1. BASIC INFORMATION

Course	Psychogeriatrics
Degree program	Psychology
School	School of Biomedical and Health Sciences
Year	4th year
ECTS	6
Credit type	Optional
Language(s)	English
Delivery mode	Campus-based
Semester	S1
Academic year	2025-2026
Coordinating professor	Amalie Hylland
Professor	Elina L. Boycheva, Allyah Hassell

2. PRESENTATION

During the last decades, research on the psychology of age and aging has been developed exponentially, together with the incredible increase in life expectancy and the consequent growth of the older population over the last 30 years. Psychology plays an important role in the attention and attending of older people in different contexts, ranging from the promotion of active aging and quality of life to the compensation of various age-related problems such as cognitive impairment and mood changes, among others. As we get older the variability between people increases, therefore it is important for health professionals to know how to respond to such a wide diversity.

The contents of the subject can be considered as prerequisites for future work with older people, as it delivers an in-depth view of the changes that occur with aging from a bio-psycho-social perspective. The main objectives of this subject are to understand the variability of human aging, to learn and analyse the criteria for differentiating normal aging from the pathological one. Finally, and as a logical continuation of the course contents, we will learn how to perform and design assessment and treatment plans adapted to the elderly population.

3. LEARNING OUTCOMES

Knowledge

KN07: Identify the processes underlying individual behaviour in the health-disease process.

- Describe the changes that occur in psychological processes in old age.
- Describe programs for the care of elderly dependents.
- Identify the areas of action of psychogeriatrics in both basic research and clinical settings.
- Explain neuropsychological disorders associated with pathological aging.
- Relate psychogeriatric assessment tests to different cognitive functions.

Skills
SK0 5: Design a personalized treatment and intervention plan adapted to the specific variables of the case.

- Apply the knowledge acquired in the subject to specific problems that occur in the elderly population with their associated complications.

Competences

COMP02: Understand the basic laws of different psychological processes in the field of Health Psychology.

COMP20: Analyze the context in which individual behaviors, group processes, and organizational processes take place.

COMP28: Apply strategies and direct intervention methods to create healthy environments.

COMP29: Apply indirect intervention strategies and methods through other individuals, such as counseling, training of trainers, and other agents.

COMP30: Plan the evaluation of programs and interventions.

COMP32: Measure and obtain relevant data for the evaluation of interventions.

COMP33: Analyze and interpret the results of the evaluation.

COMP36: Understand and adhere to the ethical obligations of Psychology.

COMP37: Ability to practice the profession using both English and Spanish languages, to specialized and non-specialized audiences.

4. CONTENT

Unit 1: **Introduction to the Concept of Psychogeriatrics**

- **Introduction**. Demographic change. The concept of ageing. Myths and stereotypes about ageing. Theories of ageing.

Unit 2: Study of the Life Cycle in the Last Phase of Life

- **Stability and Change in Ageing**. Physical changes. Cognitive changes and neuroplasticity. Social changes. Emotional changes. Changes in personality.

Unit 3, 4, 6: Pathologies Specific to Old Age and Psychological Treatment for the Elderly

- **Geropsychological Assessment**. Aims of assessment. APA Guidelines. Assessment characteristics and content areas.
- **Dementia**. Epidemiological data. Types and severity of dementias. Risk and protective factors for dementia. Diagnosis of dementia and early detection. Psychological (nonpharmacological) treatments of dementia.
- **Affective disorders**. Epidemiological data. Comparisons of affective disorders in the younger and older population. Protective factors for depression and anxiety. Psychological treatments and interventions of anxiety and depression.

Unit 7: Primary Prevention

- **Active, Healthy, Successful Ageing**. Essential conditions of active ageing. Predictors of active ageing. Programmes for promoting successful ageing and healthy lifestyles.

Unit 5, 6, 8: Psychogeriatric Care

- **Communication skills in psychogeriatric care**. Effective communication with elderly patients. Interprofessional communication.
- **Assessment and Intervention in Dependence in Old Ag**e. Epidemiological data and definition of dependence. The Law of dependence. Understanding patients' rights, ethical decision-making, and legal considerations. In elder care. The role of the psychologist in the assessment and intervention of functional dependence in the elderly. Technological Innovation in geriatric care.
- **Quality of Life in Old Age**. Concept and evaluation of the quality of life in older people. Promotion of quality of life in old age.

Units 3-9: Care Programmes for Dependents in Old Age

- **Designing and Implementing Care Plans**. Individualized care planning. Multidisciplinary team approaches. Continuous evaluation and adjustment of care plans.
- **Support Systems for Caregivers**. Resources and training for caregivers. Coping strategies for caregiver stress.
- **Environmental Adaptations for the Elderly.** Home modifications for safety. Community resources and accessibility
- **Palliative and End-of-Life Care.** Principles of palliative care. Pain management and symptom control. Emotional support.

5. TEACHING-LEARNING METHODOLOGIES

The types of teaching-learning methodologies used are indicated below:

- Lectures
- Problem-based learning
- Case study method
- Oral presentations

6. LEARNING ACTIVITIES

Listed below are the types of learning activities and the number of hours the student will spend on each one:

Learning activity	Number of hours
Lectures	30h
Autonomous work	50h
Formative evaluation	5h
Strategy design	25h
Tutorials	5h
Research	10h
Activities in workshops and/or laboratories	10h
Practical activities	15h
TOTAL	150h

7. ASSESSMENT

Listed below are the assessment systems used and the weight each one carries towards the final course grade:

Assessment system	Weight
Test of knowledge: 40 multiple-choice questions with three response options.	50%
Case study and problem-based learning • NeuronUP practical activity (2.5%): Use of a specialized web-based platform for clinical case analysis. • Interprofessional activity conducted in collaboration with the Occupational Therapy degree program will include a visit to an Adapted Living Facility and subsequent case analysis, as well as an experiential activity at the Simulated Hospital. • 3 simulation sessions (7,5%) that will follow the same clinical case. You must attend all three simulations. An assignment after each simulation will be given.	10%
Work on strategy design and intervention plans. Written work (25%) and oral presentation (5%)	30%
Portfolio: two mandatory activities	10%

When you access the course on the *Virtual Campus*, you'll find a description of the assessment activities you have to complete, as well as the delivery deadline and assessment procedure for each one.

Attendance

According to Art. 1.4 of the Regulation for the Evaluation of Official Degree Degrees of the European University of Madrid (of the continuous evaluation): "The obligation to justify at least 50% attendance at classes is established as part of necessary for the evaluation process and to comply with the student's right to receive advice, assistance and academic follow-up from the professor. For these purposes, students must use the technological system that the University puts at their disposal, to accredit their daily attendance to each of their classes. This system will also serve to guarantee objective information on the active role of the students in the classroom.

Those students who have not achieved a 50% attendance rate in the first exam period may be graded as failing and must pass the corresponding objective exams in the second exam period for the subject, where they must obtain a grade equal to or higher than 5.0 out of 10.

7.1. First examination period

To pass the course during the first exam period, you must achieve a final course grade of at least 5 out of 10 (weighted average).

Additionally, you need to score at least 5 in the final exam (Test of knowledge) for it to be included in your final grade along with the grades from other mandatory activities. You must also obtain a minimum grade of 5 in each of the following activities:

- Case study and PBL (you need to attend the interprofessional activity, the NeuronUp activity and the simulation sessions)
- Design and intervention plans (you need to pass both the written and oral presentations of the intervention program with a minimum of 5 out of 10 in each)
- Portfolio (you need to pass both the mandatory activities with a minimum of 5 out of 10 in each)

Additionally, attendance at all in-person practical activities is mandatory for passing the subject, including:

- Practical activity in the Adapted Living Facility at the campus
- Experiential activity at the simulated hospital
- Neuron-Up activity

Only in-person attendance will be allowed, it will not be possible to connect through Hyflex. Failure to attend any of these activities will automatically result in a failing mark in the first examination period, and the student will need to retake the activity they did not attend in the second examination period.

PLAGIARISM AND USE OF IA

Any student who resorts to or uses illicit means during an evaluation test, or who improperly claims authorship of academic work required for assessment, will receive a failing grade ("0") in all evaluation tests for the exam period in said subject in which the violation occurred, and may also face disciplinary action following the opening of a disciplinary proceeding.

AI-Generated content: AI-generated content tools (AIGC), such as ChatGPT and other language models (LLMs), cannot be used to generate assignments. These tools also cannot be responsible for any written content in the assignment. The use of AI must be authorized by the instructor for each activity. If a student has used these tools to develop any part of their work, this use must be detailed in the assignment. The student is fully responsible for the accuracy of the information provided by the tool and for correctly referencing any supporting work. Tools used for spelling, grammar, and general editing are not included in these guidelines. The final decision on the appropriateness of the reported use of an AI tool rests with the instructor, academic coordination, and program director.

Delayed submission of activities

Late submission of activities will result in a 2-point deduction from the obtained grade up to one week. If the submission is more than a week late from the deadline, it will not be evaluated (a grade of 0 will be given) and it will need to be resubmitted during the second examination period.

Simulation

Attendance at all three simulations is mandatory. A single justified absence according to the UEM regulations and approved by the academic advisor, will be allowed. Therefore, a student may miss one single simulation session justifiably but will lose the opportunity to receive a mark for the assignment provided to that simulation. If a student misses more than one simulation, whether justified or not, the student will not be able to pass the course. Student will need to be re-evaluated on this section (Simulation part of Case analysis and PBL) during the second examination period.

Uniform Requirement for Simulation Sessions: Whenever simulation activities are conducted, students are required to wear the appropriate uniform (grey scrub top and trousers) in the simulated hospital.

Students who do not attend with the complete uniform will not be allowed to participate in the simulation (neither as a volunteer nor an observer) and will receive a grade of 0 for the corresponding assessment activities.

Practical activities: Adapted Living Facility and Experiential Activity at the Simulated Hospital
Students failing to attend the in-person practical activities of Adapted Living Facility and experiential activity in the simulated hospital, will need to retake this part of the subject in the second examination period with a written report following a specific instructions and template provided by the professor. To participate in the experiential activity at the simulated hospital, students are required to wear the full uniform, consisting of both the top and bottom parts of the uniform. Any student who does not attend with the complete uniform will not be allowed to take part in the session and will receive a grade of 0 for the corresponding assessment activities.

Neuron-Up Activity
If you do not attend the Neuron-Up activity, you will need to retake this activity during the second examination period. If your absence from the Neuron-up activity is justified following the University's regulations, you can retake this activity in the first examination period. You will need to submit an assignment specified by the professor.

7.2. Second examination period

To pass the course in the second exam period, the same requirements as in the first exam period must be met. The student must deliver the activities not successfully completed in the first exam period after having received the corresponding corrections from the professor, or those that were not delivered in the first place. To pass the course in the second examination period, it is required to obtain a grade equal to or higher than 5 out of 10 in each of the following activities:

- Final exam (Knowledge Test)
- Case study and PBL (you need to pass both the mandatory activities with a minimum of 5 out of 10 in each)
- Design and intervention plans (you need to pass both the written and oral presentations of the intervention program with a minimum of 5 out of 10 in each)
- Portfolio (you need to pass both the mandatory activities with a minimum of 5 out of 10 in each)
- You need to have passed the Neuron-Up and Adapted Living Facility activities

Simulations Retake in Extraordinary Call
The retake of the simulations in the second examination period will be done through completing an exam in-person. A video of a clinical cases will be shown, and you will need to answer correctly the exam questions. The exam will contain a mix of multiple-choice questions and open-ended questions. You will need to show you are understanding the clinical application of theoretical knowledge. You will need a minimum of 5/10 to pass this section in the second examination period.

Adapted Living Facility and Experiential Activity Retake in Extraordinary Call
The retake of the simulations in the second examination period will be done through the submission of an assignment specified by the professor.

Neuron-Up Retake in Extraordinary Call
The retake of the simulations in the second examination period will be done through the submission of an assignment specified by the professor.

8. SCHEDULE

This table shows the delivery deadline for each assessable activity in the course:

Assessable activities	Deadline
Work on strategy design and intervention plans	December
Simulations	October - December
Neuron-Up	October - December
Adapted Living Facility and Experiential Activity	December
Case study and problem-based learning	September-December
Portfolio (mandatory activities)	September - December
Final exam	January

This schedule may be subject to changes for logistical reasons relating to the activities. The student will be notified of any changes as and when appropriate.

9. BIBLIOGRAPHY

The main reference work for this subject is:

- Fernandez-Ballesteros, R. (Ed.) (2007). *GeroPsychology: European Perspectives for an Aging World.* Hogrefe & Huber.
- Fernández-Ballesteros, R. (2008). *Una psicogerontología aplicada*. Pirámide.
- Fernandez-Ballesteros, R. (Ed.) (2007). *Active Aging. The Contribution of Psychology*. Hogrefe & Huber.

The recommended Bibliography is:

- Naciones Unidas (2002). *Plan Internacional de Acción sobre Envejecimiento*. En: http://www.imserso.csic.mayores.es
- IMSERSO (2003). *Plan Gerontológico*
- American Psychological Association (2014). G*uidelines for Psychological Practice With Older Adults*
- Bermejo-Pareja, F., Contador, I., Trincado, R., Lora, D., Sánchez-Ferro, Á., Mitchell, A. J., Boycheva, E … Benito-León, J. (2016). Prognostic Significance of Mild Cognitive Impairment Subtypes for Dementia and Mortality: Data from the NEDICES Cohort. *Journal of Alzheimer's Disease: JAD*, *50*(3), 719-731.
- Boycheva, E., Contador, I., Fernández-Calvo, B., Ramos-Campos, F., Puertas- Martín, V., Villarejo-Galende, A., & Bermejo-Pareja, F. (2017). Spanish version of the Mattis Dementia Rating Scale-2 for early detection of Alzheimer's disease and mild cognitive impairment. *International Journal of Geriatric Psychiatry*.
- Fernández-Ballesteros, R., Santacreu, M., Lopez M.D., Molina, M.A. (2015). *Trastornos asociados a la vejez*. En M.A. Vallejo (Dir.). Manual de Terapia de Conducta. Madrid: Dikinson.
- Fernández-Ballesteros, R., & Santacreu, I. M. (2010). Aging and quality of life. *International encyclopedia of* Rehabilitation:

- Fernández-Ballesteros, R., Molina, M. A., Schettini, R., & Santacreu, M. (2013). The semantic network of aging well. *Annual Review of Gerontology and Geriatrics*, 33(1), 79-107.
- Martyr, A., Boycheva, E., & Kudlicka, A. (2017). Assessing inhibitory control in early-stage Alzheimer's and Parkinson's disease using the Hayling Sentence Completion Test. *Journal of Neuropsychology*.
- Santacreu, M., Bustillos, A., & Fernandez-Ballesteros, R. (2016). Multidimensional/ multisystems/ multinature indicators of quality of life: Cross- cultural evidence from Mexico and Spain. Social Indicators Resear*ch*, 126(2), 467- 482.
- Fernández-Ballesteros, R. (2005). Vital Aging-Multimedia. A multimedia program. *European Psychologist*, 9 (2), 1-12.
- Danner, D.D., Snowdon, D.A. and Friesen, W. V. (2001) Positive Emotions in Early Life and Longevity: Findings from the Nun Study. *Journal of Personality and Social Psychology*, 80 (5), 804-813.
- Fernández-Ballesteros, R. (2009) *Envejecimiento activo: contribuciones de la psicología*. Madrid: Ediciones Pirámide.
- Froján, M.J. (2009) Trastornos de conducta. En R. Fernández-Ballesteros (Dir.). *Psicología de la vejez. Una Psicogerontología aplicada*. Madrid: Pirámide.
- Olazarán, J., Reisberg, B., Clare, L., Cruz, I., Peña-Casanova, J., del Ser, T., Woods, B., Beck, C., Auer S., Lai C. y col. (2010) Eficacia de las terapias no farmacológicas en la enfermedad de Alzheimer: una revisión sistemática. Traducción de *Dement Geriatr Cogn Disor*, 30, 161–178.
- Osores, P. Aproximación no farmacológica para el tratamiento de síntomas conductuales y psicológicos de demencia. *Siponsis*, 42, 11-15.

Links of interest:

- American Psychological Association APA http://www.apa.org/
- Colegio Oficial de Psicólogos de España http://www.cop.es/
- European Federation of Psychologists' Associations EFPA http://www.efpa.eu/
- World Health Organization. http://www.who.int

Journals about ageing:

- Journal of Gerontological Psychology and Geriatric Psychiatry
- International Journal of Geriatric Psychiatry
- Revista Española de Geriatría y Gerontología (Sociedad Española de Geriatría y Gerontología)
- Revista Multidisciplinar de Gerontología
- European J. of Ageing
- Ageing and Society
- Journal of Gerontology (Social and Behavioral Sciences, Biological sciences, Medicine)
- The Gerontologist

10. EDUCATIONAL GUIDANCE AND DIVERSITY UNIT

From the Educational Guidance and Diversity Unit we offer support to our students throughout their university life to help them reach their academic achievements. Other main actions are the students inclusions with specific educational needs, universal accessibility on the different campuses of the university and equal opportunities.

From this unit we offer to our students:

1. Accompaniment and follow-up by means of counselling and personalized plans for students who need to improve their academic performance.
2. In terms of attention to diversity, non-significant curricular adjustments are made in terms of methodology and assessment for those students with specific educational needs, pursuing an equal opportunities for all students.

3. We offer students different extracurricular resources to develop different competences that will encourage their personal and professional development.
4. Vocational guidance through the provision of tools and counselling to students with vocational doubts or who believe they have made a mistake in their choice of degree.

Students in need of educational support can write to us at:
orientacioneducativa@universidadeuropea.es

11. ONLINE SURVEYS

Your opinion matters!

The Universidad Europea encourages you to participate in several surveys which help identify the strengths and areas we need to improve regarding professors, degree programs and the teaching-learning process.

The surveys will be made available in the “surveys” section in virtual campus or via e-mail.

Your assessment is necessary for us to improve.

Thank you very much for your participation.