



## COURSE DATA

### Data Subject

<b>Code</b>	44192
<b>Name</b>	Psychological assessment and intervention in special situations
<b>Cycle</b>	Master's degree
<b>ECTS Credits</b>	6.0
<b>Academic year</b>	2024 - 2025

### Study (s)

<b>Degree</b>	<b>Center</b>	<b>Acad. year</b>	<b>Period</b>
2244 - Master's Degree in General Psychology Health	Faculty of Psychology and Speech Therapy	1	Second term
2255 - Master's Degree in General Psychology Health (Ontinyent)	Faculty of Psychology and Speech Therapy	1	Second term

### Subject-matter

<b>Degree</b>	<b>Subject-matter</b>	<b>Character</b>
2244 - Master's Degree in General Psychology Health	7 - Psychological assessment and intervention in special situations	Optional
2255 - Master's Degree in General Psychology Health (Ontinyent)	7 - Psychological assessment and intervention in special situations	Optional

### Coordination

<b>Name</b>	<b>Department</b>
ATIENZA GONZALEZ, FRANCISCO L.	295 - Personality, Evaluation and Psychological Treatment
DIAZ MARTINEZ, AMELIA	295 - Personality, Evaluation and Psychological Treatment
PEREZ RODRIGUEZ, MARIA SANDRA	295 - Personality, Evaluation and Psychological Treatment

**SUMMARY**

The course focuses on the process of assessment and intervention in various special situations that in the future the General Health Psychologist face. Situations begin with the assessment and intervention of caregivers who devote a significant part of their time to care for other dependents. Second, the work of the health psychologist focuses on extreme situations such as that produced by disasters, crisis or emergency situations, in which the psychologist has a key role since the beginning of this situation. Third, the psychologist will form in the neuropsychological assessment and intervention and neurodegenerative disorders associated with aging. Fourthly it will be trained in the assessment and intervention in families at risk. Then the situation of persons and families who are in the final phase of his life, palliative care and bereavement be treated. Finally, the training ends in the field of psychological adaptation to chronic diseases.

**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**

- Know how to use information and communication technology with different objectives for improving professional skills (relationships with other professionals, gathering of information, dissemination of knowledge, etc.)
- 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.
- Students should possess and understand foundational knowledge that enables original thinking and research in the field.



- 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.
- Work from the perspective of quality and continuous improvement, with a self-critical capacity, necessary for a responsible professional performance.
- 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.
- Use information and communication technology in professional practice.

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

- Describe, assess and evaluate the relevant processes and psychological variables in family and people directly dependent care.
- Know and apply programs and intervention strategies caregivers of dependents: support programs, informative, psychotherapeutic, psychoeducational and mutual aid.
- Apply the main instruments and procedures for evaluating protective factors and vulnerability in families at risk.
- Know the risk factors of conflict and maladjustment in adoption.
- Apply psychological intervention procedures that promote adaptation and cohesion in the family
- Know how to evaluate and implement health psychological interventions in chronic diseases (chronic pain, cancer, cardiovascular disorders - vascular).
- Know the main strategies of intervention with people at palliative care and support in situations of mourning.
- Being able to perform a psychological intervention in the field of neurodegenerative disorders considering the psychobiological factors and appropriate neuropsychological batteries.

## **DESCRIPTION OF CONTENTS**

### **1. Intervention programs in caregivers**

#### 1. Basic Concepts

##### 1.1. Dependency

##### 1.2. Concept of caregiver and types of caregivers

##### 1.3. Process of caring for a dependent person

#### 2. The cost of caring. Caregiver assessment

##### 2.1 Relevant variables: depression, anxiety, anger, burden, satisfaction,

##### 3. Intervention programs for caregivers



- 3.1. Relieve
- 3.2. Psychoeducational
- 3.3. Self-help
- 3.4. Psychotherapeutical

## **2. Psychological intervention in crisis situations, emergencies and disasters**

1. Introduction to Psychology emergency.
2. Psychological impact on victims.
3. Statement by the emergency-disaster psychologist.
4. Intervention in traumatic pathologies.

## **3. Neuropsychological Evaluation and Intervention in neurodegenerative disorders associated with aging**

1. Brain health as a key factor for active aging:
  - Concepts of brain health and cognitive reserve
  - Brain plasticity and neurogenesis
  - Risk factors and factors of brain health promoters
2. Alzheimer's disease and other neurodegenerative disorders: diagnostic criteria and evaluation
  - Diagnostic Criteria for Disease Alzheimer
  - Need for Biomarkers
  - Evaluation instruments
3. New perspectives in the prevention and treatment of Alzheimer's disease and other dementias
  - Drugs for treatment of Alzheimer's disease
  - Clinical trials on the prevention of Alzheimer's Disease
  - Multi-component treatments

## **4. Assessment and intervention for families at risk**

1. Family life, relationship styles and risk in the family
  - a) Family lifestyle in different types of families (biological, single-parent, adoptive, immigrants, reconstructed ...)
  - b) Families at risk, at-risk families: household vulnerability
2. Tools for evaluating styles and parenting practices: analysis and early detection of risk factors.
3. Orientation, education and intervention in families:
  - a) Factors to be developed in intervention programs to reduce risk factors, taking into account the familiar configuration and environment.
  - b) Preventive intervention strategies.



## **5. Palliative Care and Bereavement**

1. Coping death by patients, families and professionals
  - Assuming death as part of life
2. The psychological care to patients at end of life. Modes of intervention
  - General Interventions aimed at global welfare
  - Specific interventions on specific issues: pain, anxiety, depression
3. The family, before and after death. Prevention of complicated grief
  - Risk factors and protection.
  - The anticipatory grief
  - Therapeutic for complicated grief
4. Caring for the health personnel. Preventing compassion fatigue
  - Risks quality care
  - Prevention of burnout and compassion fatigue
  - Treatment of burnout and compassion fatigue

## **6. Psychological adaptation to chronic diseases**

1. Characterization and impact of chronic disease. It describes what is meant by EC, which is currently prevalence and areas that impact.
2. Delimiting the adjustment to chronic disease. multidimensional, dynamic, positive and negative indicators, contextualized and heterogeneous: the characteristics of the adjustment to the EC are addressed.
3. Contributing factors in adjustment to chronic disease. the main theoretical frameworks presented in the study of the determinants of adjustment to the EC and the existing results are discussed regarding the determinants of adjustment to the EC: (i) main cognitive variables studied: perceived threat to the vital goals, expectations related to the disease and search for meaning; (ii) coping processes and (iii) coping resources: dispositional factors and social support.
4. Psychological interventions to improve adjustment to disease. some interventions that are collected exposed the theoretical aspects are illustrated.

**WORKLOAD**

ACTIVITY	Hours	% To be attended
Theoretical and practical classes	60,00	100
Development of group work	10,00	0
Development of individual work	10,00	0
Study and independent work	20,00	0
Readings supplementary material	5,00	0
Preparation of evaluation activities	10,00	0
Preparing lectures	10,00	0
Preparation of practical classes and problem	10,00	0
Resolution of case studies	15,00	0
<b>TOTAL</b>	<b>150,00</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 attending regulated tutorials. 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.

Preparation of cases in group.

most innovative as the case study teaching, solving exercises and problems, problem-based learning, project-oriented and cooperative learning using interdisciplinary learning groups

**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 (50% of the final score, recoverable). Attendance at seminars/conferences (5% of the final score, not recoverable). Activities (45% of the final score). On second call, the activities that consist of tasks to be carried out outside the classroom will be recoverable. On second call, the activities that consist of tasks to be carried out in the classroom will be recoverable if their characteristics allow it.

## 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 (50% 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: Crespo, M. & López, J. (2006). Intervención con cuidadores. Madrid. Portal Mayores. Informe Portal Mayores. Nº 54.
- Referència b2: European Commission (2021). Study on exploring the incidence and costs of informal long-term care in the EU. Employment, Social Affairs & Inclusion.
- Referència b3: INE (2022). Encuesta de Discapacidad, Autonomía Personal y Situaciones de Dependencia (EDAD) 2020. Instituto Nacional de Estadística. Gobierno de España. [https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica\\_C&cid=1254736176782&idp=12547355731](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176782&idp=12547355731)
- Referència b4: Llorca, A., Richaud, M. C., & Malonda, E. (2017). Parenting styles, prosocial, and aggressive behavior: The role of emotions in offender and non-offender adolescents. *Frontiers in Psychology*, 8, 1246.
- Referència b5 Deus Yela, J., · Deví Bastida, J., · Saínez Pelayo, M. (2018). Neuropsicología de la enfermedad de Alzheimer. Síntesis.
- Referència b6 Tur-Porcar, A., Doménech, A. y Mestre, M. V. (2018). Vínculos familiares e inclusión social. Variables predictoras de la conducta prosocial en la infancia, *Anales de Psicología*, 34 (2), 340-348. <http://dx.doi.org/10.6018/analesps.34.2.308151>
- Referència b7 De Ridder, D., Geenen, R., Kuijjer, R. y Middendorp, H. (2008). Psychological adjustment to chronic disease. *Lancet*, 372, pp. 246-255
- Referència Bb8 Petrie, K y Reynolds, L. (2007). Coping with chronic illness. En *Cambridge Handbook of Psychology, Health and Medicine* (2nd ed.) (S. Ayers et al. Eds.), pp.46-49 . Cambridge University Press.
- Referència b9 Stanton, A., Revenson, T. y Tennen, H. (2007). Health Psychology: Psychological adjustment to chronic disease. *Annual Review of Psychology*, 58, pp. 565-592.
- b.10. Parada Torres; Enrique (coord) (2008); *Psicología y Emergencia*. Editorial DDB. Bilbao





- b 11. Pacheco Tabuenca; Teresa (coord) (2013); Atención Psicosocial en Emergencias. Editorial Síntesis. Madrid.
- b 12. Fernández Millán; Juan M. (2005); Apoyo Psicológico en situaciones de emergencia. Ediciones Pirámide. Madrid.
- b 13. Robles Sánchez; J.I.; Medina Amor, J.L. (2002), Intervención Psicológica en las Catástrofes. Editorial Síntesis. Madrid.
- b14 Alzheimers Disease International. (2021). World Alzheimer Report 2021. Journey through the diagnosis of dementia. <https://www.alzint.org/resource/world-alzheimer-report-2021/>
- b15 Livingston, G., Huntley, J., Sommerlad, A., Ames, D., Ballard, C., Banerjee, S., ... & Mukadam, N. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet*, 396(10248), 413-446.
- b16 Arranz, P., Barbero, JJ. Barreto, P y Bayés R. (2003) Intervención emocional en Cuidados Paliativos. Barcelona. Ariel Ciencias Médicas
- b17 Bayés R (2011) Aprender a investigar, aprender a cuidar. Una guía para estudiantes y profesioales de la salud. Barcelona, Plataforma Editorial.
- b18 Barreto P, Fombuena M, Diego R, Galiana L, Oliver A yBenito E (2013) Bienestar emocional y espiritualidad al final de la vida. *Medicina Paliativa*. <http://dx.doi.org/10.1016/j.medipa.2013.02.002>
- b19 Galende, A. V., Ortiz, M. E., Velasco, S. L., Luque, M. L., de Miguel, C. L. D. S., & Jurczynska, C. P. (2021). Informe de la Fundación del Cerebro. Impacto social de la enfermedad de Alzheimer y otras demencias. *Neurología*, 36(1), 39-49.

#### **Additional**

- Referència c1: Durán, M.A, (2002). Los costes invisibles de la enfermedad. Bilbao: Fundación BBVA
- Referència c2: Díaz, A. & Ponsoda, J.M. (2017). Perceived physical health in family caregivers of Alzheimer patients: Mediator variables. *European Journal of Health Research*, 3(1), 5-15.
- Referència c3: Díaz, A., Ponsoda, J.M. & Beleña, A. (2020). Optimism as a key to improving mental health in family caregivers of people living with Alzheimers disease. *Aging and Mental Health*, 24(10), 1662-1670. <https://doi.org/10.1080/13607863.2020.1715342>
- c4 Arnedo M et al. (2013). Neuropsicología a través de casos clínicos. Ed. Médica Panamericana
- C5 Ravdin LA, Katzen HL (2013). Handbook of the Neuropsychology of aging and Dementia. Ed. Springer, 2013. Recurso electrónico UV.
- c6 Sinclair, D., LaPlante, M. (2020). Alarga tu esperanza de vida: Cómo la ciencia nos ayuda a controlar, frenar y revertir el proceso de envejecimiento Versión Kindle. Grijalbo.