

# Professional Master's Degree

## Child Psychiatry





## Professional Master's Degree Child Psychiatry

- » Modality: online
- » Duration: 12 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: [www.techtitute.com/in/medicine/professional-master-degree/master-child-psychiatry](http://www.techtitute.com/in/medicine/professional-master-degree/master-child-psychiatry)

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# 01

# Introduction

The increase in the number of children with anxiety, suicidal behaviors, victims of school bullying or disorders derived from maltreatment has led to an increase in the number of centers, facilities and resources aimed at caring for this type of patient. Medical professionals are faced with a scenario that requires not only their involvement, but also the latest knowledge about effective treatments in this field. In view of this situation, this degree was created in response to the need of physicians themselves to keep abreast of advances in genetics, neurochemistry in psychiatry, as well as patient care in psychiatric emergencies. All this will be possible thanks to innovative teaching material provided by a teaching team relevant in this field.





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*With this Professional Master's Degree you will be up to date in the most effective treatments applied to children and adolescents with mental disorders"*

The area of child and adolescent psychiatry was developed a century after that of adults, but in recent years has seen a remarkable growth in research. Thanks to this, medical professionals have all the tools they need to be able to make an early detection and a much more effective diagnosis and intervention. Likewise, current pharmacology has favored the approach to child and adolescent patients, who suffer, for example, from the first psychotic episodes or ADHD.

These advances and the pressing mental health problems of this population group make it necessary to update knowledge in a field that has undergone extensive progress. Therefore, in this Professional Master's Degree, the professional will not only delve into its primary focuses (design of psychometric instruments and questionnaires, taxonomy, depression, post-traumatic stress disorder, social phobia and psychopharmacology), but also other transcendent areas, such as attachment theory or the adult evolution of disruptive mood dysregulation.

In addition, through a theoretical-practical approach, students delve into everything that science knows today about human mental development, studies through neuroimaging or clinical management in psychiatry.

All this in a Professional Master's Degree offered in 100% online format and which students can access comfortably wherever and whenever they want. A program that only requires an electronic device with an internet connection to connect to the virtual campus where the syllabus is found. Therefore, the professional will be able to update their knowledge by distributing the 1,500 teaching hours according to their needs, making this program an ideal degree for people who wish to combine their most demanding responsibilities with quality education.

This **Professional Master's Degree in Child Psychiatry** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ Practical cases presented by experts in Psychology
- ♦ The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- ♦ Practical exercises where self-assessment can be used to improve learning
- ♦ Special emphasis on innovative methodologies
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



*This university program provides you with innovative teaching tools to broaden your knowledge of mental disorders related to children and adolescents"*

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*An academic opportunity that will take you through a multidisciplinary approach towards advances in the urgent management of child patients with pseudohallucinations”*

The program’s teaching staff includes professionals from the sector who contribute their work experience to this program, as well as renowned specialists from leading societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide immersive learning programmed to train in real situations.

This program is designed around Problem-Based Learning, whereby the professional must try to solve the different professional practice situations that arise throughout the program. For this purpose, the student will be assisted by an innovative interactive video system created by renowned and experienced experts.

*Access the latest information on the approach to patients with schizophrenia and advances in therapeutic treatments.*

*Without the need to travel to the classroom, nor classes with fixed schedules. This program gives you the flexibility that you are looking for.*



# 02 Objectives

In the course of this university degree, the medical professional will obtain the most recent scientific information in the field of psychiatric treatment of minor patients. For this purpose, multimedia content and clinical case studies will be provided by the specialized teaching team that teaches this degree. Therefore, at the end of this Professional Master's Degree you will be aware of the advances in primary care, mental disorders in the school environment or in the approach to current psychological disorders.







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*This Professional Master's Degree is designed for you to update your knowledge with the use of the latest educational technology, which will allow you to immerse yourself in issues related to anxiety disorders"*



## General Objectives

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- ♦ Master the skills for scientific research in psychiatry
- ♦ Gain in-depth knowledge of the processes of psycho motor, cognitive and psychosocial development in the first stages of a human's life
- ♦ Improve professional communication skills
- ♦ Provide training for leadership in psychiatry
- ♦ Know the peculiarities of the development of different specific areas
- ♦ Gain up-to-date knowledge of the therapeutic strategies in the latest advances in psychiatry
- ♦ Address the specific problems of liaison and interconsultation psychiatry in childhood and adolescence
- ♦ Hone clinical interview, examination and diagnostic skills in childhood psychiatry
- ♦ Provide skills and strategies for clinical management in psychiatry





## Specific Objectives

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### Module 1. Psychiatry in the Different Stages of Life

- ♦ Describe the genetic and biochemical bases of human beings
- ♦ Access the knowledge and understand of the different mental functions in the first stages of a human's life
- ♦ Know how to distinguish psychological disorders in natural evolutionary changes
- ♦ Identify the factors which influence the integral development of a human being in the first stages of development
- ♦ Explain the contribution of various scientific sources to the field of child and adolescent psychiatry and psychotherapy

### Module 2. Clinical Syndromes in Childhood and Adolescent Psychiatry

- ♦ Define the main psychopathological and clinical issues that occur in childhood and adolescence
- ♦ Understand the specificities of clinical presentation specific to different stages of development
- ♦ Deepen understanding of the clinical diagnosis methods in the different psychopathological processes
- ♦ Know how to perform psychodiagnostic sequencing in childhood and adolescence
- ♦ Perform a differential diagnosis taking into account the evolutionary stage of the patient

### Module 3. Psychopathology in Childhood

- ♦ Be aware of the criteria for establishing a correct differential diagnosis of the different clinical and psychopathological pictures that present themselves in childhood and adolescence
- ♦ Manage the different classification systems of mental disorders in childhood and adolescence, especially multi-axial types
- ♦ Describe the clinical evaluation and diagnostic procedures in childhood and adolescence
- ♦ Gain sufficient skills for establishing differential diagnosis criteria in childhood and adolescence

### Module 4. New Advances in Childhood Psychiatry

- ♦ Adequately assess the multicausality and causality of psychopathological and clinical disorders in childhood and adolescence
- ♦ Deepen knowledge of new diagnostic methods in childhood and adolescence
- ♦ Identify the treatment possibilities of psychopathological disorders in childhood and adolescence
- ♦ Describe and respect bioethical approaches in childhood and adolescence



**Module 5. Liaison and Interconsultation Psychiatry: Child Psychology Psychosomatics**

- ♦ Value the interest of interconsultation-liaison work in its different modalities
- ♦ Acquire the skills to deal with underaged patients
- ♦ Develop techniques to achieve the motivation and active participation of a child or adolescent patient in the diagnosis and intervention process
- ♦ Establish therapeutic guidelines for each type of disorder detected
- ♦ Elaborate the most appropriate treatment for the clinical symptoms diagnosed

**Module 6. Advances in Child and Adolescent Psychiatric Treatments**

- ♦ Design integrates therapeutic interventions
- ♦ Gain skills in the relevant management of psychotropic drugs in childhood and adolescence
- ♦ Apply the principles of inter-institutional and community work to children and adolescents due to the specific peculiarities of children and youth institutions
- ♦ Provide the professional with the ability to identify with the logic of the patient according to their age and the disorder
- ♦ Understand the scientific method applied to research in psychiatry and psychotherapy in childhood and adolescence
- ♦ Become familiar with epidemiological and developmental psychopathology research procedures

**Module 7. Child and Adolescent Psychiatric Emergencies**

- ♦ Perform research in the field of childhood and adolescence
- ♦ Develop protocols and tools that allow for intervention with safeguards
- ♦ Develop early detection and intervention plans in the perinatal period
- ♦ Pragmatically approach emergency psychiatric situations in childhood and adolescence

**Module 8. Professional Skills in Child Psychiatry**

- ♦ Acquire the skills and strategies for clinical management in psychiatry
- ♦ Master the skills for efficient communication and establish leadership in childhood psychiatry

**Module 9. Clinical Management in Psychiatry**

- ♦ Define the characteristics of intervention in schools
- ♦ Design coordination protocols with adult mental health services
- ♦ Support and lead activities aimed at integration into the labor market

**Module 10. Community Intervention in Childhood Psychiatry**

- ♦ Master knowledge of the childhood and adolescence peculiarities of medical-legal aspects in Childhood Psychiatry
- ♦ Understand the working of the social services

# 03 Skills

This Professional Master's Degree provides medical professionals with knowledge that will keep them up to date with recent developments and studies on psychiatric treatment, but at the same time it is a program that will enhance their competencies and skills. Therefore, at the end of this program, they will have broadened their skills in the management of patients with postpartum crisis, with functional diversity or who have suffered sexual abuse.





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*With this program you will be able to master the new diagnostic and therapeutic procedures in patients with anxiety, post-traumatic stress disorder or PAS”*



## General Skills

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- ♦ Master knowledge of psychopathologies in childhood and adolescence
- ♦ Use psychiatric epidemiology to prevent and treat illnesses
- ♦ Provide expert treatment of perinatal psychiatric problems
- ♦ Resolve specific problems of liaison and interconsultation psychiatry in childhood and adolescence
- ♦ Acquire skills for clinical interviews, examinations and diagnosis in Childhood Psychiatry
- ♦ Master the skills for scientific research in Childhood Psychiatry
- ♦ Master professional communication skills
- ♦ Develop leadership skills in childhood and adolescent psychiatry
- ♦ Integrate evidence-based medicine into daily practice
- ♦ Gain the skills to be able to offer psychological support
- ♦ Know how to update therapeutic plans to meet the most current standards







## Specific Skills

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- ♦ Keep physicians' knowledge of new advances in childhood psychiatry up to date
- ♦ Master the differential epidemiology of the young adult (or older adolescent)
- ♦ Master knowledge on the genetic advances in childhood psychiatry
- ♦ Understand the influence of genes in neurobiological development
- ♦ Recognize the genetic influences in normal and abnormal development of a child
- ♦ Appreciate, understand and provide guidance in cases of divorce, separation and new forms of cohabiting
- ♦ Understand and master the legal requirements for the psychiatric hospitalization of children and adolescents
- ♦ Understand the functioning of mental health in the juvenile justice system
- ♦ Understand the risks (and preventative actions) of malpractice (iatrogenies) and professional responsibilities
- ♦ Consolidate knowledge of the importance of coordination with adult mental health services
- ♦ Develop knowledge of and evaluate the functioning of the transition procedures between services
- ♦ Develop knowledge of and evaluate the functioning of protocols for the first psychotic episodes
- ♦ Develop knowledge of and evaluate the functioning of ADHD and autism protocols after a few years
- ♦ Highlight the importance of mental health professionals in the integration into the world of work

04

# Course Management

This academic option, taught exclusively online, is implemented by a management and teaching team specialized in Medicine and Psychiatry. Two essential areas for the professional who studies this program in order to gain up-to-date knowledge from highly qualified and specialized personnel in the management of psychiatric patients in childhood and adolescence.





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*You will the support of specialized and leading professionals in the field of child psychiatry. They will guide you to expand your knowledge in this area"*

## International Guest Director

Included as one of the “most influential minds” in the Clarivate list and with more than 40 research awards, Dr. Christoph U. Corell is one of the major references in the field of Psychiatry. He has developed his professional, teaching and scientific career in Germany, Great Britain and the United States.

His passion for this specialty led him to focus his efforts on the study of the identification and treatment of young people and adults with severe mental illnesses. He has also conducted numerous clinical trials and has delved into areas such as Schizophrenia, Bipolar Disorder, Major Depression and other psychotic disorders.

Corell has also focused on the analysis of mood and autism/behavioral spectrum disorders, ranging from the prodrome to the first episode, patients with multiple episodes and refractory illnesses. The result of his hard work is reflected in the more than 700 journal articles, authored and co-authored, which place him with a Google Scholar Index h 136. He also has numerous publications, active participation in national and international conferences.

A great potential that is evident, in turn, in his performance as a professor in the classrooms of high-level academic institutions. In addition, he is an international reference in his role as a communicator, which has led him to participate in media spaces, where he conveys information in a simple and direct way both to the public and to other experts in the same field.



## Dr. Corell, Chirstoph U.

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- Researcher at the Center for Psychiatric Neuroscience Feinstein Institute for Medical Research
- Medical Director at Zucker Hillside Hospital in the Recognition and Prevention Program (RAP)
- Co-Director of the Child and Adolescent Psychiatry Laboratory of the Center for Psychiatric Neuroscience at Feinstein Institute for Medical Research
- Professor of Psychiatry at the Hofstra/Northwell Zucker School of Medicine
- Professor and Head of the Department of Child and Adolescent Psychiatry at Charité University Medicine, Berlin
- Medical degree from the Free University of Berlin and the University of Dundee Medical School
- International Society for Bipolar Disorders (ISBD)
- German Association of Child and Adolescent Psychiatry (DGKJP)
- Lundbeck International Neuroscience Foundation (LINF)
- Société Médico-Psychologique
- Schizophrenia International Research Society (SIRS)
- American Society of Clinical Psychopharmacology (ASCP)
- International Early Psychosis Association (IEPA)
- Nordostdeutsche Gesellschaft für Psychiatrie, Psychotherapie und Psychosomatik des Kindes- und Jugendalters e. V.
- European College of Neuropsychopharmacology (ECNP)

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*Thanks to TECH, you will be able to learn with the best professionals in the world”*

## Management



### Mr. Cantó Diez, Tomás J.

- Psychiatrist of the Special Training Unit at the 'Lucentum' Shelter for Minors in Alicante
- Master's Degree in Clinical Management and Mental Health, Pablo Olavide University, Seville
- Coordinator of the Childhood Mental Health Unit, Alicante University General Hospital
- Professor for the Master's Degree in Mental Health, Miguel Hernandez de Elche University
- Member of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA)
- Member of the American Academy of Child and Adolescent Psychiatry (AACAP)
- Member of the Society of Psychiatry of the Valencian Community (SPCV)
- Member of the Spanish Society of Psychiatry (SEP)
- Degree in Medicine from the University of Alicante
- Specialist in Psychiatry, Clinical Provincial Hospital in Barcelona



### **Dr. Alda, José Angel**

- Specialist in Psychiatry
- Head of the Child and Adolescent Psychiatry Department at Sant Joan de Déu Hospital, Barcelona
- Head of the ADHD Unit at Sant Joan de Déu Hospital, Barcelona
- PhD in Medicine and Surgery from the University of Zaragoza
- Professor for the Master's Degree in Clinical Child and Adolescent Psychopathology in the faculty of Psychology at the Autonomous University of Barcelona
- Professor in the Master's Training in Paidopsychiatry, Autonomous University of Barcelona
- Professor of Master's Degree in Neuropediatrics, University of Barcelona
- Professor of the Master's Degree in Nursing Care in Childhood and Adolescence at Sant Joan de Déu
- Member of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA)
- Member of the Medical Sciences Academy of Catalunya
- Member of the creation group of the Clinical Practice Guide on ADHD for the Ministry of Health (2016)
- Vice president of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA)
- Degree in Medicine from the University of Zaragoza

## Professors

### Ms. Dolz Abadia, Montserrat

- ♦ Head of the Psychiatric and Psychology Unit at Sant Joan de Déu Hospital

### Ms. Hernández Otero, Isabel

- ♦ Coordinator of the Child and Adolescent Mental Health Unit at the Virgen de la Victoria Clinical University Hospital in Malaga

### Mr. Imaz Roncero, Carlos

- ♦ Specialist in Psychiatry, Child and Adolescent Section, Río Hortega University Hospital, Valladolid

### Ms. Mojarro Práxedes, Dolores

- ♦ Professor in the University of Seville, Psychiatric Department

### Mr. Morey, Jaime

- ♦ Director of the Balearic Institute of Child and Adolescent Mental Health, Son Espases University Hospital, Balearic Islands

### Mr. Pelaz Antolín, Antonio

- ♦ Specialist in Psychiatry, Child Psychiatric Department, San Carlos Clinical Hospital, Madrid

### Ms. Rubio, Belén

- ♦ MD Psychiatrist PhD
- ♦ Interconsultation and Liaison Unit of Child and Adolescent Psychiatry, Canarias University Hospital, Canary Islands







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*This program will provide you with a sense of confidence in medical practice, which will help you grow personally and professionally”*

# 05

# Structure and Content

The syllabus of this Professional Master's Degree has been prepared by a specialized teaching team whose main objective has been to contribute their extensive knowledge of psychiatric treatments to this program and present the latest advances in the child and adolescent population. A syllabus that takes a global and detailed look at psychiatry in the different stages of the human being's life. Video summaries, detailed videos or essential readings are part of the visual and dynamic content, which will be found by the professional who studies this program.





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*The teaching team contributes their extensive knowledge to this program and presents and clinical cases that will bring you even closer to the reality of caring for children with mental disorders"*

## Module 1. Psychiatry in the Different Stages of Life

- 1.1. Social and Personality Development
  - 1.1.1. Attachment
  - 1.1.2. Play
  - 1.1.3. Self-esteem
  - 1.1.4. Treatment and Character
  - 1.1.5. Personality
- 1.2. Perinatal Psychiatry
  - 1.2.1. Intrauterine Development Fetus-Mother Interactions Effects of Stress
  - 1.2.2. Psychological Support
    - 1.2.2.1. In Assisted Reproduction
    - 1.2.2.2. In At-Risk Pregnancies
    - 1.2.2.3. In Prenatal Diagnosis
  - 1.2.3. Early Detection and Intervention
    - 1.2.3.1. Depression in Pregnancy: Mother and Child
    - 1.2.3.2. Secondary Effects of Medication and Drugs During the Prenatal Period
- 1.3. Psychiatry in Birth
  - 1.3.1. Psychological Support
    - 1.3.1.1. In the Preparation for Giving Birth
    - 1.3.1.2. In Premature Births
    - 1.3.1.3. In Traumatic Births
    - 1.3.1.4. In Perinatal Deaths: Mother or Child
  - 1.3.2. Early Detection and Intervention
    - 1.3.2.1. Baby Blues and Postpartum Depression: Mother and Child
    - 1.3.2.2. Postpartum Psychosis
- 1.4. The First 1000 Days
  - 1.4.1. Presentation of the Newborn
  - 1.4.2. Characteristics of Development from 2 Months to 3 Years Old
  - 1.4.3. The Role of Interaction With the Main Caregiver in the Development During the First Years of Life
  - 1.4.4. How to Evaluate These First Years
  - 1.4.5. Diagnostic Classification of Mental Health and of the Development Disorders





- 1.5. Pre-school Stage
  - 1.5.1. General Overview of the Clinical Interview
  - 1.5.2. Diagnostic Interview
  - 1.5.3. Characteristics of the Early Childhood Interview
- 1.6. School Stage
  - 1.6.1. Maturation of the Nervous System
  - 1.6.2. Motor Development
  - 1.6.3. Acquisition of Language
  - 1.6.4. Cognitive Development
  - 1.6.5. Feeding
  - 1.6.6. Sleep
  - 1.6.7. Self-concept
  - 1.6.8. Self-esteem
  - 1.6.9. Morality
  - 1.6.10. Psychosexual Development
  - 1.6.11. Family and Age Development
  - 1.6.12. Influence of Peers During the Development at School Age
- 1.7. Puberty and Adolescence
  - 1.7.1. Physiological Changes
  - 1.7.2. Psychological Changes
  - 1.7.3. Neurobiological Changes
  - 1.7.4. Psychiatric Pathology in Adolescence
  - 1.7.5. Self-harm and Suicidal Behavior
  - 1.7.6. Transition in Medical Care
- 1.8. Young Adult (18-24 years old)
  - 1.8.1. Psychological Development in Young Adults
  - 1.8.2. Approach to Mental Disorders in Young Adults
- 1.9. Building a Family
  - 1.9.1. Formation and Elements of the Family
  - 1.9.2. Stages of the Family
  - 1.9.3. Family Functions
  - 1.9.4. Therapy

- 1.10. Specific Areas of Development
  - 1.10.1. Motor Development
  - 1.10.2. Social-emotional Development
  - 1.10.3. Cognitive Development
  - 1.10.4. Development of Attention, Perception and Memory
  - 1.10.5. Communication Development
  - 1.10.6. Language and Speaking Development
  - 1.10.7. Emotional Intelligence Development
  - 1.10.8. Identity Development
  - 1.10.9. Moral Development
  - 1.10.10. Psychosexual Development

## Module 2. Clinical Syndromes in Childhood and Adolescent Psychiatry

- 2.1. Diagnostic Taxonomies
  - 2.1.1. Definition
  - 2.1.2. Historical Introduction
  - 2.1.3. Current Classification Systems
- 2.2. Abuse and Addictions
  - 2.2.1. Alcohol and Drugs
  - 2.2.2. Behavioral Addictions
  - 2.2.3. Dual Pathologies
- 2.3. Eating Disorders
  - 2.3.1. Etiology
  - 2.3.2. Clinical Evaluation
    - 2.3.2.1. Clinical Features in Anorexia Nervosa
    - 2.3.2.2. Clinical Features in Bulimia Nervosa
    - 2.3.2.3. Complementary Evaluations
  - 2.3.3. Diagnosis
  - 2.3.4. Treatment
    - 2.3.4.1. Nutritional Treatment
    - 2.3.4.2. Psychological Treatment
    - 2.3.4.3. Pharmacological Treatment
  - 2.3.5. Prevention
- 2.4. The Environment in Child Psychiatry
  - 2.4.1. School Bullying
  - 2.4.2. Adaptation Disorders
  - 2.4.3. Post-Traumatic Stress Disorder
  - 2.4.4. Treatment of PTSD
  - 2.4.5. Parental Alienation Syndrome
  - 2.4.6. Bonding Disorders
  - 2.4.7. Reactive Attachment Disorder
  - 2.4.8. Disinhibited Social Relationship Disorder
- 2.5. Mood Disorder
  - 2.5.1. Depression
  - 2.5.2. Grief
  - 2.5.3. Bipolar Disorder
- 2.6. Anxiety Disorder
  - 2.6.1. Childhood Fears and Simple Phobias
  - 2.6.2. Separation Anxiety Disorder
  - 2.6.3. Selective Mutism
  - 2.6.4. Generalized Anxiety Disorder
  - 2.6.5. Social Anxiety Disorder
  - 2.6.6. Panic Attacks and Panic Disorder
- 2.7. Autism and Social Community Disorder
  - 2.7.1. Autism Spectrum Disorder
  - 2.7.2. Social Communication Disorder (Pragmatic)
- 2.8. Cognition Disorder
  - 2.8.1. Borderline Intellectual Level
  - 2.8.2. Intellectual Disability
  - 2.8.3. Childhood Dementia
- 2.9. Basic Instincts
  - 2.9.1. Aggressiveness
    - 2.9.1.1. Self-Aggression
    - 2.9.1.2. Hetero-Aggressiveness
  - 2.9.2. Sphincters
    - 2.9.2.1. Encopresis
    - 2.9.2.2. Enuresis

- 2.9.3. Sexuality
  - 2.9.3.1. Sexual Problems in Children and Adolescents
  - 2.9.3.2. Atypical Psychosexual Development
- 2.9.4. Sleep
  - 2.9.4.1. Parasomnia
  - 2.9.4.2. Dyssomnia
- 2.10. Psychotic Disorders
  - 2.10.1. Terms
  - 2.10.2. Epidemiology
  - 2.10.3. Etiology
  - 2.10.4. Clinical symptoms
  - 2.10.5. Diagnostic Evaluation and Differential Diagnosis
  - 2.10.6. Treatment and Approach
  - 2.10.7. Course and Prognosis
- 2.11. Obsessive Compulsive Disorder
  - 2.11.1. Epidemiology
  - 2.11.2. Etiology
  - 2.11.3. Pathophysiology
  - 2.11.4. Manifestations and Clinical Course Clinical Differences with OCT in Adults
  - 2.11.5. Differential Diagnosis
  - 2.11.6. Comorbidity
  - 2.11.7. Treatment
- 2.12. Personality Disorders
  - 2.12.1. Prevalence of Personality Disorders in Children and Adolescents
  - 2.12.2. Clinical Manifestations
  - 2.12.3. Comorbidity and Prognosis
  - 2.12.4. Diagnosis
  - 2.12.5. Intervention and Treatment

- 2.13. Other Disorders
  - 2.13.1. Learning Disorders
  - 2.13.2. Speaking Disorder
  - 2.13.3. Language Disorder
  - 2.13.4. Reading Disorder
  - 2.13.5. Motor Disorders
  - 2.13.6. Other Non-Mental Disorders
- 2.14. Behavioral Disorders I. Tics, Tourette's and ADHD
  - 2.14.1. Tics
  - 2.14.2. Tourette's Syndrome
  - 2.14.3. Attention Deficit Hyperactivity Disorder (ADHD) in Children and Adolescents
- 2.15. Behavioral Disorders II. Disruptive, Impulsive or Antisocial Personality
  - 2.15.1. Epidemiology
  - 2.15.2. Etiology
  - 2.15.3. Disruptive Behavior Disorders
  - 2.15.4. Antisocial Personality Disorder
  - 2.15.5. Impulse Control Disorder
  - 2.15.6. Management

### Module 3. Psychopathology in Childhood

- 3.1. Perception Psychopathology
  - 3.1.1. Perceptive Function Disorders
  - 3.1.2. Perception Anomalies
  - 3.1.3. Hallucinations
  - 3.1.4. Pseudohallucinations
  - 3.1.5. Hallucinoses
- 3.2. Thought Disorders
  - 3.2.1. Magical Thinking and Logical Thinking
  - 3.2.2. Psychopathology
  - 3.2.3. Disorders of Thought Content
  - 3.2.4. Formal and Thought Control Disorders

- 3.3. Language Psychopathology
  - 3.3.1. Language Disorders
  - 3.3.2. Language Disorders in Childhood
  - 3.3.3. Communication Disorders According to thDSM-5 Classification
  - 3.3.4. Language Psychopathology in Childhood
  - 3.3.5. Acquired Aphasia with Epilepsy or Landau-Kleffner Syndrome
- 3.4. Psychopathology of Affectivity
  - 3.4.1. Affective Symptoms
  - 3.4.2. Psychopathology of Affectivity in Adolescence
  - 3.4.3. Syndromic Alterations of Affectivity
- 3.5. Psychopathology of Psychomotor Skills
  - 3.5.1. Increase in Psychomotor Activity
  - 3.5.2. Reduction in Psychomotor Activity
  - 3.5.3. Abnormalities of Mimic and Body Expression
- 3.6. Psychopathology of Sleep
  - 3.6.1. Physiology of Sleep
  - 3.6.2. Dyssomnia
  - 3.6.3. Parasomnia
- 3.7. Psychopathology of Intelligence
  - 3.7.1. Definition of Intelligence
  - 3.7.2. Psychopathology
    - 3.7.2.1. Intellectual Deficiency
    - 3.7.2.2. Development Disability
    - 3.7.2.3. Inhibitions or Blocks
- 3.8. Psychopathology of Nutritional Instincts
  - 3.8.1. Symptomatic Eating Disorders
  - 3.8.2. Primary Eating Disorders
- 3.9. Psychopathology of the Sex Life
  - 3.9.1. Psychosexual Development and Sex Life
  - 3.9.2. DSM-5 and its Classification of Sexuality Disorders







- 3.10. Psychopathology of Impulsiveness
  - 3.10.1. An Impulsive Child
  - 3.10.2. Approach to Impulsiveness
  - 3.10.3. Etiological Formulations: Biological, Psychological and Psychosocial Factors of Impulsiveness
  - 3.10.4. Impulsiveness as a Symptom for Other Child and Adolescent Disorders
  - 3.10.5. Changes in the Diagnostic and Statistical Manual DMS-5
  - 3.10.6. Approach and Treatment
- 3.11. Psychopathology of Insight
  - 3.11.1. Models and Dimensions of Insight
  - 3.11.2. Insight in Mental Disorders
- 3.12. Psychopathology of Conscience and Attention
  - 3.12.1. Psychopathology of Conscience
  - 3.12.2. Quantitative Alterations
  - 3.12.3. Qualitative Alterations
  - 3.12.4. Psychopathology of Attention
- 3.13. Psychopathology of Memory
  - 3.13.1. Basic Psychopathological Concepts
- 3.14. Psychopathology of Aggression
  - 3.14.1. Classification
  - 3.14.2. Theories
  - 3.14.3. Evolutionary Development of Aggression
  - 3.14.4. Aggression Modulators

#### **Module 4. New Advances in Childhood Psychiatry**

- 4.1. Epidemiology of Mental Disorders in Childhood and Adolescence
  - 4.1.1. Uses and Limitations of Epidemiological Studies
  - 4.1.2. Measurements of the Frequency of Illnesses
  - 4.1.3. Types of Epidemiological Studies
  - 4.1.4. Prevalence of Mental Disorders in Childhood and Adolescence The Question of the Classification Systems of Illnesses
  - 4.1.5. Comorbidity
  - 4.1.6. Continuity in Adulthood

- 4.2. Genetic Advances in Childhood Psychiatry
  - 4.2.1. Approach to Molecular Genetics
  - 4.2.2. From Genetics to Symptomology
  - 4.2.3. Future of Genetics in Child and Adolescent Psychiatric Research
- 4.3. Update on Neurochemistry in Psychiatry
  - 4.3.1. Neurobiology of Development: Genetic Implication
  - 4.3.2. Neurochemistry of Early Development
  - 4.3.3. Neurochemistry of Learning
  - 4.3.4. Neurochemistry of the Reward System
  - 4.3.5. Neurochemistry in Aggression
- 4.4. Clinical Psychophysiology and Neurophysiology: Application in Practice
  - 4.4.1. Videoelectroencephalography (VEEG)
  - 4.4.2. Normal Sleep in Childhood and Adolescence
  - 4.4.3. Nocturnal Video-Polysomnography (VPSG)
  - 4.4.4. Cognitive Evoked Potentials (CEP)
- 4.5. Scientific Research in Psychiatry
  - 4.5.1. Epidemiology: Basic Concepts
  - 4.5.2. Bioethics of Clinical Research and of the Professional/Patient Relationship
  - 4.5.3. Evidence-Based Medicine
  - 4.5.4. Objectives of the Research: How to Formulate Research Questions and Search Strategies
  - 4.5.5. Phases of a Research Project Definition of Variable, Design and Type of Study
  - 4.5.6. Study Population: Sample Size and Sample Selection
  - 4.5.7. Analysis and Management of Data
- 4.6. Efficient Communication and Leadership in Psychiatry
  - 4.6.1. Common Aspects
  - 4.6.2. Written Texts
  - 4.6.3. Oral Reports

## Module 5. Liaison and Interconsultation Psychiatry: Psychosomatic Paidopsychiatry

- 5.1. Chronic Pediatric Illness
  - 5.1.1. Psychological Impact
  - 5.1.2. Related Factors
  - 5.1.3. Therapeutic Intervention
- 5.2. The Child and the Family in the Face of Illness and Death
  - 5.2.1. The Child and the Family in the Face of Illness and Hospitalization
  - 5.2.2. The Child and the Family in the Face of Death
- 5.3. Psychosomatic Paidopsychiatry in Pediatric Oncohematology
  - 5.3.1. Psychopathological Alterations in Children With Cancer
  - 5.3.2. Diagnosis
  - 5.3.3. Treatment
- 5.4. Psychosomatic Paidopsychiatry in Pediatric Endocrinology
  - 5.4.1. Obesity
  - 5.4.2. Diabetes
- 5.5. Psychosomatic Paidopsychiatry in Pediatric Nephrology
  - 5.5.1. Chronic Kidney Disease: Concept and Most Common Causes
  - 5.5.2. Psychiatric Disorders Associated with CKD in Children and Adolescents
  - 5.5.3. Renal Transplant
- 5.6. Psychosomatic Paidopsychiatry in Neurology
  - 5.6.1. Headaches
  - 5.6.2. Epilepsy
- 5.7. Psychosomatic Paidopsychiatry in Pediatric Cardiology
  - 5.7.1. Psychosocial Problems
  - 5.7.2. Psychiatric Disorders in Congenital Heart Disease
- 5.8. Psychosomatic Paidopsychiatry in Children and Adolescents: Burns Victims
  - 5.8.1. Psychosocial Adjustment
  - 5.8.2. Therapeutic Considerations
- 5.9. Psychosomatic Paidopsychiatry of Children in the ICU
  - 5.9.1. Types of Pediatric Intensive Care Units
  - 5.9.2. Psychopathology
  - 5.9.3. Treatment and Interventions

- 5.10. Delirium
  - 5.10.1. Epidemiology
  - 5.10.2. Etiology
  - 5.10.3. Neuropathogenesis
  - 5.10.4. Clinical Manifestations
  - 5.10.5. Diagnosis
  - 5.10.6. Treatment
- 5.11. Suicidal Behavior from the Interconsultation Point of View
  - 5.11.1. Concept of Death and Illness in Children and Adolescents
  - 5.11.2. Concept of Suicide
  - 5.11.3. Characteristics of the Interconsultation of Suicidal Behavior
  - 5.11.4. Assessment
  - 5.11.5. Therapeutic Approach
  - 5.11.6. Absolute Indicators of Admission (or Maintaining Admission)
- 5.12. Intervention and Pain Management and Preparation of Invasive Interventions in Children and Adolescents
  - 5.12.1. Psychological Intervention for the Preparation of Invasive Interventions
  - 5.12.2. Relaxation Technique
- 5.13. Psychosomatic Paedopsychiatry
  - 5.13.1. Special Characteristics for Psychosomatic Paedopsychiatry
  - 5.13.2. Psychosomatic Paedopsychiatry
  - 5.13.3. Interconsultation Times in Psychosomatic Paedopsychiatry
  - 5.13.4. Most Frequent Problems and Pathologies
- 5.14. Psychopharmacology in the Interconsultation
  - 5.14.1. Pediatric Psychopharmacology or Development First Principles
  - 5.14.2. Psychopharmacology in Pediatric Illnesses
- 5.15. Psychosomatic Paedopsychiatry in Pediatric Gastroenterology
  - 5.15.1. Repetitive Abdominal Pain
  - 5.15.2. Chronic Inflammatory Bowel Disease
  - 5.15.3. Ulcerative Colitis
  - 5.15.4. Coeliac Disease
- 5.16. Psychosomatic Paedopsychiatry in Pediatric Pneumology
  - 5.16.1. Asthma
  - 5.16.2. Cystic fibrosis

## Module 6. Advances in Treatments in Child and Adolescent Psychiatry

- 6.1. Environmental Treatments
  - 6.1.1. Third Generation Therapies
- 6.2. Behavioral Treatment
  - 6.2.1. Cognitive Behavioral Therapy
  - 6.2.2. Parent Training
  - 6.2.3. Family Therapy (Systemic)
  - 6.2.4. Individual Psychotherapy
  - 6.2.5. Group Psychotherapy
- 6.3. Psychoanalysis
  - 6.3.1. Psychoanalytical Technique
  - 6.3.2. Indications of Psychoanalysis
  - 6.3.3. Results of Psychoanalysis
  - 6.3.4. Psychoanalytical Psychotherapy
- 6.4. Pharmacological Treatment. Dose and Application
  - 6.4.1. Mechanisms of Action for Drugs
  - 6.4.2. Precautions, Warnings and Informed Consent
- 6.5. Surgical Treatments
  - 6.5.1. Sex Reassignment Surgery (SRS)
  - 6.5.2. Neurosurgery
- 6.6. Technological Treatment EBM Recommendations
  - 6.6.1. Technological Treatment
  - 6.6.2. EBM Therapeutic Recommendations

## Module 7. Child and Adolescent Psychiatric Emergencies

- 7.1. Emergency Diagnosis and Urgent Report
  - 7.1.1. Definition and Epidemiology of Psychiatric Emergencies
  - 7.1.2. Evaluation of Emergencies
  - 7.1.3. Differential Diagnosis and Psychomotor Agitation
- 7.2. Anxiety Syndrome
  - 7.2.1. Anxiety Disorders
  - 7.2.2. Anxiety Syndrome in Emergencies

- 7.3. Non-Suicidal Self-Harm
  - 7.3.1. Risk Factors
  - 7.3.2. Explanatory Models
  - 7.3.3. How to Act from a Pediatric Emergency Department
  - 7.3.4. Current Treatments
- 7.4. Approach to Suicidal Behaviour from Pediatric Emergency Departments
  - 7.4.1. Risk Factors and Protection
  - 7.4.2. Explanatory Models
  - 7.4.3. How to Act from a Pediatric Emergency Department
  - 7.4.4. Current Psychological Treatment
- 7.5. Motor Agitations
  - 7.5.1. Patient Evaluation
  - 7.5.2. Etiology and Diagnosis
  - 7.5.3. Approach and Treatment
- 7.6. Psychotic Picture
  - 7.6.1. Epidemiology
  - 7.6.2. Etiology
  - 7.6.3. Clinical symptoms
  - 7.6.4. Diagnostic Evaluation and Differential Diagnosis
  - 7.6.5. Treatment and Approach
  - 7.6.6. Course and Prognosis
- 7.7. Substance Abuse Problems
  - 7.7.1. Etiology and Epidemiology
  - 7.7.2. Types of Substances
  - 7.7.3. Clinical symptoms
  - 7.7.4. Differential Diagnosis
  - 7.7.5. Treatment
- 7.8. Family Conflicts
  - 7.8.1. Physical Space and First Contact
  - 7.8.2. Family Conflict and Lawsuit
  - 7.8.3. Family Structure and Configuration
  - 7.8.4. Life Cycle
  - 7.8.5. Elaboration of a Diagnostic Hypothesis on the Family Conflict
  - 7.8.6. Family Interventions

- 7.9. Bullying
  - 7.9.1. Detection
  - 7.9.2. Intervention
  - 7.9.3. Prevention
  - 7.9.4. Final Reflections
- 7.10. Sexual Abuse
  - 7.10.1. Types of Child Maltreatment
  - 7.10.2. Classification of Child Sexual Abuse
  - 7.10.3. Characteristics of Child Sexual Abuse
  - 7.10.4. Evaluation of a Possible Case of Child Sexual Abuse

## Module 8. Professional Skills in Child Psychiatry

- 8.1. The Clinical Interview
  - 8.1.1. Types of Interviews
  - 8.1.2. Parent Interview
  - 8.1.3. Interview and Examination Elements in Children
  - 8.1.4. Child Play and Drawing
  - 8.1.5. Adolescent Interview
  - 8.1.6. Interview of Other Adults
- 8.2. Child Examination
  - 8.2.1. Physical Exploration
    - 8.2.1.1. Physical Examination
    - 8.2.1.2. Medical Examination
    - 8.2.1.3. Significance of Lesser Neurological Symptoms
    - 8.2.1.4. Neuroimaging Studies in Child and Adolescent Psychiatry
  - 8.2.2. Psychological/Mental Health Examination
    - 8.2.2.1. Cognitive Examination
    - 8.2.2.2. Emotional Examination
    - 8.2.2.3. Social Examination
    - 8.2.2.4. Instrumental Examination
    - 8.2.2.5. Interpretive Instruments
  - 8.2.3. Psychopathological Examination

- 8.3. Neuroimaging and Other Complementary Studies
  - 8.3.1. Magnetic Resonance
  - 8.3.2. Neuroimaging Techniques Using Radiotracers PET/SPECT
- 8.4. The Diagnostic Process and Reasoning
  - 8.4.1. Diagnostic Evaluation What and Why?
  - 8.4.2. Functional Analysis of Behavior

## Module 9. Clinical Management of Psychiatry

- 9.1. General Principles, Guidelines, Plans and Programs Reference Models
  - 9.1.1. Principles and Reference Guidelines for Caring for Minors with Psychic Problems
  - 9.1.2. Plans and Programs on Mental Health of Children and Adolescents
  - 9.1.3. Reference Models
- 9.2. Recipients, Service Portfolio, Health Care Network and Health Care Processes
  - 9.2.1. Recipients
  - 9.2.2. Portfolio of services
  - 9.2.3. Health Care Network
  - 9.2.4. Health Care Processes
- 9.3. Professional Teams and Profiles, Coordination, Management Tools and Indicators
  - 9.3.1. Professional Teams and Professional Profiles
  - 9.3.2. Coordination
  - 9.3.3. Management Tools
  - 9.3.4. Indicators

## Module 10. Community Intervention in Childhood Psychiatry

- 10.1. School
  - 10.1.1. Attention to Diversity
  - 10.1.2. Characteristics and Strategies for Care of Different Mental Disorders in the School Environment
- 10.2. Social Services
  - 10.2.1. Early Care
  - 10.2.2. High Risk Families
  - 10.2.3. Interventions in Multi-problematic Families
  - 10.2.4. Maltreatment and Neglect
  - 10.2.5. Boarding and Lodging
  - 10.2.6. Adoption
- 10.3. Medical-Legal Aspects of Childhood Psychiatry
  - 10.3.1. Legal Aspects in Clinical Practice
  - 10.3.2. Divorce, Separation and New Forms of Cohabiting
  - 10.3.3. Psychiatric Hospitalization of Children and Adolescents
  - 10.3.4. Mental Health in the Juvenile Justice System
  - 10.3.5. Bad Practice (Iatrogenic) and Professional Liability
  - 10.3.6. Testifying in a Court of Law
- 10.4. Mental Health in Adults
  - 10.4.1. Transition Between Services
  - 10.4.2. First Psychotic Episodes
  - 10.4.3. ADHD and Autism After 18 Years of Age



*A unique, key, and decisive master's degree experience to boost your professional development"*

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 you will experience 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 physician'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. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
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.

This 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, a real revolution with respect to the mere study and analysis of cases.

*Professionals will learn through real cases and by resolving 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).

With this methodology, more than 250,000 physicians have been trained with unprecedented success in all clinical specialties regardless of surgical load. 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 specialization, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation to 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 TECH's 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.



#### Surgical Techniques and Procedures on Video

TECH introduces students to the latest techniques, the latest educational advances and to the forefront of current medical techniques. 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 on the usefulness of learning by observing experts. The system known as 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

The Professional Master's Degree in Child Psychiatry guarantees you, in addition to the most rigorous and updated training, access to a Professional Master's Degree issued by TECH Technological University.



“

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

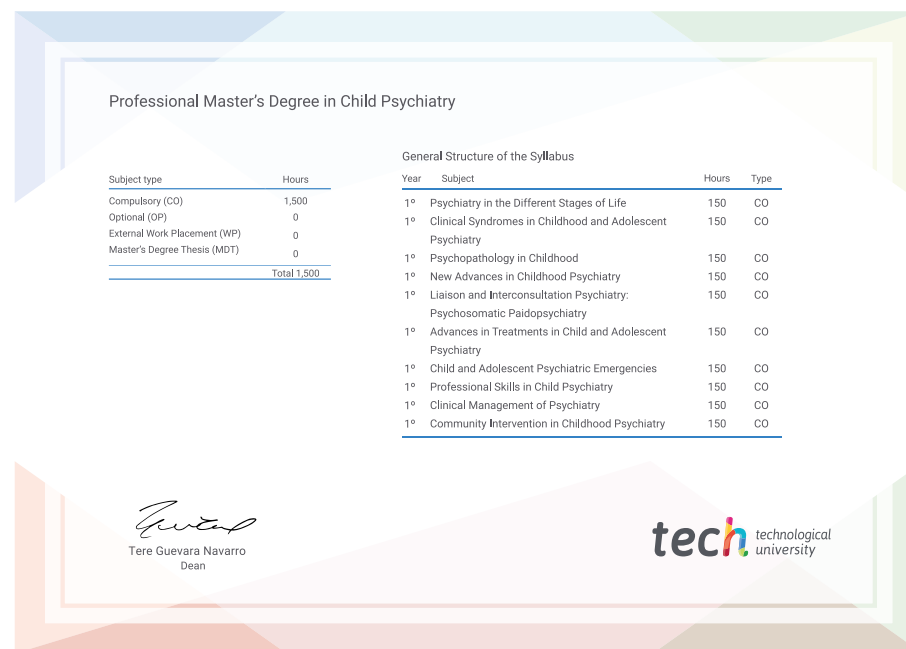
This **Professional Master's Degree in Child Psychiatry** contains the most complete and up-to-dated scientific program on the market.

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

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

Title: **Professional Master's Degree in Child Psychiatry**

Official N° of hours: **1,500 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.



health future  
confidence people  
education information tutors  
guarantee accreditation teaching  
institutions technology learning  
community commitment  
personalized service innovation  
knowledge present quality  
online training  
development languages  
virtual classroom



## Professional Master's Degree Child Psychiatry

- » Modality: online
- » Duration: 12 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

# Professional Master's Degree

## Child Psychiatry