.4. Mindfulness in the Sports Context
  - 20.6.5. Mindfulness and Health
- 20.7. Mindfulness for Children
  - 20.7.1. Application and Benefits of Mindfulness in the Child Population
  - 20.7.2. The Role of the Mindfulness Mentor or Companion for Children
- 20.8. Mindfulness and ADHD
  - 20.8.1. Justifying the Use of Mindfulness in Patients with ADHD
  - 20.8.2. A Mindfulness Program for ADHD
- 20.9. Stress, Anxiety and Mindfulness
  - 20.9.1. Stress and Anxiety in the Society of the 21st Century
  - 20.9.2. Mindfulness as a Technique to Decrease Stress and Anxiety
  - 20.9.3. Mindfulness-Based Stress Reduction Program (REBAP)
- 20.10. Mindfulness and Impulse Disorder Related Disorders
  - 20.10.1. Mindfulness and Addictions
    - 20.10.1.1. The Addict Patient
    - 20.10.1.2. How Can Mindfulness Help?
  - 20.10.2. Mindfulness and Obsessive Compulsive Disorder
- 20.11. Mindfulness and Eating Disorders
  - 20.11.1. The Complexity of Eating Disorders
  - 20.11.2. Benefits of Using Mindfulness
- 20.12. Mindfulness in Psychotherapy: Cognitive Therapy based on Mindfulness
  - 20.12.1. Introduction and Fundamental Objectives
  - 20.12.2. Intervention Protocol
- 20.13. Mindfulness in Psychotherapy: Acceptance and Commitment Therapy
  - 20.13.1. Relational Frame Theory (RFT)
  - 20.13.2. Experiential Avoidant Disorder (EAD)
  - 20.13.3. Acceptance and Commitment Therapy Research
- 20.14. Mindfulness in Psychotherapy: Dialectical Behavioral Therapy
  - 20.14.1. Dialectical Behavioral Therapy and Borderline Personality Disorder
  - 20.14.2. The Three Fundamentals of Dialectical Behavior Therapy
  - 20.14.3. Treatment

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.



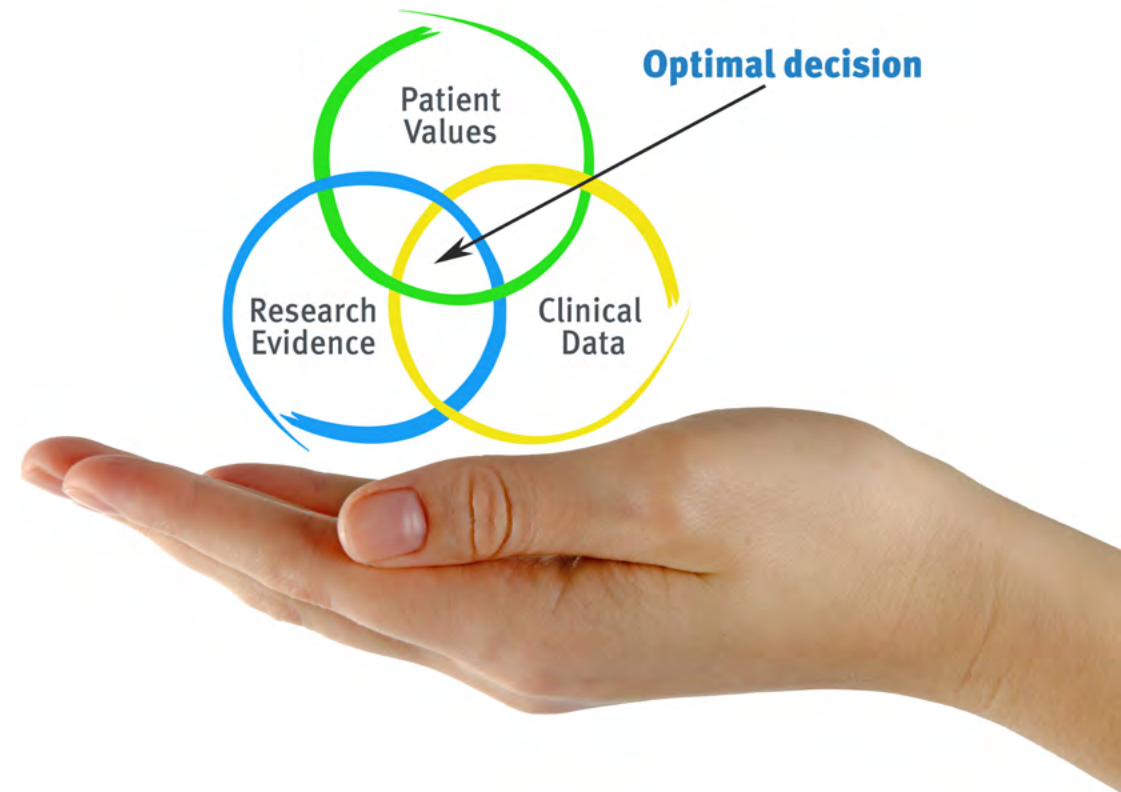
“

*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.

“

*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 relearn). 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

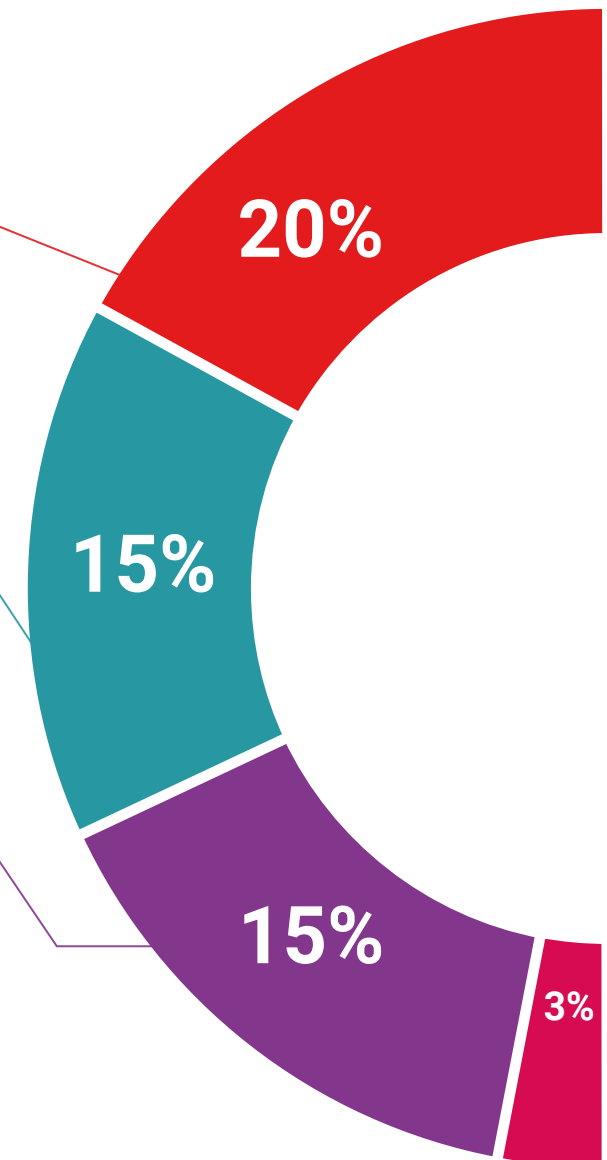
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

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

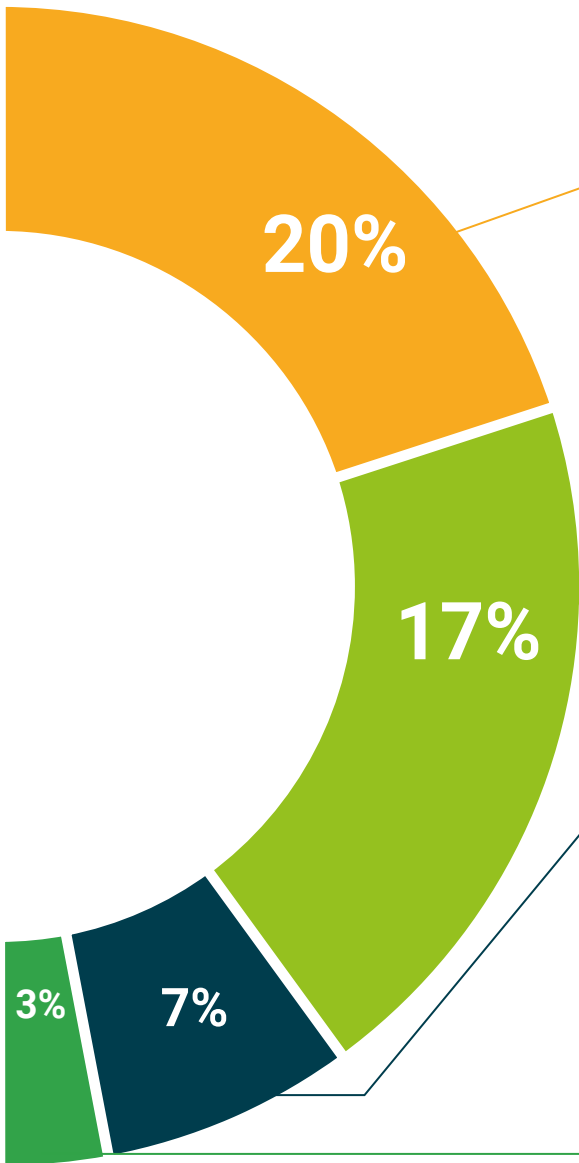


#### Additional Reading

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

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





“

*Successfully complete this program  
and receive your university degree  
without travel or laborious paperwork”*

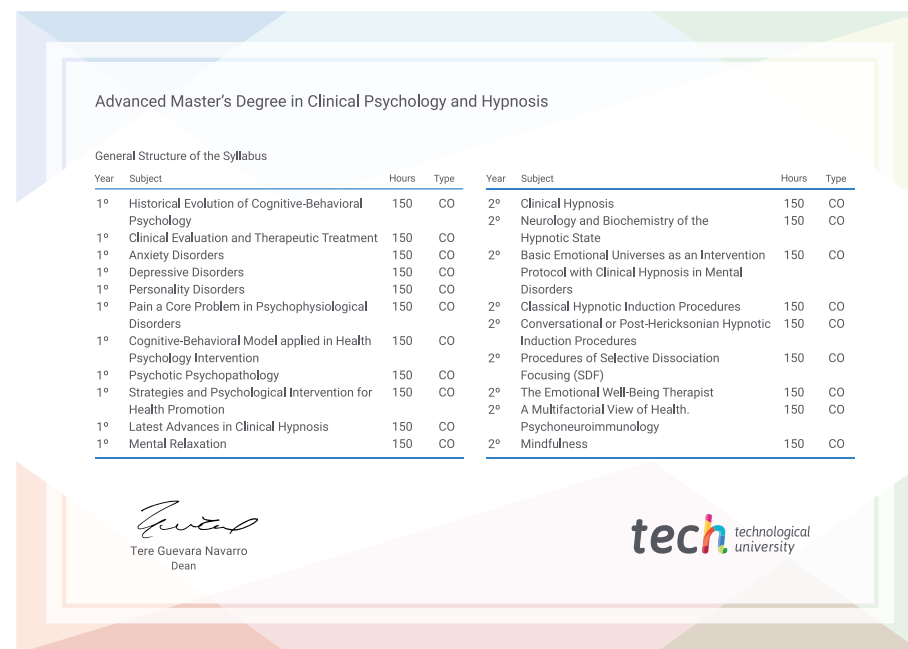
This **Advanced Master's Degree in Clinical Psychology and Hypnosis** contains the most complete and up-to-date program on the market.

After the student has passed the assessments, they will receive their corresponding **Advanced Master's Degree** issued by **TECH Technological University** via tracked delivery\*.

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

Title: **Advanced Master's Degree in Clinical Psychology and Hypnosis**

Official N° of hours: **3,000 h.**



\*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.

future

health confidence people

education information tutors

guarantee accreditation teaching

institutions technology learning

community commitment

personalized service innovation

knowledge present quality

development languages

virtual classroom

**tech** technological  
university

Advanced Master's  
Degree  
Clinical Psychology  
and Hypnosis

Course Modality: Online

Duration: 2 years

Certificate: TECH Technological University

Teaching Hours: 3,000 h.

# Advanced Master's Degree Clinical Psychology and Hypnosis