

**COURSE DATA****Data Subject**

<b>Code</b>	44188
<b>Name</b>	Intervention in health psychology
<b>Cycle</b>	Master's degree
<b>ECTS Credits</b>	12.0
<b>Academic year</b>	2020 - 2021

**Study (s)**

<b>Degree</b>	<b>Center</b>	<b>Acad. year</b>	<b>Period</b>
2191 - Master's Degree in General Psychology Health	Faculty of Psychology and Speech Therapy	1	First term
2244 - Master's Degree in General Psychology Health	Faculty of Psychology and Speech Therapy	1	First term

**Subject-matter**

<b>Degree</b>	<b>Subject-matter</b>	<b>Character</b>
2191 - Master's Degree in General Psychology Health	3 - Intervention in health psychology	Obligatory
2244 - Master's Degree in General Psychology Health	3 - Intervention in health psychology	Obligatory

**Coordination**

<b>Name</b>	<b>Department</b>
ATIENZA GONZALEZ, FRANCISCO L.	295 - Personality, Evaluation and Psychological Treatment
CASTILLO FERNANDEZ, ISABEL MARIA	306 - Social Psychology
COTOLI CRESPO, MARIA AMPARO	295 - Personality, Evaluation and Psychological Treatment

**SUMMARY**

This course aims to train students in all aspects that relate to the psychological intervention should know and use the General Health Psychologist. What are the different models of intervention based on evidence in the field of Health General Psychology, as well as the most important techniques and procedures for addressing behavioral disorders in psychosocial and social factors associated with welfare and Health. All this both adults and children. It also aims to train students in the different types of psychological



intervention techniques, and contemporary theories of motivation for understanding the processes by which people develop welfare or discomfort in different contexts.

Special emphasis will be placed on the knowledge and application of key evidence-based treatments for different disorders in adjustment reactions to anxiety and depression.

Another aspect that aims to cover this subject is knowledge of the main techniques of psychosocial rehabilitation of severe mental disorders and long lasting.

## PREVIOUS KNOWLEDGE

### Relationship to other subjects of the same degree

There are no specified enrollment restrictions with other subjects of the curriculum.

### Other requirements

No prerequisites

## COMPETENCES (RD 1393/2007) // LEARNING OUTCOMES (RD 822/2021)

### 2191 - Master's Degree in General Psychology Health

- Have a concern for achieving quality work.
- Students should apply acquired knowledge to solve problems in unfamiliar contexts within their field of study, including multidisciplinary scenarios.
- Students should be able to integrate knowledge and address the complexity of making informed judgments based on incomplete or limited information, including reflections on the social and ethical responsibilities associated with the application of their knowledge and judgments.
- Students should communicate conclusions and underlying knowledge clearly and unambiguously to both specialized and non-specialized audiences.
- Students should demonstrate self-directed learning skills for continued academic growth.
- Have a good command of effective oral communication skills in multiple formats (e.g., group discussion, debate, conference, etc.) and for multiple purposes (e.g., inform, defend, explain, persuade, argue, teach, etc.).
- Acquire, develop and implement a comprehensive health concept that includes the biopsychosocial components of health, in accordance with the guidelines established by WHO.
- Know the policy framework of a general health psychologist and be able to refer patients to the appropriate specialist.
- Work from the perspective of quality and continuous improvement, with a self-critical capacity, necessary for a responsible professional performance.
- Know the duties and responsibilities of health professionals as regards confidentiality of information and protection of personal data of patients.



- Learn more about the different models of assessment and intervention in the field of general health psychology, as well as the techniques and procedures deriving from them for addressing behaviour disorders and the psychological factors associated with health problems.
- : Design, develop and, where appropriate, monitor and evaluate plans and programmes of psychological intervention, according to the psychological assessment and the individual and social variables occurring in each case.
- Perform activities aimed at the promotion of and education on psychological health of individuals and communities.
- Formulate working hypotheses in research and collect and critically evaluate information to solve problems applying the scientific method.
- Critically analyse and use sources of clinical information.
- Use information and communication technology in professional practice.

### **LEARNING OUTCOMES (RD 1393/2007) // NO CONTENT (RD 822/2021)**

- Manage intervention techniques in health psychology, both adults and children.
- Differentiate between models of psychological intervention in health psychology.
- Identify, describe, evaluate and implement evidence-based interventions in health psychology.
- Apply the cognitive model, as well as the various techniques and procedures of restructuring and cognitive-behavioral, constructionist, linguistic and narrative that flow from them for addressing behavioral disorders and cognitive psychological factors associated with health problems.
- Design, develop and, where appropriate, monitor and evaluate plans and programs of different cognitive intervention, depending on the psychological assessment and individual and social variables competing in each case, from the broad perspective of cognitive models.
- Apply procedures mindfulness and hypnosis to alleviate and / or prevent health problems and to promote adherence to treatment and motivation of the user in solving your problem.
- Using metaphors to help understand the quality of the user's problem and to promote treatment adherence and motivation of the user to prevent and / or alleviate the onset of health problems.
- Know the main psychological interventions supported by the evidence for the rehabilitation of severe mental disorders.
- Be able to develop an individualized rehabilitation plan.
- Delineate and evaluate the psychological well-being and health-related behaviors and psychosocial and social factors that favor and / or put them at risk.
- Know contemporary theories of motivation that allow you to understand the processes by which people develop welfare or discomfort in different contexts.
- Know and apply the main evidence-based treatments for various health and psychological disorders, especially those related to adjustment reactions to anxiety and depression.



## DESCRIPTION OF CONTENTS

### 1. Cognitive models: restructuring approach and cognitive-behavioral intervention in the field of General Psychology Health

1. Introduction to cognitive-behavioral approaches.  
History of scientific discipline and cognitive therapy  
Broad lines of cognitive intervention  
The prospect of cognitive-behavioral therapy  
Cognitive therapy Beck  
The rational-emotive behavioral therapy Ellis  
The prospect of the third generation of cognitive therapies behavioral
2. Behavioral and cognitive techniques.  
The therapeutic process  
Cognitive-behavioral therapy  
Cognitive therapy Beck  
Techniques for the evaluation and treatment of distortions cognitive relevant  
The rational-emotive behavioral therapy Ellis  
Evaluation and change of irrational ideas  
Therapy of the third generation of cognitive therapies behavioral  
Based therapies mindfulness:  
Therapy Segal and Teasdale  
The acceptance and commitment therapy Hayes  
Behavioral activation therapy
3. Effective psychological treatments.  
The evidence-based psychology  
Development of guidelines  
Evidence of efficacy for various psychological problems third wave therapies
4. Difussion of cognitive-behavioral treatments in the health field.  
Application of knowledge empirically validated applied to the area of the clinical and health psychology  
Evidence available to establish the necessary conditions for transportability of interventions to the contexts in which mental health services are provided  
Maximization of dissemination through new technologies

### 2. Cognitive models: constructionist, linguistic and narrative approaches to intervention

1. The evolution of cognitive psychotherapies: step towards constructivism and narrative.
  - a. Introduction: The transition from classical to current
  - b. major types of cognitive psychotherapies
  - c. The transition from classic therapies to new
  - d. Constructivism in Psychotherapy





2. The language and narrative in cognitive psychotherapy.

- a. The narrative approach
- b. Core items
- c. What is a narrative
- d. Psychotherapy and narrative approach

3. The linguistic therapy of evaluation

- a. Introduction
- b. General Semantics in psychology and psychotherapy
- c. The role of language
- d. The difference in structure
- e. The three non-Aristotelian premises
- f. The intentional orientation vs. extensional orientation
- g. The clinical attitude extensional
- h. The delay in action
- i. Main techniques TLE
- i. Working with assessments
- ii. The general semantic debate
- iii. The orders of abstraction
- iv. Extensional devices

### **3. Health Psychology cross Procedures**

1. Hypnosis in the field of Health Psychology.

1.1 hypnosis as health provision: legal aspects. 1.2 Empirical support the efficiency and effectiveness of hypnosis in applied fields such as set of procedures and inter interdisciplinary approaches psychological intervention (mainstreaming). Demystifying 1.3 hypnosis: experimental and theoretical bases of hypnosis. 1.4 Definitions of hypnosis. 1.5 Main forms of induction and handling of suggestions, suggestions types applied, and intervention scheme. 1.6 Establishing rapport and therapeutic alliance using hypnosis: Presentation practice of hypnosis, hypnotic suggestibility Assessment, attitudes toward hypnosis and intervention in general. 1.7. Using metaphors in hypnosis, motivational questions. 1.8 Some health applications.

2. The use of metaphors in the field of health psychology and therapeutic process. 2.1 Mainstreaming of metaphors and other related concepts (similes, allegories, parables, comparisons, tropes, etc.) within the framework of psychotherapies, clinical psychology, and psychological intervention in general. 2.2 theoretical and empirical basis of the functioning of metaphors. 2.3 Main functions of metaphors, norms that must be considered, possible unwanted effects, and applications of metaphors. 2.4. Some healthcare applications.



#### **4. Psychosocial rehabilitation of severe mental disorders**

1. Introduction to Psychosocial Rehabilitation.
  - 1.1. Psychiatric Reform
  - 1.2. Fundamentals of psychosocial rehabilitation
  - 1.3. Resources in the care of mentally ill serious
  - 1.4. Communication and therapeutic relationship
2. Development of Individualized Intervention Plan.
  - 2.1. The diathesis-stress model
  - 2.2. Objectives and assessment areas
  - 2.3. Techniques and instruments
  - 2.4. TreatmentsPharmacotherapy  
Psychosocial rehabilitation
3. Integrated Psychological Therapy for schizophrenia.
  - 3.1. Introduction
  - 3.2. Modules or programs
    - Cognitive Differentiation
    - Social perception
    - Verbal communication
    - Social skills
    - Problem resolution
4. Other intervention programs.
  - 4.1. Psycho-educational programs
  - 4.2. Neurocognitive intervention programs and social cognitionNeurocognitive rehabilitation  
Social cognition

#### **5. General Health Psychologist intervention in adjustment reactions with anxiety component type**

1. Introduction to the treatment of adjustment reaction with anxiety component type. Forms of manifestation and anxiety focus of clinical attention.
2. Information and communication recommendations to the patient. Main recommendations to the patient, family, couple and order of application of treatments. Criteria for referral to mental health consultations.
3. Treatment and prevention based on evidence and international guidelines. Evidence-based treatments according to each disorder.



## **6. General Health Psychologist intervention in adjustment reactions with depressive component**

1. Introduction to the treatment of depressive adjustment reactions.
  - Treatments based on evidence and international guidelines (model steps from the NICE guide).
2. Analysis of intervention programs for depressive spectrum disorders.
  - Behavioral activation.
  - Cognitive therapy for depression.
  - Mindfulness-based cognitive therapy for relapse prevention of depression.
  - Based on positive psychology interventions: optimism, compassion etc
  - Other programs and interventions.

## **7. General Health Psychologist intervention in child and adolescent field**

1. Introduction:  
Characteristics of child and adolescent therapy  
Essential characteristics of the therapist  
Standard Intervention Guidelines
2. Basic techniques in child and adolescent intervention  
Behavior modification techniques  
Muscle relaxation techniques  
Imaginative relaxation techniques  
Social Skills and Communication: family relationships  
Techniques to enhance self-esteem  
Brief Strategic Therapy in Children and Adolescents
3. General considerations in the hospital setting: the disease in children and adolescents.
4. Case Study: depression, anxiety and fears, pain, naysayers behaviors.

## **8. Intervention in social contexts for promoting wellness and healthy lifestyles**

1. Psychosocial factors influencing the welfare and health-related behaviors. 1.1. Introduction. 1.2. Importance of psychosocial factors in promoting the welfare and health-related behaviors. 1.3. Importance of significant others in promoting the welfare and health-related behaviors.
2. Main contemporary theories of motivation that help us interpret the development of well-being / discomfort. 2.1. Theory of Achievement Goal. 2.1.1. Basic components of the theory of achievement goals. 2.1.2. dispositional goal orientations and motivational climate: main dimensions. 2.1.3. Evaluation of the main components of the Theory of Achievement Goal. 2.2. Self-Determination Theory. 2.2.1. basic components of the Self-Determination Theory. 2.2.2. Basic Psychological needs, self-determined motivation and interpersonal styles of authority figures Main Dimensions. 2.3. Research within the framework of the theories of Achievement Goals and Self-Determination Theory related to welfare.
3. Design and implementation of intervention programs to promote health and well-being in different social contexts. 3.1. Interventions within the framework of the Theory of Achievement Goal and Self-



Determination Theory in achievement contexts. 3.2. Proposal of a teacher training program to promote the psychological well-being of young people. 3.2.1. Phases of the intervention program. to. Familiarizing educators with the group. b. Evaluation study of reality. c. Analysis of motivational climate created in the group under basic motivational theories. d. Report of the evaluation, design and implementation of the intervention program. 3.2.2. Intervention strategies and techniques. to. Teacher training. 3.3. Evaluation of the intervention program. 4. Examples of interventions and their impact on public health

### 9. Specific guidelines for action General Health Psychologist

1. The performance of General Health Psychologist.
2. The intervention process General Health Psychologist.
3. Differences in the psychological intervention between the public and private health system.
4. Guides, protocols, classifications and therapeutic process.

## WORKLOAD

ACTIVITY	Hours	% To be attended
Theoretical and practical classes	120,00	100
Development of group work	20,00	0
Development of individual work	20,00	0
Study and independent work	40,00	0
Readings supplementary material	10,00	0
Preparation of evaluation activities	20,00	0
Preparing lectures	20,00	0
Preparation of practical classes and problem	20,00	0
Resolution of case studies	30,00	0
<b>TOTAL</b>	<b>300,00</b>	

## TEACHING METHODOLOGY

Group learning with the teacher. In class attendance lecture model will be used, since this model offers the ability to provide an overview of the topic and influence those key concepts for understanding. Also, students indicate those most suitable for further preparation of the subject in depth resources.

Also, teaching is complemented by the performance of work, individual and group, where self-employment is encouraged and group.

Ruled tutoring assistance. In the tutorials teachers guide students in building their knowledge; orient in the elaboration of the work, resolve doubts or difficulties related to the subject. They will be in groups to solve problems, to work, etc.

Virtual Classroom (<http://pizarra.uv.es>). In this virtual space, students can find documents relevant information or news subjects. Teachers deposited all the information they consider appropriate for the





development of matter.

Most innovative as the case study teaching, solving exercises and problems, problem-based learning, project-oriented learning and cooperative learning using interdisciplinary groups in the practice sessions and in conducting group work

## EVALUATION

### EVALUATION SYSTEM

Assessment of theoretical and practical contents by written test of response alternatives.

Attendance at seminars/conferences. Activities.

### WEIGHING

Assessment of theoretical and practical content through written test of response alternatives (30% of the final score, recoverable). Attendance at seminars/conferences (10% of the final score, not recoverable). Activities (60% of the final score, recoverable). In the second call, the activities will be recoverable by taking a written test that assesses the acquisition of learning results.

### MINIMUM REQUIREMENTS

To pass the subject in 1st or 2nd call, it will be necessary to achieve a minimum mastery of 50% in the valuation of theoretical and practical contents by means of written test of response alternatives (30% of the final score, recoverable).

### RATING SYSTEM

The qualification of the subject will be subject to the provisions of the Evaluation and Qualification Regulations of the Universitat de València for degrees and master degrees (ACGUV 108/2017).

Only the different sections included in the evaluation will be added when the minimum requirements established.

The granting of an Honor Qualification will be based on the regulations regarding the University of Valencia, which takes into account the number of Honor Qualification per group. The evaluation of theoretical and practical contents by means of a written test of response alternatives will also include a development question that can be considered for the Honors Qualification (QH) award. In this regard, we will start with the number of MH that can be granted in each of the groups. Based on this, the possibility of granting the MH to the students will be assessed based on the total score obtained by the student on 10 points, and only in those cases in which the grade is 9 points or higher. In order to qualify for Honor Qualification, students must have completed the development question whose assessment will serve to determine the Honor Qualification assignment in those cases in which the students that can accede to it are superior to the ones of qualifications of honor that can be awarded and / or in case of a tie in the grade obtained by the student about 10 points.

The grade of the subject will incorporate the grade obtained in first call according to the following rules:

- If there is no qualification in the assessment section of theoretical and practical contents, by means of a written test of response alternatives, the grade will be **NOT PRESENTED**, regardless of attendance at seminars/conferences and of activities carried out.



- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this does not meet the minimum requirements, a **SUSPENSIVE** and numerical note will be recorded on base 10 of the qualification of this section.

In the second call, proceed according to the following rules:

- If there is no qualification in the assessment section of theoretical and practical contents, by means of a written test of response alternatives, the grade will be **NOT PRESENTED**, regardless of attendance at seminars/conferences and of activities carried out.

- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this does not meet the minimum requirements, a **SUSPENSIVE** and numerical note will be recorded on base 10 of the qualification of this section.

- If there is a qualification in the assessment section of theoretical and practical contents by means of a written test of response alternatives, and this meets the minimum requirements, the assessment for attendance at seminars/conferences and/or assessment of activities.

The consultation and challenge of the qualification obtained in evaluation tasks, will be subject to the provisions of the Rules of Challenging Qualifications (ACGUV of april 29, 2008).

<http://www.uv.es/=sgeneral/Reglamentacio/Doc/Estudis/C9.pdf>

## REFERENCES

### Basic

- Referència b1: Labrador, F.J. (2008) Técnicas de modificación de conducta. Madrid: Pirámide.
- Referència b2: Labrador, F.J. y Crespo, M. (Coord.) (2012) . Psicología clínica basada en la evidencia. Madrid: Pirámide.
- Referència b3: Caro, I. (1997). Manual de psicoterapias cognitivas. Barcelona: Paidós.
- Referència b4: Caro, I. (2011). Hacia una práctica eficaz de las psicoterapias cognitivas. Bilbao: DDB.
- Referència b5: Capafons, A. (2012). Hipnosis (2ª edición ampliada y revisada). Madrid: Síntesis
- Referència b6: Costa, M., & López-Méndez, E. (2008). El uso de metáforas en Psicología Clínica. En F. J. Labrador, (Ed.), Técnicas de modificación de conducta. (pp.715-726). Madrid: Pirámide.
- Referència b8: Penadés, R. y Gascó, C. (2010). El tratamiento de rehabilitación neurocognitiva en la esquizofrenia. Barcelona: Herder.
- Referència b9: Parada Torres, E. (2008). Psicología y Emergencias. Bilbao, DDB, 2ª edición.
- Referència b10: Pérez-Sales, P. (2006). Trauma, culpa y duelo. Bilbao, DDB.
- Referència b11: Baumeister, H., Maercker, A. Y Casey, P . (2009). Adjustment Disorder with Depressed Mood. Psychopathology, 42, 139-147.



- Referència b12: Robles Ortega, H. (2011). Trastornos adaptativos. En V. Caballo, I. Salazar & J.A. Carrobbles (Dirs.) Manual de psicopatología y trastornos psicológicos. Pirámide, Madrid.
- Referència b13: Méndez, F.X., Espada, J.P. y Orgilés, M. (Coord.) (2006). Terapia Psicológica con niños y adolescentes: Estudio de casos clínicos. Madrid: Pirámide.
- Referència b14: Moreno, I. (2002). Terapia de conducta en la infancia: Guía de intervención. Madrid: Pirámide.
- Referència b15: Rebolleda, C. (2020). Neurocognición, cognición social y metacognición en psicosis. Madrid: Pirámide.
- Referència b16: Pastor, Y., Balaguer, I. y García-Merita, M. L. (1999). Estilo de vida y salud. Valencia: Albatros.
- Referència b7: Roder, V., Brenner, H.D., Kienzle, N y Fuentes, I. (2007). Terapia Psicológica Integrada para la Esquizofrenia. Granada: Alborán.

#### **Additional**

- Referència c1: Pérez Álvarez, M., Fernández Hermida, J.R., Fernández Rodríguez, C. y Amigo Vázquez, I. (2003). Guía de tratamientos psicológicos eficaces II. Psicología de la Salud. Madrid: Pirámide.
- Referència c2: Labrador, F., Echeburúa, E. y Becoña, E. (2000). Guía para la elección de los tratamientos psicológicos efectivos. Madrid: Dyckinson. (págs. 93-161).
- Referència c3: Ruiz, M.A. Díaz M.I. y Villalobos A. (eds.) (2012) , Manual de Técnicas de Intervención Cognitivo Conductuales. Bilbao: Desclée de Brouwer.
- Referència c4: Gonçalves, O.F. (2002). Psicoterapia narrativa. Manual de terapia breve. Bilbao: DDB.
- Referència c5: Neimeyer, R.A. (2013). Psicoterapia constructivista. Rasgos distintivos. Bilbao: DDB.
- Referència c6: Neimeyer, R. y Mahoney. M. (comps.) (1995). Constructivismo en psicoterapia. Barcelona: Paidós. (Edición castellana de 1998).
- Referència c7: Mendoza, M<sup>a</sup> E. & Capafons, A. (2009). Eficacia de la hipnosis clínica: resumen de su evidencia empírica. Papeles del Psicólogo, 30(2), 98-116. <http://www.papelesdelpsicologo.es/pdf/1699.pdf>
- Referència c8: Yapko, M.D. (2008). Tratado de hipnosis clínica. Madrid: Palmyra.
- Referència c9: Casula, C. (2006). Jardines, princesas y puercos espines. Construyendo metáforas. Mexico D.F. (México): Alom Editores, SA. De CV.



## **ADDENDUM COVID-19**

**This addendum will only be activated if the health situation requires so and with the prior agreement of the Governing Council**

### 1. Contents

The contents of the teaching guide are maintained.

### 2. Volume of work and temporary planning of teaching

The subject is taught in the first semester for degree 2191 and for degree 2244.

Teaching adapted based on the ACGUV of July 1, 2020 for the official degrees of the Universitat de València in the first semester of the 2020-21 academic year.

Hybrid teaching model with restricted attendance during the first semester, combining attendance and non-attendance, synchronous or asynchronous. 42% of the teaching will be done with presentiality and 58% of the teaching will be non presential.

### 3. Teaching methodology

The presential teaching will be mainly aimed at solving doubts and carrying out activities and will have a model of attendance for days. In non presential teaching, synchronous modalities that favor direct interaction with students will be prioritized.

Active and participatory methodology carried out face-to-face and non-face-to-face, through the resources available in the Virtual Classroom, integrating different instructional methodologies in order to enhance the significant learning of the knowledge involved and the development of the subject's own competences. Continuous evaluation activities will be promoted.

Deposit of material in the Virtual Classroom for the development of presential and non presential teaching.

Proposal of activities to be carried out in presential and non presential forms.

Videoconference via Blackboard Collaborate (preferably synchronous).

Presentations recorded and with annotations.

Discussions forum in Virtual Classroom.

Solutions to the proposed activities and comments on tasks carried out.

Tutoring by videoconference with Blackboard Collaborate.

Forum in Virtual Classroom to monitor sessions and tutorials.

Email @alumni for tutorials and monitoring of how teaching takes place.





#### 4. Evaluation

**WEIGHTING:** The weight in the final grade of the continuous evaluation is increased: Assessment of theoretical and practical contents by means of written test of response alternatives (30% of the final grade, recoverable). Attendance at seminars/conferences (10% of the final grade, not recoverable). Activities (60% of the final grade, recoverable).

#### **RATING SYSTEM:**

The final test will be done in person. When the sanitary circumstances did not allow its realization in person, its realization would be articulated through the virtual Classroom.

The aspects of the Evaluation included in the Teaching Guide and which are not mentioned in this Addendum, remain as they are included in the Guide.

#### 5. Bibliography

Bibliography is maintained. The materials necessary for completing the tasks and the proper development of learning will be incorporated and/or linked by the teachers in the virtual classroom.