

**COURSE DATA****DATA SUBJECT****Code:** 40200**Name:** Psychology, autonomy and dependency**Cycle:** Master's Degree**ECTS Credits:** 10**Academic year:** 2026-27**STUDY (S)**

Degree	Center	Acad. year	Period
2071 - Master's Degree in Social and Health Care in Dependency	Facultat de Psicologia i Logopèdia	1	First quarter

SUBJECT-MATTER

Degree	Subject-matter	Character
2071 - Master's Degree in Social and Health Care in Dependency	Psychology, autonomy and dependency	COMPULSORY

COORDINATION

SANCHO REQUENA PATRICIA

SUMMARY

In general, the phenomenon of dependence has been linked to the aging process. The progressive increase in life expectancy and population aging have led to an increase in the number of elderly people in situations of dependency. However, and in our opinion, the dependence is linked to disability, since it is precisely the loss of people's ability to perform activities of daily living (hereinafter ADL), regardless of the cause of the loss, what produces the situation of dependency of some with respect to others. Reducing attention to dependency, exclusively for the protection of the old people, would constitute a limited view of the problem. Age increases the amount of population at risk of suffering a disability and consequently of being dependent, but there are also other risk factors that can generate states of disability and dependence throughout the life span of a person.

As a consequence of the increase in the dependent population and, above all, of the forecast of increase in the coming years, the resources directed to defray the dependence have increased significantly to the point of doubting the financial capacity of the current system. This fact worries and is being debated by broad social sectors.

The term dependence refers, in the context of social policy, to the need for attention and care that people who cannot carry out the activities of daily life [1] themselves need. The Council of Europe proposed the



following definition: "dependent people are those who, for reasons linked to the lack or loss of physical, psychic or intellectual capacity, need significant assistance and / or help to carry out the activities of daily life". If we compare this definition with that of 'disability', we will understand the argument presented above. Aging is one of the causes, although not the only one, of the loss of functions that will subsequently lead to dependence. As Bebbington and Bone point out in the case of the United Kingdom (1998), if the expectation of healthy life without disabilities increases, this will result in less pressure on the intensive use of care services. For the Spanish case, according to the Survey on Disabilities, Deficiencies and Health States (INE 2008), life expectancy at 65 is 19.8 years, that is, 84.4 (82.7 years for men and 86,7 for women), while the life expectancy free of disability is only 7.8 years (8.6 for men and 7.2 years for women), so that from 72-73 years Dependency problems would increase. Being the age of disability expectation of 78.4 years (78.1 years in men and 78.4 in women).

The satisfaction of the needs derived from the condition of dependent person is articulated through the so-called Socio-Health Care and that we define as that integrated set of social and sanitary services and benefits, public and private, that are destined to the rehabilitation and care of people who are in different situations of disability that prevent them from carrying out personal and / or instrumental activities of the ADL.

The World Health Organization, in its document Health for all in the 21st century, established, among others, the use of new technologies to improve the quality of life of dependent or at-risk people as one of the priority goals. Likewise, it carried out a review process of its classification that led to the 'International Classification of Functioning, Disability and Health' with the acronym CIDDM2 or CIF (WHO, 2001). In this new proposal, important attitudinal changes are introduced that will influence the development of socio-sanitary intervention systems.

A consequence of the scientific and social changes of the last ten years is the development of the so-called Enabling Intervention model, which consists in trying to maximize people's capacities through education, training and / or the attitudinal changes with which it faces the loss of functionality or supplying some functions using technical elements. The same model, also requires acting in the context, modifying it so that the demands that come from it, are more adjusted to the capabilities of people.

The module 'PSYCHOLOGY, AUTONOMY AND DEPENDENCY' introduces a way of seeing social reality by analyzing dependence and orienting the student towards the promotion of personal autonomy.

In this module the general map of the phenomenon in Spain will be presented, while opening clues for the subsequent analysis of its different dimensions.

This module will deepen the analysis of the dependency. For this, it will be necessary to define the characteristics of the societies in which it occurs, the causes, the most prominent features and their implications, deepening the knowledge of the social reality of the Spanish state at the beginning of the 21st century and the future perspectives that show Population projections

[1] European Council: "Specific needs of dependent people: costs and financing" Strasburg, 1995.

"Recommendations relative to dependency" Strasburg, 1997.



[2] Sánchez Fierro, J. (2004) Green Bokk on dependency in Spain. Madrid: Fundación AstraZenec enec

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 previous knowledge is needed

COMPETENCES / LEARNING OUTCOMES

2071 - Master's Degree in Social and Health Care in Dependency

Desarrollar sensibilidad y compromiso hacia la calidad en el desarrollo profesional.

Diseñar servicios de atención sociosanitaria a la dependencia que cumplan unas especificaciones desde diferentes puntos de vista: Económico, ético, social, medioambiental, sostenible, etc.

Identificar, formular y resolver problemas de los servicios de atención sociosanitaria a la dependencia.

Saber aplicar los conocimientos adquiridos y ser capaces de resolver problemas en entornos nuevos o poco conocidos dentro de contextos más amplios (o multidisciplinares) relacionados con la atención a la dependencia.

Ser capaz de analizar y gestionar necesidades y recursos en la atención a las situaciones de dependencia.

Ser capaz de manejar diferentes herramientas para el conocimiento en profundidad de las situaciones de dependencia.

Ser capaz de observar la realidad social desde una perspectiva macrosocial.

Ser capaz de reconocer la diversidad de la dependencia y adecuar la actuación profesional a un entorno globalizado y multicultural.

Students should communicate conclusions and underlying knowledge clearly and unambiguously to both specialized and non-specialized audiences.

To be able to integrate knowledge and make complex judgments based on information that remains incomplete or limited, but include social and ethical responsibility reflections linked to the application of their knowledge and judgments, from a gender perspective.

DESCRIPTION OF CONTENTS



1. Analysis of social reality

- State of health, autonomy and dependence in Spain.
- Social structure of dependency and disability in Spain. Socio-demography of dependency.
- Life conditions, lifestyles and ways of dealing with dependency.
- Disability and dependence.
- Aging and dependence.

2. Attention to dependence. Studies, analysis and social resources

- The dependency costs. Studies and analysis of dependence at international level and in Spain. Social policies and resources for dependency care.
- Bioethics and legal bases of the dependency.

3. Psychology and dependence

- Main theories of learning and teaching and all dimensions of instructional psychology.
- Interactional and relational approaches in human communication, and social skills as a professional tool and its application in psychosocial intervention, especially in the relationship of help with dependents and caregivers.
- Development of the life cycle with special attention to evolutionary transitions
- Cognitive training programs.
- Community and individualized intervention programs aimed at evolutionary optimization and the improvement of coping strategies.
- Psychopathology associated with dependence.
- Techniques of teamwork, motivation, conflict and burnout cooperation, negotiation, leadership and roles.

4. Interventions in the dependency

- Social vulnerability, social exclusion, social maladjustment.
- Conceptualization of psychosocial intervention.
- Social support intervention: evaluation of social networks, resource analysis and design of actions.
- Processes of help and self-help, social support and empowerment in dependency situations.
- Dependency care. Areas and intervention strategies with professional and non-professional caregivers.

WORKLOAD

PRESENCIAL ACTIVITIES

Activity	Hours
Tutorials	14,50
Theory	53,50
Seminar	5,00



Group work	16,00
Classroom practices	11,00
Total hours	100,00

NON PRESENCIAL ACTIVITIES

Activity	Hours
Attendance at other activities	0,00
Individual or group project	60,00
Independent study and work	40,00
Preparation of lessons	30,00
Preparation for assessment activities	0,00
Resolution of case studies	20,00
Total hours	150,00

TEACHING METHODOLOGY

1. Theoretical classes

1. Teacher's presentations
2. tutorials
3. seminars
4. Student work at home (text summary, work preparation, concept maps, critical reflections of documents submitted, exam preparation)

2. Practical classes:

1. seminars
2. tutorials
3. individual and group work in the classroom / outside it (group discussions, documentary viewings, reflective reading of texts and documents, case analysis, project design)

EVALUATION

The evaluation and qualification of this module will be subject to the provisions of the **Reglament d'Avaluació i Qualificació de la Universitat de València (ACGUV 108/2017)**.

The assessment of learning will include the monitoring of activities carried out in the classroom, as well as the verification of the theoretical and practical knowledge acquired and the completion of the tasks assigned.

The student has the right to two examinations (Art. 5).

Procedure and evaluation criteria (Art. 6): The qualification of the subject is a function of the evaluation of



the work proposed by the teaching staff, case analysis, critical analysis of texts and documents, and exams with short questions.

THE COMPLETION OF ASSIGNMENTS AND CLASSROOM ACTIVITIES (AT LEAST 80%) IS REQUIRED TO PASS.

¿Not Presented¿ Qualification (Art. 6): On the first call, if the student has not submitted any of the tests, the qualification will be Not Presented (NP).

When in the second call the student has not submitted to ANY test, the grade will be Not Presented (NP).

In both calls, if there is a qualification that does not reach the minimum requirements, the ¿no Pass¿ grade and the numerical note in base 10 of the qualification of this section 1 will be recorded.

Development of the evaluation tests (Art. 11): The teaching staff may require at the beginning of the tests to be carried out in the classroom the identification of the students by means of an official photo document. Non-accreditation of identity may be grounds for exclusion from the test. The teaching staff will allow access to the classroom during the first 15 minutes from the official start time of the exam, except if during this time any of the students had left the classroom. In the event that the student leaves the classroom after the test has been distributed, they will be asked to identify themselves in the classroom and will be considered presented in that call.

Fraudulent performance of evaluation tests (Art. 13): The student is obliged to comply during the tests with the rules and procedures that guarantee the authenticity of the exercise and its privacy. Behaviors or acts that contravene these rules may involve the delivery of the evidence at the time they are detected and their expulsion from the classroom (Art. 13).

The student must abstain from the use or cooperation in fraudulent procedures in the evaluation tests and in the work done (Art. 2).

In any case, when there is evidence of a fraudulent performance in a test or in a part of it, the evaluation test may be graded with a zero (Art. 13).

The copy or plagiarism in any student evaluation work may be scored with the numerical grade of zero, regardless of initiating the appropriate disciplinary procedures.



System and qualification criteria (Art. 16): The results corresponding to the different evaluation activities as well as the final result obtained by the student in the subject, will be scored on a numerical scale from 0 to 10, with the expression of a decimal: 0 ¿ No pass <5; 5 ¿ Approved <7; 7 ¿ Notable <9; 9 ¿ Outstanding ¿ 10. The grading system is expressed by numerical grading in accordance with the provisions of the regulations (RD 1125/2003 of September 5) establishing the European credit system and the grading system in the official University degrees with validity throughout the national territory.

Mention of Honors (Art. 17): The mention of honors (Art. 17) can be awarded to the student who has obtained a grade equal to or greater than 9.0 by strict order of note in the qualification record. The number of ¿mentions of honors¿ cannot exceed 5% of the students enrolled in the subject in the academic year. These conditions will be applied in each of the groups.

In case of a tie in the total grade of the subject, the honors will be awarded to the student with the highest grade in the section with the highest weight. In the event that the sections have the same weight in the final grade, the coordinator of the subject can take an additional test to obtain the Mention of Honors.

Publication and revision of qualifications (Art. 18): The teaching staff will inform throughout the course of the results of the tests that contribute to the final qualification. The teaching staff will make public the proposal of global qualification of the subject. Together with this qualification, the place, date and time at which the revision of the same will be held must be indicated at least 24 hours in advance. All the qualifications corresponding to the different tests that contribute to the global grade will be published in the ¿virtual space¿ or ¿Aula Virtual¿ of the subject.

After conducting the review in front of the teacher, the student may request the start of a process to challenge the qualification in accordance with the regulations (Art. 21). The consultation and challenge of the qualification obtained will be subject to the Reglament d'avaluació i qualificació de la Universitat de València per a títols de grau i màster (ACGUV de 30 de maig de 2017).

This Academic Guide (Art. 4) conforms to the Title Verification Report and has been approved by the Master Academic Coordination Commission (CCA).

REFERENCES

- Pinazo, S. (2011), (dir.), PSICOLOGIA; AUTONOMIA Y DEPENDENCIA. Valencia: Publicacions de la Universitat de València. Bueno Abad, J.R. y Mestre Lujan F. (2003). Prensa y Enfermedad



Mental, más que noticias. Valencia: Publicaciones de la Universidad de Valencia. Bueno Abad, J. R. (2005). El proceso de ayuda en la intervención psicosocial. Madrid: Popular. Bueno Abad, J.R. y Pinazo Hernandis, S. (2004). Reflexiones acerca del final de la vida. *Revista Multidisciplinar de Gerontología*, vol. 14, 1, 22-26. Bueno Abad, J.R. (2006). Exclusión social y personas mayores. Murcia: Ediciones de la Fundación Caja Murcia y la Universidad Internacional del Mar. Bueno Abad, J.R. (2007). Exclusión e Intervención Social. Valencia: Edita Programa Erasmus. Universitat de València. Bueno Abad, J.R. (2005), La intervención psicosocial ante los escenarios de exclusión social. En Jose F. Tezanos, *Tendencias en exclusión social y políticas de solidaridad*. Madrid: Sistema. Crespo, M y López J. (2007). El estrés en cuidadores de mayores dependientes. Madrid: Pirámide. Cruz Roja (2006). Informe sobre la vulnerabilidad social. Madrid: Cruz Roja. Echeburúa, E., Corral, P., Fernández-Montalvo, J. (2000). Escala de inadaptación. Propiedades psicométricas en contextos clínicos. *Análisis y modificación de conducta*, 26, 327-340. Enmuyer, B. (2002). Les malentendus de la dépendance. De l'incapacité au lien social. Paris: Dunod. .

- webs de interés: INE PORTAL MAYORES IMSERSO FEAPS Referencias bibliográficas: IMSERSO (1995). *Cuidados en la vejez. El apoyo informal*. Madrid: Ministerio de Trabajo y Asuntos Sociales. Katz, S. et al. (1963). Studies of illness in the aged. The Index of ADL, a standardized measure of biological and psychological function. *JAMA*, 185, 914-919. Lazarus, R.S. (1980). The stress and coping paradigm. En L. Bond y J. Rosen (eds.), *Competence and coping during adulthood*. Hannover: University Press of New England. Moscovici, S. (1979). *Psychologie des minorités actives*. Paris: PUF. Pinazo, S. (2005), *Las abuelas y los abuelos en la familia. El caso de los abuelos/as itinerantes*. *Revista Multidisciplinar de Gerontología*, vol. 15, 3, 178-187. Navarro, V. (2005). *La situación social en España*. Madrid: Biblioteca Nueva. Subirats, J (2004). *Pobreza y Exclusión social en España*. Barcelona: Fundación Obra Social La Caixa. Touraine, A. (2005). *Un nouveau paradigme*. Paris: Fayard. Triado, C. y Villar, F. (2007). *Psicología de la vejez*. Madrid: Alianza Editorial.