

# Master's Degree

Psychological Intervention  
in Eating Disorders



## Master's Degree Psychological Intervention in Eating Disorders

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Credits: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

Website: [www.techtute.com/us/nutrition/master-degree/master-psychological-intervention-eating-disorders](http://www.techtute.com/us/nutrition/master-degree/master-psychological-intervention-eating-disorders)

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# 01

# Introduction

In a scenario where eating disorders pose increasingly complex challenges, nutritionists are finding an increasing demand for specialized skills to address these problems in a comprehensive manner. A holistic understanding of these problems, from assessment and diagnosis to therapeutic intervention strategies, becomes essential for their professional practice. In this context, this program is consolidated as an unprecedented academic opportunity where professionals address cutting-edge tools and methodologies to effectively intervene in conditions such as Anorexia or Bulimia. In turn, this curriculum has a 100% online methodology and is supported by a wide variety of multimedia content, as well as the application of the exclusive *Relearning* method.



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*Thanks to this Master's Degree  
you will master the principles of  
nutritional therapy to address  
dysfunctional eating patterns in  
patients with ED"*

The prevalence of Eating Disorders (EDs) has reached significant proportions, affecting the quality of life of those who suffer from them. The need for specialized interventions is urgent, as these disorders not only impact physical health, but also substantially affect the mental and emotional stability of individuals. In this scenario, this curriculum is presented as a holistic response in which professionals can expand their skills and knowledge.

Throughout the syllabus of this Master's Degree in Psychological Intervention in Eating Disorders, graduates will address crucial aspects for the understanding and effective treatment of EDs. In this sense, the importance of analyzing the perception of body image, identifying influential factors and linking it to self-esteem is highlighted. In addition, students will be deepen understanding of the identification of long-term medical and psychological complications of EDs, assessing their impact on quality of life, daily functioning and untreated mortality risks. In addition, they will analyze the impact on metabolism, hormonal function, risk of osteoporosis and bone weakness in these patients, providing a comprehensive view of the associated challenges.

At the same time, the program's methodology is adapted to the demands of the contemporary professional. With a flexible and accessible approach, the syllabus is taught 100% online, allowing professionals to adjust their studies to their work and personal responsibilities. In addition, the *Relearning* methodology is used, based on the repetition of key concepts to consolidate knowledge and facilitate continuous learning. This approach not only optimizes the assimilation of information, but also prepares students to effectively apply acquired skills in real clinical situations, thus strengthening their ability to address complex challenges.

This **Master's Degree in Psychological Intervention in Eating Disorders** contains the most complete and up-to-date scientific program on the market. The most important features include:

- ♦ The development of practical cases presented by experts in Psychological Intervention in Eating Disorders
- ♦ 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
- ♦ Its 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



*You will excel in addressing social pressure and beauty standards through this 100% online qualification"*

“

*You will establish nutritional objectives adapted to each type of ED thanks to TECH's didactic tools, including explanatory videos and interactive summaries”*

The program's teaching staff includes professionals from the field who contribute their work experience to this educational 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 education programmed to learn 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 during the academic year. For this purpose, the students will be assisted by an innovative interactive video system created by renowned and experienced experts.

*Relearning will enable you to learn with less effort and more performance, involving you more in your professional specialization.*

*If you have a computer, tablet or cell phone with an Internet connection, you can easily access the content of this very complete program.*



# 02 Objectives

The main objective of this curriculum is to keep graduates up to date in the design and implementation of personalized therapeutic plans for patients with Eating Disorders (EDs). Through a comprehensive approach, the program seeks to equip participants with the skills and knowledge necessary to effectively assess, diagnose and address these complex disorders. This course focuses on continuous updating, ensuring that nutrition professionals are equipped to respond to the changing demands of the field and deliver innovative and individually tailored therapeutic interventions.







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*You'll delve into the stages of recovery in EDs with TECH, the world's best digital university according to Forbes”*



## General Objectives

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- ♦ Assess and diagnose Eating Disorders in an accurate and early manner
- ♦ Rate the causal factors of EDs
- ♦ Identify and manage medical and psychological comorbidities
- ♦ Design and implement personalized therapeutic plans for patients with EDs
- ♦ Employ evidence-based therapeutic approaches
- ♦ Manage critically ill patients with ED effectively
- ♦ Establish the group therapy and social support for patients and their families
- ♦ Promote a healthy body image and prevent EDs in educational settings



## Specific Objectives

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### Module 1. Adolescence, Body Image and Self-Esteem

- ♦ Determine the key characteristics of adolescence, addressing physical, cognitive and emotional changes, as well as social and emotional development
- ♦ Analyze body image perception, identifying influential factors and connecting it to self-esteem
- ♦ Identify the elements that impact self-esteem, highlighting positive characteristics and the consequences of low self-esteem
- ♦ Recognize the interrelationship between body image and self-esteem, identifying traits of body image problems and their link to mental disorders
- ♦ Encourage healthy eating and exercise practices for a positive relationship with food and the body
- ♦ Enhance emotional expression in building self-esteem, emphasizing its positive impact on mental well-being

### Module 2. Development of Eating Disorders

- ♦ Analyze the emergence of the term "Eating Disorders" and explore the historical evolution that has influenced its understanding
- ♦ Describe changes in the societal perception of EDs and recognize key scientific advances related to these disorders
- ♦ Define global statistics on the incidence of EDs, identifying population groups most affected and assessing factors influencing their prevalence
- ♦ Identify factors contributing to childhood onset of EDs and explore changes in prevalence during adolescence and the transition to adulthood
- ♦ Assess differences in prevalence between males and females, considering gender aspects in the presentation and diagnosis of EDs, as well as their influence in special groups
- ♦ Recognize long-term medical and psychological complications of ED, assessing their impact on quality of life, daily functioning and untreated mortality risks

### Module 3. Etiology of Eating Disorders: Causal and Risk Factors

- ♦ Establish in detail the factors that predispose, precipitate and maintain the development of EDs
- ♦ Delve into which brain areas are linked to the regulation of hunger, satiety and emotions and to analyze neurochemical differences, including the function of serotonin, dopamine and other neurotransmitters in people with EDs
- ♦ Address the interplay between genetic and environmental factors in the genesis of ED, analyze the contribution of twin studies to understanding the heritability of ED and identify related genes
- ♦ Analyze the influence of emotional factors, such as stress, anxiety and depression on predisposition to ED and investigate the relationship between early trauma and vulnerability to ED in adulthood
- ♦ Discriminate the impact of beauty standards and social pressure on body image perception and their triggering role in EDCs and explore how a community's food culture may influence attitudes toward food and the body
- ♦ Investigate how the media and social networks promote unrealistic beauty ideals and contribute to the development of EDs
- ♦ Consider how EDs may manifest differently in different cultures, considering factors such as bariatric surgery

### Module 4. Classification and Diagnostic Criteria of EDs

- ♦ Assess the transdiagnostic approach and its usefulness in the diagnosis and treatment of EDs, exploring recent advances in the understanding and classification of these disorders
- ♦ Analyze the pathophysiology of dietary restraint and its relevance in the diagnosis of ED, describing the clinical presentation in different age groups
- ♦ Identify diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder, as well as other restricting disorders such as ARFID

- ♦ Understand the concepts of EDNOS (Eating Disorder Not Otherwise Specified) and common mistakes in the assessment and diagnosis of ED
- ♦ Detect common errors in the assessment and diagnosis of EDs and understand the importance of differential diagnosis in EDs and address the challenges of patients with comorbidities
- ♦ Discuss possible future revisions in diagnostic criteria and their implications and understand how these new the Clinical Management of EDs

### Module 5. Medical and Emotional Complications of EDs- Organs and Systems Affected by EDs

- ♦ Understand the impact on metabolism, hormone function, risk of osteoporosis and bone weakness in people with EDs
- ♦ Determine changes in skin, hair and dental problems caused by malnutrition in patients with ED and apply preventive measures
- ♦ Analyze the impact of ED on the brain, identify neuropsychiatric symptoms and assess the risk of brain damage
- ♦ Recognize loss of muscle mass and weakness, assess risks for osteoporosis and bone fractures, and develop physical rehabilitation strategies
- ♦ Detect kidney damage due to dehydration and electrolyte imbalances, assess risk of acute renal failure, and implement treatment and monitoring measures
- ♦ Recognize vulnerability to infections and immunosuppression in patients with EDs and develop strategies to strengthen the immune system in recovery

### **Module 6. Comorbidities of Eating Disorders with Other Psychopathologies**

- ♦ Assess the comorbidity of Bipolar, Cyclothymia and other mood disorders with EDs
- ♦ Determine the bidirectional relationship between Depression and Eating Disorders (EDs), identifying shared symptoms and differences in the diagnosis of the two conditions
- ♦ Analyze the interaction between Anxiety and EDs, identifying common types of Anxiety associated with these disorders
- ♦ Recognize comorbidity with borderline personality disorders and other personality types, analyzing their relationships with EDs
- ♦ Associate the relationship between substance abuse and EDs, identifying shared risk factors and differences in comorbidity, and developing intervention strategies
- ♦ Compare the prevalence of self-injury and suicide in patients with ED, identifying risk and protective factors in cases of comorbidity
- ♦ Estimate the importance of a comprehensive approach to the comorbidity of EDs with other psychopathological disorders

### **Module 7. Comprehensive Multidisciplinary Transdiagnostic Treatment**

- ♦ Understand the fundamental principles of the transdiagnostic approach to in the treatment of Eating Disorders (EDs)
- ♦ Recognize the crucial role of health professionals in comprehensive treatment, fostering interdisciplinary collaboration and understanding the specific roles of each specialist in the treatment of eating disorders

- ♦ Acquire skills for nutritional assessment in patients with EDs, planning adapted and balanced diets, and addressing resistance to eating effectively
- ♦ Establish the different levels of care, from outpatient to intensive treatment, and apply criteria for selecting the appropriate level including ongoing assessment of severity
- ♦ Define medical and psychological parameters for the identification of critically ill patients, using assessment tools and scales, and fostering collaboration between professionals to establish a diagnosis of critical illness

### **Module 8. Evidence-based Psychological and Psychopharmacologic Intervention From diagnosis to recovery and maintenance of the ED patient**

- ♦ Understand the principles of motivational interviewing in the context of Eating Disorders (EDs), developing therapeutic skills to foster motivation and change in patients
- ♦ Evaluate the types of psychotropic drugs used in the treatment of EDs, considering indications, prescription and the efficacy and safety of pharmacotherapy
- ♦ Establish the principles of humanistic therapies and their application in EDs, promoting self-acceptance and self-reflection in the patient and evaluating the effectiveness of these therapies
- ♦ Analyze the role of the family in the treatment of EDs, exploring the approach of third generation therapies and applying specific strategies to involve the family
- ♦ Clarify the benefits and dynamics of group therapies in EDs, analyzing types of therapeutic groups and examples of successful programs
- ♦ Explore creative therapies, dance movement therapy and coaching as new treatments in EDs, broadening the spectrum of therapeutic approaches
- ♦ Understand the stages of recovery in EDs, evaluate factors that influence successful recovery, analyze the process of adaptation and behavioral change, and explore strategies for relapse prevention and long-term maintenance

**Module 9. Nutritional Treatment in the ED Patient**

- ♦ Identify nutritional treatment goals according to the findings of the nutritional assessment
- ♦ Identify nutritional imbalances and specific deficiencies in patients with EDs and what are the mandatory and complementary examinations
- ♦ Establish nutritional goals adapted to each type of ED, such as Anorexia, Bulimia or Binge Eating Disorder
- ♦ Design individualized dietary plans that are adjusted to the needs, preferences of the patient and sociocultural aspects of the family. Review the concept of food insecurity
- ♦ Apply principles of nutritional therapy to address dysfunctional eating patterns in patients with Binge Eating Disorder
- ♦ Recognize the importance of consistent nutritional follow-up throughout the treatment of EDs

**Module 10. Prevention in the Family and School Environment of EDs**

- ♦ Address social pressure and beauty standards
- ♦ Create an environment that promotes self-acceptance
- ♦ Understand the principles of the *Health at Every Size* (HAES) approach
- ♦ Take steps to create a school environment that promotes mental health and positive body image
- ♦ Emphasize the role of parents and caregivers in promoting a healthy relationship with food



*Update your knowledge of nutritional assessment in patients with Eating Disorders through innovative multimedia content"*

# 03 Skills

The Master's Degree in Psychological Intervention in Eating Disorders will enable graduates to master fundamental skills in the assessment and therapeutic approach to these complex disorders. Throughout the program, students will develop key skills, including mastery of strategies to improve diagnostic accuracy, ensuring early and accurate assessment. In addition, the importance of empathic communication and building strong therapeutic relationships in the interview setting will be emphasized, enabling future professionals to establish meaningful connections and provide effective support to those affected by eating disorders.



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*This degree will prepare you for the present and future challenges of ED treatment. Enroll now and experience immediate career advancement”*



## General Skills

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- Perform psychometric assessments for the diagnosis of EDs
- Develop Motivational Interviews: Nutritional and psychological
- Implement the Acceptance and Commitment Therapy (ACT)
- Apply Cognitive-behavioral therapy in treatment
- Appropriate use of psychopharmaceuticals in the treatment of EDs
- Apply *mindfulness* and emotional self-regulation



*Thanks to this exclusive university program you will learn through real cases and resolution of complex situations in simulated learning environments"*



## Specific Skills

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- Highlight the importance of emotional education in adolescence and evaluate the influence of technology and social networks in adolescents' lives
- Address conversations about weight in a positive way and identify early risk factors to prevent emotional disorders in adolescents
- Create tools to cope with social pressure and beauty standards, promoting personal acceptance
- Demystify common myths surrounding EDs, clarifying misconceptions and highlighting the importance of education and awareness
- Address recovery as an individual process, recognizing stigma and lack of public awareness as barriers to seeking help, and demystify the belief that EDs are incurable
- Identify risk factors for the development of EDs in childhood, adolescence, young adults, and older adults
- Establish the impact of education about eating habits on the development of EDs
- Use nutritional interviewing and motivational interviewing as assessment tools and to encourage cooperation from ED patients
- Apply strategies to improve diagnostic accuracy and recognize the importance of empathic communication and relationship building in the interview
- Use psychometric scales and questionnaires in the assessment of EDs, apply relevant clinical and medical tests in the diagnosis of EDs



- Describe the clinical presentation of EDs in different age groups and explore variability in ED severity and symptoms
- Determine alterations in heart rate, blood pressure, and cardiovascular risks associated with EDs
- Recognize damage to the esophageal and stomach lining, assess the risk of perforation and bleeding in the esophagus, and identify symptoms and consequences of bulimia nervosa on the gastrointestinal system
- Develop individualized intervention strategies, involving the family, to modify family dynamics and explore the benefits of group therapy in the transdiagnostic context
- Identify and manage medical conditions associated with ED, perform a comprehensive physical health assessment, and apply strategies for managing medical comorbidities during treatment
- Identify signs and symptoms of critical ED patients, understand associated risks, and recognize the importance of immediate evaluation and care
- Implement personalized prevention strategies and recognize the importance of self-care and ongoing care to maintain mental and emotional health after treatment
- Develop hemodynamic stabilization strategies, understand Enteral and Parenteral Nutrition options, and apply specific medical and psychological interventions for critically ill patients
- Incorporate strategic dialogue strategies into intervention with ED patients, facilitating an effective communicative approach
- Take a detailed medical history to understand the relationship between eating habits and Eating Disorders (EDs)
- Use anthropometric assessment methods to accurately assess nutritional status in patients with EDs
- Review anthropometric assessment data relevant and not relevant or contraindicated in ED treatment
- Encourage a positive perception of body and body image
- Collaborate with educators and counselors to promote prevention

# 04

# Course Management

The faculty of this university degree has been meticulously shaped by TECH, selecting the best specialists with a broad and recognized professional background in this field. Each faculty member brings solid, up-to-date experience, backed by significant contributions to research and clinical practice in eating disorders. This high level of teaching not only ensures quality instruction, but also offers graduates a unique and valuable perspective based on practical experience and innovative approaches to this complex field of psychology.



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*You will access a curriculum designed by a reputable cadre of faculty, which will ensure successful learning in the field of ED treatment”*

## Management



### Ms. Espinosa Sánchez, Verónica

- ♦ Coordinator of the Psychology Service of the Hospital de Los Valles
- ♦ Accredited Expert by the Judiciary Council of the Educator
- ♦ Psychological Advisor to Patients in Medical Surgical Procedures in APP Veronica Espinosa
- ♦ Specialist in Cognitive Psychotherapy by the Albert Ellis Institute of New York
- ♦ Master's Degree in Management and Human Talent Management from the Rey Juan Carlos University
- ♦ Neuropsychologist, Catalunya Open University
- ♦ Clinical Psychologist from the Catholic Pontificia University of Ecuador

## Professors

### Ms. Cucalón, Gabriela

- ♦ Nutritionist at the Gabriela Cucalon Nutrition Center
- ♦ Certificate of completion of professional skills training in Intuitive Eating
- ♦ Certification in Eating Disorders from the University of Jalisco
- ♦ Master of Science in Human Nutrition from Drexel University
- ♦ Degree in Human Nutrition from Universidad San Francisco of Quito
- ♦ Author of the book *Healthy eating and carbohydrate counting for people with Type I Diabetes*

### Mr. Andrade, Rommel

- ♦ Therapist of Personality Disorders and Eating Disorders at Institución Dialéctica Terapia
- ♦ Medical specialist in psychiatry from the University of Antioquia
- ♦ Epidemiologist from Universidad CES
- ♦ Specialist in Dialectical Behavioral Therapy from FORO Foundation and Behavioral Tech
- ♦ Specialist in Eating Disorders Management by FORO Foundation and Oxford University
- ♦ Specialist in Transference-based psychotherapy from TFP Chile

**Ms. Matovelle, Isabella**

- ◆ Specialist in Clinical Psychology
- ◆ Child Psychologist at the Hospital de los Valle
- ◆ Personnel selection specialist at Deloitte
- ◆ Integral Coaching at Red Global de Desarrollo Humano (Global Network of Human Development)
- ◆ Master in Clinical and Health Psychology at the Instituto Superior de Estudios Psicológicos
- ◆ Superior Institute of Psychological Studies
- ◆ Degree in Psychology from Universidad San Francisco of Quito

**Ms. Ortiz, Maria Emilia**

- ◆ Therapist of Personality Disorders and Eating Disorders at Institución Dialéctica Terapia
- ◆ Nutritionist and Dietitian
- ◆ Specialist in Eds and Conscious Eating
- ◆ Graduate of the University of Navarra
- ◆ Diploma in Renal Diseases

**Ms. Beltrán, Yaneth**

- ◆ Founder of Feed your Purpose, LLC
- ◆ Co-founder of Home for Balance physiotherapy group, LLC
- ◆ Instructor of the online course Food and Mood
- ◆ Specialist in the Treatment of EDs
- ◆ Nutrition and Dietetics from the Catholic University of Bogota
- ◆ Postgraduate Certificate in Functional Nutrition
- ◆ MSC in Eating Disorders and Obesity at the European University of Madrid

**Ms. Moreno, Melissa**

- ◆ Specialist in Nutrition
- ◆ Laboratory Technician from the Faculty of Life Sciences (ESPOL)
- ◆ Degree in at Nutrition and Dietetics, Escuela Superior Politécnica del Litoral
- ◆ Author of the book Healthy eating and carbohydrate counting for people with Type I Diabetes

**Dr. Paulisis, Juana**

- ◆ Psychiatry Resident at the Hospital Torcuato de Alvear
- ◆ Specialist in Eating Disorders from Wesley Hospital
- ◆ Coordinator of the Therapeutic Center La Casita
- ◆ Master's Degree in Psychoneuropharmacology from Favaloro University
- ◆ Psychiatrist from the University of Buenos Aires
- ◆ Author of the book *The New Eating Disorders*

**Ms. Zuniga, Antonella**

- ◆ Specialist in Clinical Psychology
- ◆ Behavioral Analyst at the Autism Society of North Carolina
- ◆ Master's Degree in Eating Disorders from the European University of Madrid
- ◆ Clinical Psychologist from the Catholic Pontificia University of Ecuador
- ◆ Member of the Ecuadorian Association of for Psychologists

**Ms. Ruales, Camila**

- ◆ Specialist in Nutrition
- ◆ Degree in Psychology and Human Nutrition from Universidad San Francisco of Quito
- ◆ Postgraduate Certificate in Functional Nutrition
- ◆ MSC in Eating Disorders and Obesity at the European University of Madrid

05

# Structure and Content

The curriculum of this innovative university program offers graduates comprehensive and specialized learning in addressing the complex challenges presented by eating disorders. Throughout the curriculum, nutrition professionals will be immersed in the detailed analysis and accurate assessment of these disorders, acquiring essential skills for early diagnosis. This curriculum, designed with academic rigor, provides students with the tools necessary to understand, evaluate and intervene effectively in the care of individuals affected by these disorders with a fully online approach.

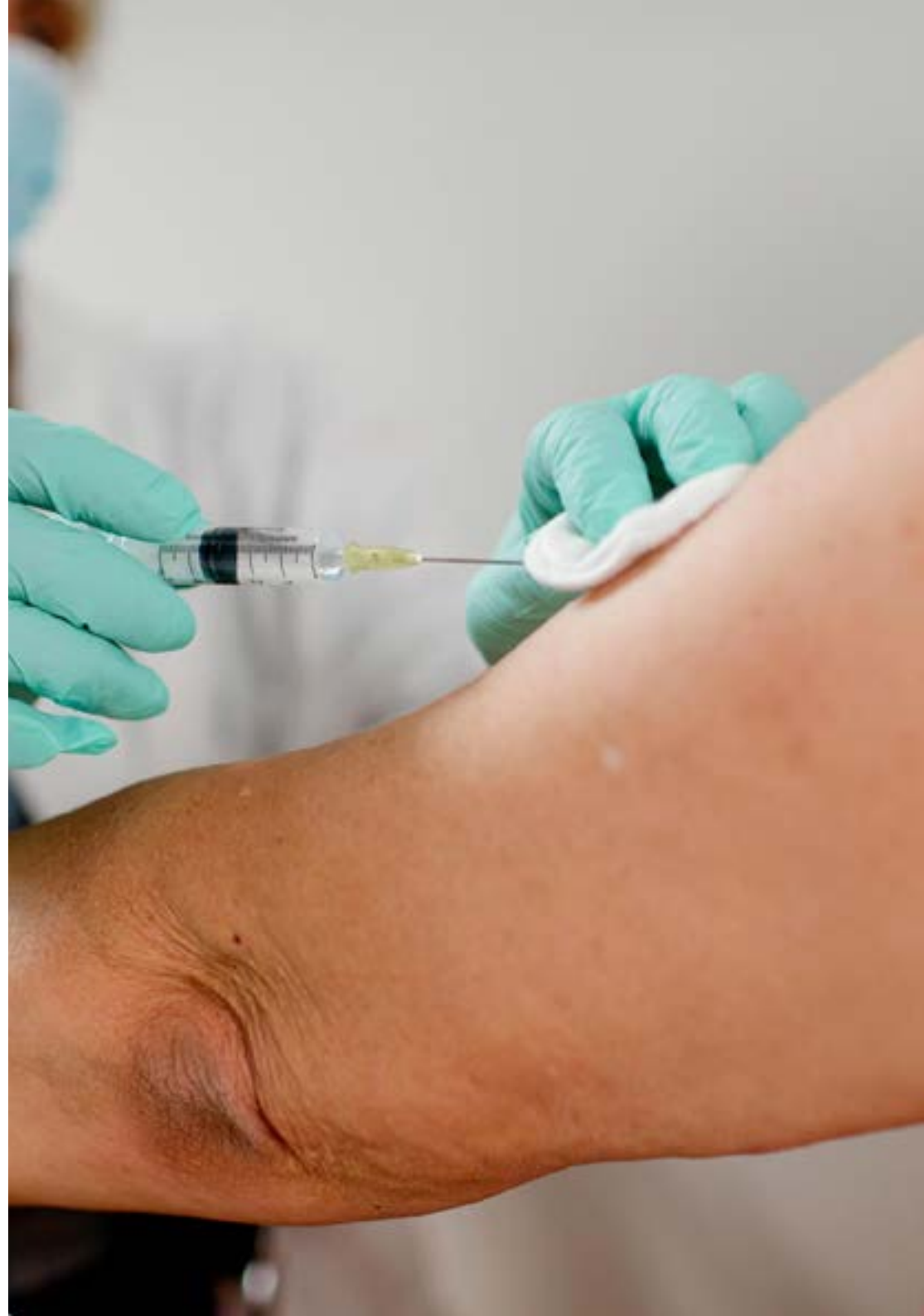


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*Bet on TECH! You will apply strategies to promote a healthy body image in 12 months”*

## Module 1. Adolescence, Body Image and Self-Esteem

- 1.1. Cardiac Catheterization
  - 1.1.1. Characteristics of Adolescence
    - 1.1.1.1. Characteristics of Adolescence
    - 1.1.1.2. Typical Physical, Cognitive and Emotional Changes in Adolescence
    - 1.1.1.3. Social and Emotional Development
  - 1.1.2. Exploration of Identity Formation
    - 1.1.2.1. The Role of Friendships and Family Relationships
    - 1.1.2.2. Addressing the Typical Emotions of Adolescence: Rebelliousness and the Search for Independence
    - 1.1.2.3. Psychological Risks and Challenges
    - 1.1.2.4. Risk Factors: Bullying and Substance Abuse
    - 1.1.2.5. Identification of Possible Psychological Problems in Adolescence: Depression, Anxiety and Conduct Disorders
    - 1.1.2.6. Prevention: The Role of Mental Health Education in Schools. Importance of Early Detection of Conflicts
- 1.2. Body Image
  - 1.2.1. Description of Body Image
  - 1.2.2. Construction of Body Image and Body Changes through the Life Cycle
  - 1.2.3. How Body Image Perception may Vary between Individuals
  - 1.2.4. Current Research and Studies Related to Body Image
  - 1.2.5. Influencing Factors on Body Image, Risk and Protective Factors
    - 1.2.5.1. Social and Cultural Factors
    - 1.2.5.2. Beauty over Time: Evolution of the Ideals of Beauty
- 1.3. Self-esteem
  - 1.3.1. Description of Self-Esteem
  - 1.3.2. Factors Influencing Self-Esteem: Family Relationships, Culture and Personal Experiences
  - 1.3.3. Characteristics of Healthy Self-Esteem: Self-Confidence, Resilience, and Self-Love
  - 1.3.4. Consequences of Low Self-Esteem on Mental Health, Interpersonal Relationships, Academic and Work Performance, and Quality of Life





- 1.4. Relationship between Body Image and Self-Esteem
  - 1.4.1. Development of Self-esteem and Self-image in Relation to the Body
  - 1.4.2. Influencing Factors
    - 1.4.2.1. Influence of Body Image on Self-Esteem
    - 1.4.2.2. Influence of Media and Culture on Beauty Standards
    - 1.4.2.3. Social Pressure and Comparisons with Others
- 1.5. Common Body Image Problems in Mental Health
  - 1.5.1. Characteristic Features of Body Image Problems
  - 1.5.2. Connection between Negative Body Image and Disorders such as Anxiety and Depression
  - 1.5.3. Tools for measuring BI
  - 1.5.4. Interventions for BI
  - 1.5.5. Body image-Related Disorders
    - 1.5.5.1. Body Dysmorphia
    - 1.5.5.2. Eating Disorders
    - 1.5.5.3. Importance of Early Detection and Diagnosis
    - 1.5.5.4. Prevention and Education: Strategies to Promote Healthy Body Image in Society and in Schools from Early Ages
- 1.6. Psychosocial Factors in Adolescence
  - 1.6.1. Influence of the Family on Adolescent Development
  - 1.6.2. the importance of Sexual and emotional education in Adolescence
  - 1.6.3. Role of Technology and Social Networks in the Lives of Adolescents
- 1.7. Intervention Strategies in Problems of Self-esteem
  - 1.7.1. Cognitive Therapy Techniques to Improve Self-Esteem
  - 1.7.2. Promotion of Resilience in Adolescents
  - 1.7.3. Support Groups and their Impact on Adolescent Self-Esteem
- 1.8. Development of a Positive Body Image
  - 1.8.1. Encouraging a Healthy Relationship with Food and Exercise
  - 1.8.2. strategies for dealing social pressure and beauty standards
  - 1.8.3. The Importance of Personal Acceptance and Authenticity

- 1.9. Prevention of Emotional Disorders in Adolescents
  - 1.9.1. Identification of Early Risk Factors
    - 1.9.1.1. Traumatic Experiences
    - 1.9.1.2. Family History
    - 1.9.1.3. School and Academic Stress
    - 1.9.1.4. Interpersonal Relationship Problems
    - 1.9.1.5. Substance abuse
    - 1.9.1.6. Hormonal Fluctuations in Adolescence
    - 1.9.1.7. Early Identification of Risk The Factors
    - 1.9.1.8. How to Address Conversations about Weight in a Positive Way
- 1.10. Self Expression and Creativity in Adolescence
  - 1.10.1. Art as a Therapeutic Tool for Exploring Identity
  - 1.10.2. Promotion of Emotional Expressions in Adolescence
  - 1.10.3. The Importance of Self Expression in Self-esteem Construction

## Module 2. Development of Eating Disorders

- 2.1. Etymology of Eating Behavior Disorders (EDs)
  - 2.1.1. Origin of the term "Eating Disorders"
  - 2.1.2. Eating Disorders in Today's Clinical Setting
  - 2.1.3. Evolution of the Understanding of EDs Over Time
- 2.2. Eating Disorders over Time
  - 2.2.1. Historical Milestones in the Identification and Understanding of EDs
  - 2.2.2. Changes in the Social Perception of EDs Over Time
  - 2.2.3. Scientific Advances that have Contributed to the Understanding of EDs
- 2.3. Epidemiology
  - 2.3.1. Global Statistics on the Incidence of EDs
  - 2.3.2. Most Affected Population Groups and their Geographical Distribution
  - 2.3.3. Factors Influencing the Variability in the Prevalence of EDs
- 2.4. Prevalence of EDs in Adolescents and Young Adults
  - 2.4.1. Specific Data on Prevalence in Age Groups
  - 2.4.2. Changes in Prevalence during Adolescence and the Transition to Adulthood
  - 2.4.3. Factors that may Contribute to Childhood Onset of EDs

- 2.5. Social and Psychological Impact of EDs
  - 2.5.1. Effects on Interpersonal and Family Relationships
  - 2.5.2. Consequences on Quality of Life and Emotional Well-Being
  - 2.5.3. Stigma and Discrimination Associated with EDs
- 2.6. Gender Differences in the Manifestation of EDs and Special Groups
  - 2.6.1. Exploration of Differences in Prevalence between Men and Women
  - 2.6.2. Gender Considerations in the Presentation and Diagnosis of EDs
  - 2.6.3. Influence of Gender Norms on the Manifestation of EDs
  - 2.6.4. EDs in Special Groups
    - 2.6.4.1. Eds in Athletes
    - 2.6.4.2. Normalization of Risky Behavior
    - 2.6.4.3. Bigorexia
    - 2.6.4.4. Orthorexia
    - 2.6.4.5. EDs in Pregnancy
    - 2.6.4.6. EDs in Diabetes
    - 2.6.4.7. ED-DMT1
    - 2.6.4.8. EDs in the LGBTI Community
    - 2.6.4.9. Chronic Patient Management
- 2.7. Consequences of Not Treating EDs
  - 2.7.1. Long-term Medical and Psychological Complications
  - 2.7.2. Impact on Quality of Life and Daily Functioning
  - 2.7.3. Mortality Risks Associated with Untreated EDs
- 2.8. Barriers to Diagnosis and Treatment of EDs
  - 2.8.1. Common Barriers to Early Identification of EDs
  - 2.8.2. Limited Access to Health Care Services
  - 2.8.3. Stigma and Lack of Public Awareness as Barriers to Seeking Help
- 2.9. Myths and Realities of EDs
  - 2.9.1. Exploration of Common Myths Surrounding EDs
  - 2.9.2. Clarification of Misinterpretations
  - 2.9.3. The Importance of Education and Awareness in Demystifying EDs

- 2.10. Recovery in EDs
  - 2.10.1. Understanding the Nature and Complexity of EDs as Mental Illnesses
  - 2.10.2. Recovery as a Process, an Individual Pathway
  - 2.10.3. Setting Realistic Goals in the Recovery Process
  - 2.10.4. Demystifying the Belief that EDs are Incurable
  - 2.10.5. Factors Influencing Recovery
  - 2.10.6. Recovery Testimonials

### Module 3. Etiology of Eating Disorders: Causal and Risk Factors

- 3.1. Predisposing, Precipitating, and Maintenance Factors
  - 3.1.1. Predisposing Factors
  - 3.1.2. Precipitating Factors
  - 3.1.3. Maintenance Factors
- 3.2. Neurobiological Predisposition of Behavior
  - 3.2.1. Brain Areas Involved in the Regulation of Hunger, Satiety and Emotions
  - 3.2.2. Influence of Brain Structures on the Manifestation of EDs
  - 3.2.3. Exploration of Neurochemical Differences in the Brain of Individuals with ED: Serotonin, Dopamine and Other Neurotransmitters in the Regulation of Eating Behavior
- 3.3. Genetic Factors in the Etiology of EDs
  - 3.3.1. Twin Studies and their Contribution to the Understanding of Heritability of EDs
  - 3.3.2. Gene Identification Related to EDs and Their Functions
  - 3.3.3. Interaction Between Genetic and Environmental Factors in the Development of EDs
- 3.4. Psychological and Emotional Factors in the Etiology of EDs
  - 3.4.1. Role of Low Self-esteem and Body Dissatisfaction in the Development of EDs
  - 3.4.2. Emotional Factors Such as Stress, Anxiety and Depression in the Predisposition to EDs
  - 3.4.3. Research on the Relationship between Past Trauma and the Onset of EDs

- 3.5. Influence of Social and Cultural Factors in the Etiology of EDs
  - 3.5.1. Impact of Beauty Standards and Social Pressure on Body Image Perception as a Triggering Factor for EDs
  - 3.5.2. Role of the Media and Social Networks in the Promotion of Unrealistic Beauty Ideals and the Development of EDs
  - 3.5.3. Research on How EDs May Manifest Differently in Different Cultures
  - 3.5.4. Other Important Factors. Bariatric Surgery: a Solution or a Risk Factor in EDs
- 3.6. Family Influence in the Etiology of EDs
  - 3.6.1. Types of Family Dynamics
  - 3.6.2. Exploration of Dysfunctional Family Dynamics and Their Relationship to the Development of EDs
  - 3.6.3. Role of Parental Influence in the Formation of Attitudes Toward Food and the Body
- 3.7. Socio-economic Factors and Access to Food in the Etiology of EDs
  - 3.7.1. Research on How Food Availability and Economic Resources May Influence Eating and EDCs
  - 3.7.2. Economic Barriers to Healthy Eating and its Impact on Mental Health
  - 3.7.3. Strategies to Address Socioeconomic Inequality in the Prevention and Treatment of EDs
- 3.8. Stress and Trauma Factors in the Etiology of EDs
  - 3.8.1. Examination of How Chronic Stress May Contribute to the Development of EDs
  - 3.8.2. Research on the Relationship between Early Trauma and Vulnerability to ED in Adulthood
- 3.9. Influence of Education and Food Culture on the Etiology of EDs
  - 3.9.1. Impact of Education on Eating Habits on the Development of EDCs
  - 3.9.2. Exploration of how a Community's Food Culture May Influence Attitudes Toward Food and the Body
  - 3.9.3. Relationship between the Distorted Perception of Body Image and the Development of EDs
  - 3.9.4. Role of Body Dissatisfaction and the Search for "Perfection" in the Onset of EDs
- 3.10. Etiology of EDs in Different Age Groups
  - 3.10.1. Risk Factors for the Development of EDs in Childhood and Adolescence
  - 3.10.2. Etiology of ED in Young Adults and the Transition to Adulthood
  - 3.10.3. Special Considerations in the Etiology of EDs in Older Adults

## Module 4. Classification and Diagnostic Criteria of EDs

- 4.1. Transdiagnostic Model of EDs
  - 4.1.1. Nutritional Interview as an Assessment Tool
  - 4.1.2. Motivational Interviewing in the Context of EDs
  - 4.1.3. Transdiagnostic Approach and its Utility in the Diagnosis and Treatment of EDs
- 4.2. DSM-5 Diagnostic Criteria
  - 4.2.1. Pathophysiology of Food Restriction and its Relevance in Diagnosis
  - 4.2.2. Anorexia Nervosa and Other Restrictive Disorders: ARFID (avoidant restrictive food intake disorder) and FAD (food avoidance disorder)
  - 4.2.3. Bulimia Nervosa: Diagnostic Criteria and Clinical Features
- 4.3. Expanding the Classification of EDs
  - 4.3.1. Binge Eating Disorder: Diagnostic Criteria and Differentiation from Other EDs
  - 4.3.2. Atypical Anorexia: Characteristics and Diagnostic Considerations
  - 4.3.3. Other EDs: EDNOS (Eating Disorder Not Otherwise Specified) and FAD (Food Avoidance Disorders)
- 4.4. Common Errors in Diagnostic Criteria
  - 4.4.1. Identification of Common Errors in the Assessment and Diagnosis of EDs
  - 4.4.2. The Importance of Differential Diagnosis in EDs and Other Eating Disorders
  - 4.4.3. Strategies to Improve Diagnostic Accuracy and Avoid Biases
- 4.5. Clinical and Psychopathological Aspects of EDs
  - 4.5.1. Clinical Presentation of EDs in different Age Groups
  - 4.5.2. Exploration of Variability in Severity and Symptoms of EDs
  - 4.5.3. Impact of Comorbidity with Other Mental Disorders on the Diagnosis and Treatment of EDs
- 4.6. Psychometric Assessment and Diagnostic Tests
  - 4.6.1. Use of Psychometric Scales and Questionnaires in the Assessment of EDs
  - 4.6.2. Relevant Clinical and Medical Tests in the Diagnosis of EDs
  - 4.6.3. Incorporation of Psychometric Assessment as an Integral Part of the Diagnostic Assessment
- 4.7. Approach to Atypical Anorexia Nervosa and Other Subtypes
  - 4.7.1. Identification of Atypical Features in Anorexia Nervosa
  - 4.7.2. Differences Between Subtypes of Anorexia Nervosa and Their Clinical Management
  - 4.7.3. Tools for the Diagnosis and Treatment of Atypical Cases

- 4.8. Difficulties in the Diagnosis and Treatment of Comorbid Disorders
  - 4.8.1. Identification of Comorbid EDs with Other Psychological Disorders
  - 4.8.2. Challenges in the Diagnosis and Treatment of Patients with ED and Comorbidities
  - 4.8.3. Specific Therapeutic Approaches to Treat Co-morbid ED cases
- 4.9. New Perspectives in the Diagnosis and Classification of EDs
  - 4.9.1. Recent Advances in the Understanding and Classification of EDs
  - 4.9.2. Discussion of Possible Future Revisions in Diagnostic Criteria
  - 4.9.3. Implications of New Perspectives on the Clinical Management of EDs
- 4.10. Role of the Clinical Interview in the Diagnosis of EDs
  - 4.10.1. Effective Interviewing Techniques for Obtaining Diagnostic Information
  - 4.10.2. The Interview as a Tool for Identification of Eating and Emotional Behaviors
  - 4.10.3. Importance of Empathic Communication and Building a Therapeutic Relationship in the Interview
  - 4.10.4. Therapist Skills
  - 4.10.5. Managing Resistance
  - 4.10.6. Caring for the Caregiver
- 5.4. Dermatological and Dental Conditions
  - 5.4.1. Changes in the Skin and Hair due to Malnutrition
  - 5.4.2. Effects on Dental Health, such as Enamel Erosion and Tooth Decay
  - 5.4.3. Prevention and Management of Dermatologic and Dental Problems in EDs
- 5.5. Endocrine and Hormonal Complications
  - 5.5.1. Hypothalamus-pituitary-gonadal Axis Dysfunction
  - 5.5.2. Amenorrhea and its Consequences in Women with EDs
  - 5.5.3. Risk of Infertility and Reproductive Problems
- 5.6. Central Nervous System Disorders
  - 5.6.1. Impact on Brain and Cognitive Function
  - 5.6.2. Neuropsychiatric Symptoms, such as Depression and Anxiety
  - 5.6.3. Risk of Brain Damage in Severe ED Cases
- 5.7. Muscular and Skeletal System Affectation
  - 5.7.1. Loss of Muscle Mass and Muscle Weakness
  - 5.7.2. Osteoporosis and Bone Fractures in EDs
  - 5.7.3. Physical Rehabilitation and Therapy to Address Muscular and Skeletal Problems

## Module 5. Medical and Emotional Complications of ED— Organs and Systems Affected by ED

- 5.1. Effects on the Cardiovascular System
  - 5.1.1. Alterations in Heart Rate and Blood Pressure
  - 5.1.2. Risk of Arrhythmias and Myocardial Damage
  - 5.1.3. Impact of Malnutrition on Cardiovascular Health
- 5.2. Gastrointestinal Complications
  - 5.2.1. Damage to the Esophagus and Stomach Lining
  - 5.2.2. Risk of Perforation and Bleeding in the Esophagus
  - 5.2.3. Symptoms and Consequences of Bulimia Nervosa on the Gastrointestinal System
- 5.3. Electrolyte and Metabolic Disorders
  - 5.3.1. Imbalances in Potassium and Sodium Levels
  - 5.3.2. Impact on Metabolism and Hormone Function
  - 5.3.3. Risk of Osteoporosis and Bone Weakness in EDs
- 5.8. Complications in the Renal System
  - 5.8.1. Damage to the Kidneys due to Dehydration and Electrolyte Imbalances
  - 5.8.2. Risk of Acute Renal Failure in Severe EDs
  - 5.8.3. Monitoring and Treatment of Renal Problems in Patients with EDs
- 5.9. Impact on the Immune System
  - 5.9.1. Vulnerability to Infections and Diseases due to Immunosuppression
  - 5.9.2. Risk of Severe Complications in Cases of Immunodeficiency in EDs
  - 5.9.3. Strategies for Strengthening the Immune System in Recovery
- 5.10. Psychological Complications in EDs
  - 5.10.1. Comorbid Emotional Disorders, such as Depression and Anxiety
  - 5.10.2. Impact on Self-esteem and Body Image Perception
  - 5.10.3. Development of Eating Disorders as a Coping Mechanism

**Module 6. Comorbidities of Eating Disorders with other Psychopathologies**

- 6.1. Depression and Eating Disorders
  - 6.1.1. Bidirectional Relationship between Depression and EDs
  - 6.1.2. Shared Symptoms and Differences in Diagnosis
  - 6.1.3. Intervention Strategies in Cases of Comorbidity
- 6.2. Anxiety and Eating Disorders
  - 6.2.1. Interaction between Anxiety and EDs
  - 6.2.2. Types of Anxiety Commonly Associated with EDs
  - 6.2.3. Therapeutic Approach for Anxiety and ED Comorbidity
- 6.3. Mood Disorders in EDs
  - 6.3.1. Comorbidity of Bipolar Disorders and EDs
  - 6.3.2. Cyclothymia and its Relationship with Eating Disorders
  - 6.3.3. Strategies for Management of Comorbidity between Mood Disorders and EDs
- 6.4. Personality Disorders and ED
  - 6.4.1. Comorbidity of Borderline Personality Disorders and EDs
  - 6.4.2. Other Personality Disorders and their relationship with EDs
  - 6.4.3. Specific Therapies to Treat Personality and ED comorbidities
- 6.5. Eating and Substance Abuse Disorders
  - 6.5.1. Relationship between Substance Abuse and EDs
  - 6.5.2. Risk Factors and differences in Comorbidities
  - 6.5.3. Treatment Approaches for Patients with EDs and Substance Abuse Comorbidity
- 6.6. Impulse-Control and Eating Disorders
  - 6.6.1. Comorbidity of Disorders such as Kleptomania and EDs
  - 6.6.2. Impulsivity and its Role in Compulsive Eating in EDs
  - 6.6.3. Cognitive and Behavioral Therapies to Address Impulsivity and ED comorbidity
- 6.7. Sleep Disorders and EDs
  - 6.7.1. Insomnia and Difficulties Sleeping in ED Patients
  - 6.7.2. The Role of Eating Disorders in Sleep Disorders
  - 6.7.3. Treatment Strategies to Improve Sleeping in ED Patients
- 6.8. Self-Harm and Suicide in Comorbidity with EDs
  - 6.8.1. Prevalence of Self-Harm and Suicide in Patients with EDs
  - 6.8.2. Risk Factors and Protective Factors
  - 6.8.3. Therapeutic Approach for Patients with Comorbidity of Self Harm, Suicide and ED

- 6.9. Obsessive-Compulsive Spectrum Disorders and EDs
  - 6.9.1. Comorbidity of Obsessive-Compulsive Disorders and EDs
  - 6.9.2. Obsessive Symptoms in Patients with EDs
  - 6.9.3. Treatment Strategies for Treating Comorbidity of Obsessive-Compulsive Disorders and EDs
- 6.10. Comorbidity with Post-Traumatic Stress Disorders (PTSD)
  - 6.10.1. Relationship Between Eating Disorders and PTSD
  - 6.10.2. Traumatic Experiences and their Impact on Eating and Body Image
  - 6.10.3. Therapeutic Approaches to Address PTSD and ED comorbidity

**Module 7. Comprehensive Multidisciplinary Transdiagnostic Treatment**

- 7.1. Transdiagnostic Approach in the Therapeutic Management of the Patient
  - 7.1.1. Principles of the Transdiagnostic Approach in the Treatment of EDs
  - 7.1.2. Advantages of an Approach that Transcends Diagnostic Categories
  - 7.1.3. Integration of Transdiagnostic Therapeutic Techniques in Clinical Practice
- 7.2. Interdisciplinary Collaboration in the Treatment of EDs
  - 7.2.1. Role of Health Professionals in Integrated Treatment
  - 7.2.2. Interdisciplinary Collaboration in the Treatment of EDs
  - 7.2.3. Roles and Responsibilities of Psychologists, Physicians, Nutritionists, and Other Health Professionals
  - 7.2.4. Importance of Coordination and Communication between Specialists
- 7.3. Transdiagnostic Treatment: Psychology
  - 7.3.1. Individualized Intervention Strategies
  - 7.3.2. Family Involvement for Changes in Family Dynamics
  - 7.3.3. Benefits and Strategies of Group Therapy in the Transdiagnostic Context
- 7.4. Transdiagnostic Treatment: Nutrition
  - 7.4.1. Nutritional Assessment in ED Patients
  - 7.4.2. Planning of Balanced Diets Adapted to Each Case
  - 7.4.3. Strategies to Address Feeding Resistance
- 7.5. Treatment of Medical Complications
  - 7.5.1. Identification and Management of Medical Conditions Associated with EDs
  - 7.5.2. Comprehensive Evaluation of Physical Health in Patients with EDs
  - 7.5.3. Strategies for the Management of Medical Co-morbidities during the Treatment of EDs

- 7.6. Levels of Treatment and Evaluation of Severity
  - 7.6.1. Outpatient, Inpatient (Day Hospital), Home Hospitalization and IOFT (Intensive Outpatient Family Treatment) levels of care
  - 7.6.2. Criteria for Choosing the Appropriate Level of Treatment
  - 7.6.3. Continuous Severity Evaluation
- 7.7. Critical Patient with ED
  - 7.7.1. Identification of Signs and Symptoms of the Critically Ill Patient in ED
  - 7.7.2. Risks Associated with Critical Condition in EDs
  - 7.7.3. Importance of Immediate Assessment and Care in Critically Ill Patients
- 7.8. Criteria for Determining a Critical Patient
  - 7.8.1. Medical and Psychological Parameters for the Identification of Critically Ill Patients
  - 7.8.2. Assessment Tools and Scales Used in the Determination of Severity
  - 7.8.3. Collaboration between Professionals to Establish a Diagnosis
- 7.9. Clinical and Nutritional Management of the Critically Ill Patient
  - 7.9.1. Hemodynamic Stabilization Strategies in Critically Ill Patients with EDs
  - 7.9.2. Enteral and Parenteral Nutrition as Options in Nutritional Management
  - 7.9.3. Specific Medical and Psychological Interventions for Critically Ill Patients
- 7.10. Strategies for Relapse Prevention and Maintenance of Well-Being
  - 7.10.1. Identification of Risk Factors for Relapse in EDs
  - 7.10.2. Development of Personalized Relapse Prevention Strategies
  - 7.10.3. Importance of Self-care and Ongoing Care to Maintain Mental and Emotional Health after Treatment

## **Module 8. Evidence-Based Psychological and Psychopharmacological Intervention: from Diagnosis to Recovery and Maintenance of the ED Patient**

- 8.1. Motivational Interviewing and Therapeutic Skills in the Management of ED: A Strategic Dialogue
  - 8.1.1. Principles of Motivational Interviewing in the Context of EDs
  - 8.1.2. Therapeutic Skills to Foster Motivation and Change
  - 8.1.3. Strategies for Strategic Dialogue in the intervention with patients with EDs
- 8.2. Use of Psychopharmaceuticals in ED patients
  - 8.2.1. Types of Psychotropic Drugs Used in the Treatment of EDs and their Mechanisms of Action
  - 8.2.2. Indications and Considerations in the Prescription of Psychotropic Drugs
  - 8.2.3. Evaluation of the Efficacy and Safety of Pharmacotherapy in EDs
- 8.3. Cognitive-Behavioral Therapy in ED Treatment
  - 8.3.1. Fundamentals of Cognitive Behavioral Therapy as applied to EDs
  - 8.3.2. Roles of the Therapist and the Patient in the Intervention
  - 8.3.3. Development of a Specific Intervention and Change Plan
  - 8.3.4. Cognitive and Behavioral Techniques used in Transdiagnostic Treatment
  - 8.3.5. Outcomes and Effectiveness of Cognitive-Behavioral Therapy in patients with EDs
- 8.4. Acceptance and Commitment Therapy (ACT) in the Treatment
  - 8.4.1. Fundamentals of Acceptance and Commitment Therapy and its Application in EDs
  - 8.4.2. Strategies to Promote Acceptance of Thoughts and Emotions in Treatment
  - 8.4.3. Integration of ACT Therapy with Other Approaches in Transdiagnostic Management
- 8.5. Systemic Model
  - 8.5.1. Family Dynamics
  - 8.5.2. Communication within the Family System
  - 8.5.3. Family Roles
  - 8.5.4. Family Therapy
  - 8.5.5. Couples Therapy within the Systemic Approach

- 8.6. Family-Based Treatment and Third Generation Therapies
  - 8.6.1. The Role of the Family in the Treatment of EDs
  - 8.6.2. Third-generation Therapy Approach in the Management of EDs
  - 8.6.3. Specific Strategies to Involve the Family and Apply Third-generation Therapies
- 8.7. Complementary Therapies in the Treatment of EDs
  - 8.7.1. Mindfulness and Emotional Self-regulation in the Treatment of the ED
    - 8.7.1.1. Scientific Evidence and Results of Intuitive Eating in Patients with ED
    - 8.7.1.2. Appropriate Time to Start Intuitive Eating and Factors to Consider
    - 8.7.1.3. Effects of Emotional Self-Regulation on Recovery
    - 8.7.1.4. Practical Mindfulness Techniques for Patients
    - 8.7.1.5. Outcomes and Effectiveness of full care in patients with EDs
  - 8.7.2. Group Therapies in the Treatment of EDs
    - 8.7.2.1. Benefits and Dynamic of Group Therapy in EDs
    - 8.7.2.2. Types of Therapeutic Groups and Their Application in Treatment
    - 8.7.2.3. Examples of Successful Group Therapy Programs in the Management of EDs
    - 8.7.2.4. Creation of Support Networks and Therapeutic Communities
- 8.8. New Treatments
  - 8.8.1. Creative Therapies
  - 8.8.2. Dance Movement Therapy
  - 8.8.3. Coaching
- 8.9. Phases of Recovery in EDs
  - 8.9.1. Intervention and treatment Stages
  - 8.9.2. Factors that Affect Recovery Success
  - 8.9.3. Adaptation Process and Behavioral Changes and Relapse Prevention Strategies
  - 8.9.4. Maintaining the long-term Recovery
- 8.10. Patient Motivation and Commitment
  - 8.10.1. Quality and Continuity of Treatment
  - 8.10.2. Social Support and Care Networks: Role of Family, Friends, and Support Group in Recovery
  - 8.10.3. Addressing Underlying Factors (Trauma, Coexisting Disorders)

## Module 9. Nutritional Treatment in the ED Patient

- 9.1. Nutritional Assessment
  - 9.1.1. Medical History
  - 9.1.2. Anthropometric Assessment - Methods of Assessment of Nutritional Status in Patients with EDs
  - 9.1.3. Identification of Nutritional Imbalances and Deficiencies
  - 9.1.4. Importance of Individualized Assessment in the Treatment
- 9.2. Nutritional Treatment Food Planning in EDs
  - 9.2.1. Nutritional Goals in AN, BN, TA and EDNOS
    - 9.2.1.1. Design of a Food Plan Appropriate to the Patient's Needs
  - 9.2.2. Considerations for Weight Restoration and Normalization of Nutrition
  - 9.2.3. Adaptation of Feeding to the Specific Symptoms of each ED
- 9.3. Nutritional Therapy and Food Education
  - 9.3.1. Principles of the Transdiagnostic Approach in the Treatment of EDs
  - 9.3.2. Food Education to Promote the Understanding of Healthy Habits (group therapy)
  - 9.3.3. Strategies to Address the Dysfunctional Relationship with Food
  - 9.3.4. Mealtime Management Strategies for Parents
- 9.4. Ongoing Nutritional Monitoring and Support
  - 9.4.1. Importance of Nutritional Monitoring throughout Treatment
  - 9.4.2. Monitoring of Weight Evolution and Eating Habits
  - 9.4.3. Strategies to Maintain Motivation and Adherence to the Eating Plan
  - 9.4.4. Addressing Common Challenges in Nutritional Recovery
- 9.5. Weight Regain and Nutritional Restoration
  - 9.5.1. Targets and Approaches to Weight Regain in Patients with EDs
  - 9.5.2. Management of Resistance to Weight Gain
  - 9.5.3. Prevention and Management of Refeeding Syndrome
- 9.6. Nutritional Adaptation to Medical Comorbidities
  - 9.6.1. Nutritional Approach in Patients with Medical Comorbidities
  - 9.6.2. Specific Considerations for Patients with Diabetes, Cardiac Problems, etc
  - 9.6.3. Interdisciplinary Collaboration in the Management of Comorbidities

- 9.7. Nutrition in Cases of Binge Eating Disorder (BED)
  - 9.7.1. Nutritional Strategies for the Control of Binge Eating Episodes
  - 9.7.2. Management of Satiety and Self-Regulation of Eating in BED
  - 9.7.3. Prevention of Weight Gain in BED Recovery
- 9.8. Nutritional Approach in Anorexia Nervosa
  - 9.8.1. Weight Restoration and Normalization of Eating in Anorexia Nervosa
  - 9.8.2. Supplements and Refeeding in Severe Cases
  - 9.8.3. Specific Nutritional Therapy for Symptoms of Anorexia Nervosa
- 9.9. Nutritional Strategies in Bulimia Nervosa
  - 9.9.1. Controlling Binge Eating and Purging
  - 9.9.2. Addressing Excessive Food Intake and Compensatory Behaviors
  - 9.9.3. Nutrition in Recovery from Bulimia Nervosa
- 9.10. Nutritional Intervention in Feeding Disorders in Childhood and Adolescence
  - 9.10.1. Nutritional Approach in Young ED Patients
  - 9.10.2. Management Strategies in the Transition to Adulthood
  - 9.10.3. Prevention and Food Education in Adolescents

## Module 10. Prevention of EDs in the Family and School Environment

- 10.1. Education in the Promotion of a Healthy Body Image
  - 10.1.1. Promotion of a Positive Perception of the Body and Body Image
  - 10.1.2. Strategies to Address Social Pressure and Beauty Standards
  - 10.1.3. Creating an Environment that Promotes Self-Acceptance
- 10.2. Health at Every Size (HAES) program and Balanced Eating
  - 10.2.1. Principles of the Health at Every Size (HAES) Approach
  - 10.2.2. Promotion of a Healthy Relationship with Feeding and Exercise
  - 10.2.3. Teaching the Importance of Respect for Different Body Shapes and Measurements
- 10.3. Education in Schools and Educational Centers
  - 10.3.1. Educational and Awareness of EDs
  - 10.3.2. Integration of Education about ED in the School Curriculum
  - 10.3.3. Collaboration with Educators and Counselors to Promote Prevention
  - 10.3.4. Measures to Create a School Environment that Promotes Mental Health and Positive Body Image





- 10.4. Family Involvement in the Prevention
  - 10.4.1. Role of Parents and Caregivers in Promoting a Healthy Relationship with Food
  - 10.4.2. Effective Parent-Child Communication about Mental Health and Nutrition
  - 10.4.3. Resources and Support for Families in the Prevention of EDs
- 10.5. Media and Social Networking Strategies
  - 10.5.1. Responsible Use of Body Images in the Media
  - 10.5.2. Awareness Campaigns in Social Networks
  - 10.5.3. Collaboration with Influencers and Public Figures in the Promotion of Prevention
- 10.6. Evaluating the Effectiveness of Prevention Programs
  - 10.6.1. Methods and Metrics for Measuring the Impact of Programs
  - 10.6.2. Identification of Areas for Improvement and Adaptation of Strategies
  - 10.6.3. Importance of Community Feedback in Evaluation
- 10.7. Interdisciplinary Collaboration in Prevention
  - 10.7.1. Joint Work of Health Professionals, Educators and Community
  - 10.7.2. Examples of Successful Interdisciplinary Collaboration Initiatives
  - 10.7.3. Fostering a Community Support Network in the prevention of EDs
- 10.8. Promoting Healthy Eating and Exercise Habits
  - 10.8.1. Promoting a Balanced and Adequate Diet for Growth and Development
  - 10.8.2. Importance of Physical Activity as Part of a Healthy Lifestyle
  - 10.8.3. Strategies to Promote the Adoption of Healthy Habits in the Family and School Environment
- 10.9. Implementation of a Community Prevention Program - "I Love Myself as I Am" Campaign
  - 10.9.1. Steps to Develop an Effective ED Prevention Program
  - 10.9.2. Needs and Resource Assessment in the Community
  - 10.9.3. Strategies for Implementing and Monitoring the Prevention Program
  - 10.9.4. Implementation of a Talk to the Community as Part of the "I Love Myself as I Am" Campaign
- 10.10. Is Relapse Feasible?
  - 10.10.1. Identification of Warning Signs and Personal Triggers: Stress and Challenging Events
  - 10.10.2. Recognizing Changes in Behavior and Mood for Relapse Prevention
  - 10.10.3. Support Networks: Family, Caregivers
  - 10.10.4. Addressing Relapse: Re-establishing Therapeutic Communication for Adjustment of the Treatment Plan
    - 10.10.4.1. Coping Strategies and Skills
    - 10.10.4.2. Development of Healthy Coping Mechanisms
    - 10.10.4.3. Self-control and Self-regulation Skills
    - 10.10.4.4. Understanding that Relapse Is Not Failure
    - 10.10.4.5. Focus on Resilience and Perseverance



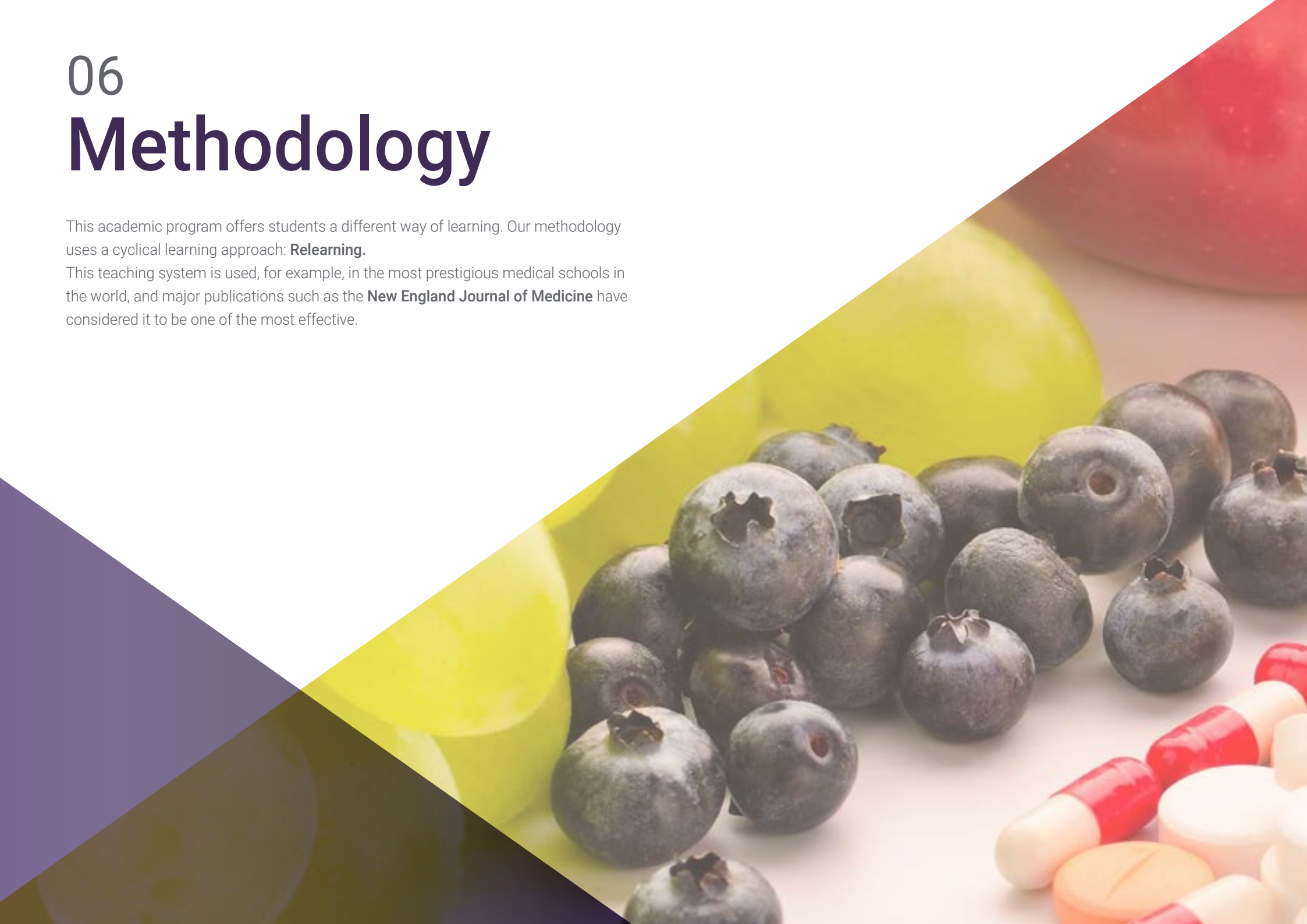
*Join now this program where you will have at your disposal the most rigorous didactic material and a distinguished teaching staff"*

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

In a given situation, what should a professional do? 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, nutritionists can 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 of professional nutritional 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. Nutritionists who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity through exercises to evaluate real situations and the application of knowledge.
2. Learning is solidly translated into practical skills that allow the nutritionist to better integrate knowledge into clinical practice.
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.

*The nutritionist will learn through real cases and by solving 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 45,000 nutritionists have been trained with unprecedented success in all clinical specialties regardless of the surgical load. All this in a highly demanding environment, where the students have a strong socio-economic profile and an average age of 43.5 years.

*Relearning will allow you to learn with less effort and better performance, involving you more in your training, developing a critical mindset, defending arguments, and contrasting opinions: a direct equation for success.*

In our program, learning is not a linear process, but rather a spiral (learn, unlearn, forget, and re-learn). 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.



#### Nutrition Techniques and Procedures on Video

TECH brings students closer to the latest techniques, the latest educational advances and to the forefront of current nutritional counselling techniques and procedures. 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

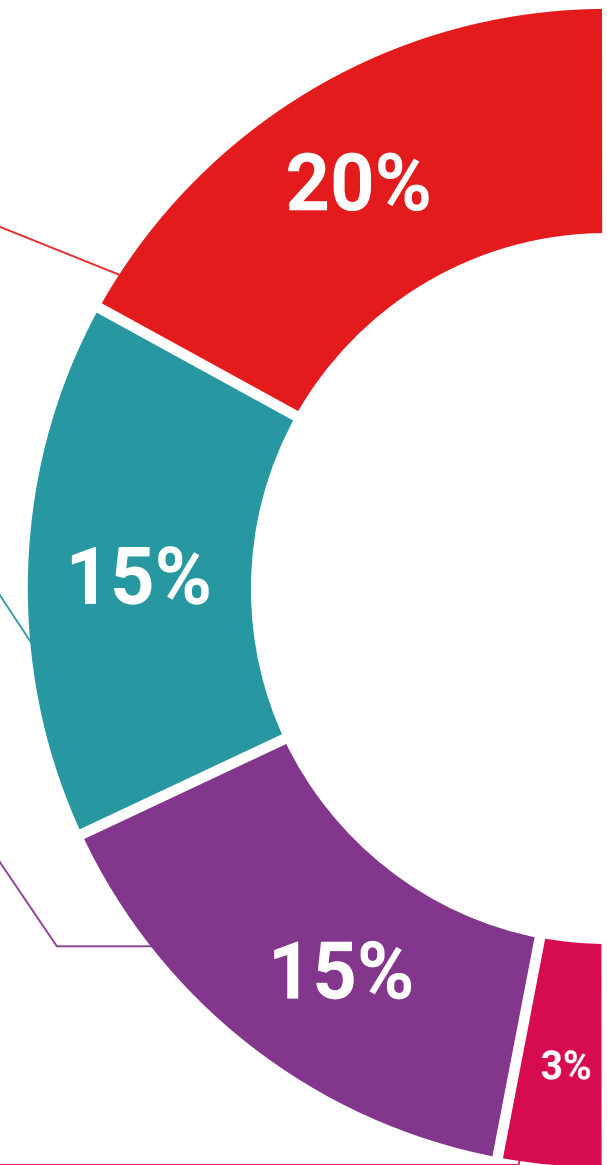
The TECH team presents the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".

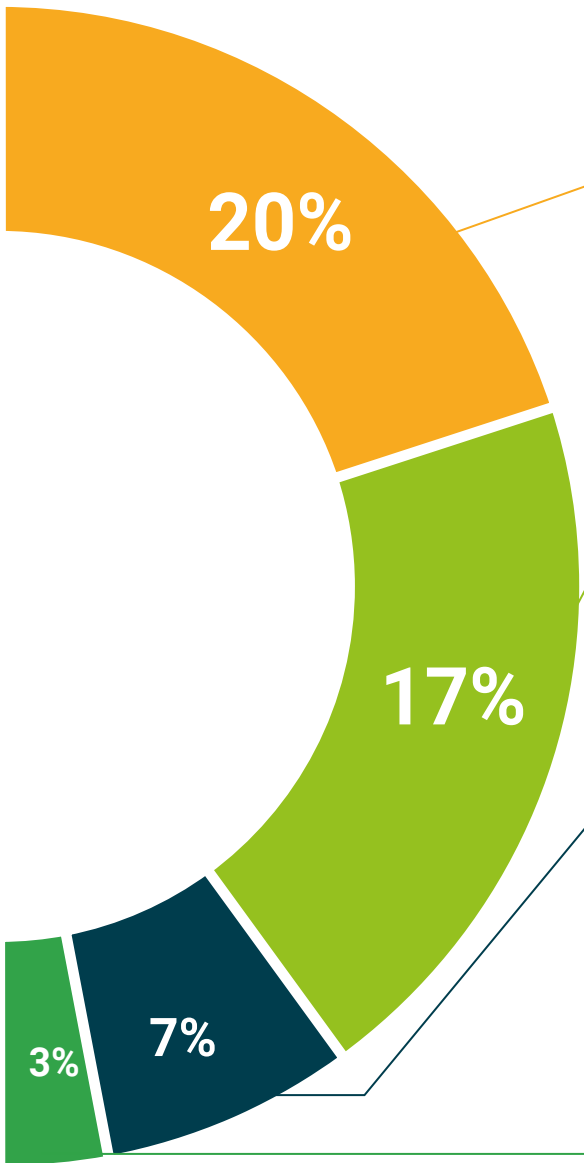


#### Additional Reading

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 suggesting that observing third-party experts can be useful.

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 Master's Degree in Psychological Intervention in Eating Disorders guarantees students, in addition to the most rigorous and up-to-date education, access to a Master's awarded by TECH Global University.



“

*Successfully complete this program  
and receive your university qualification  
without having to travel or fill out  
laborious paperwork”*

This program will allow you to obtain your **Master's Degree diploma in Psychological Intervention in Eating Disorders** endorsed by **TECH Global University**, the world's largest online university.

**TECH Global University** is an official European University publicly recognized by the Government of Andorra (*official bulletin*). Andorra is part of the European Higher Education Area (EHEA) since 2003. The EHEA is an initiative promoted by the European Union that aims to organize the international training framework and harmonize the higher education systems of the member countries of this space. The project promotes common values, the implementation of collaborative tools and strengthening its quality assurance mechanisms to enhance collaboration and mobility among students, researchers and academics.

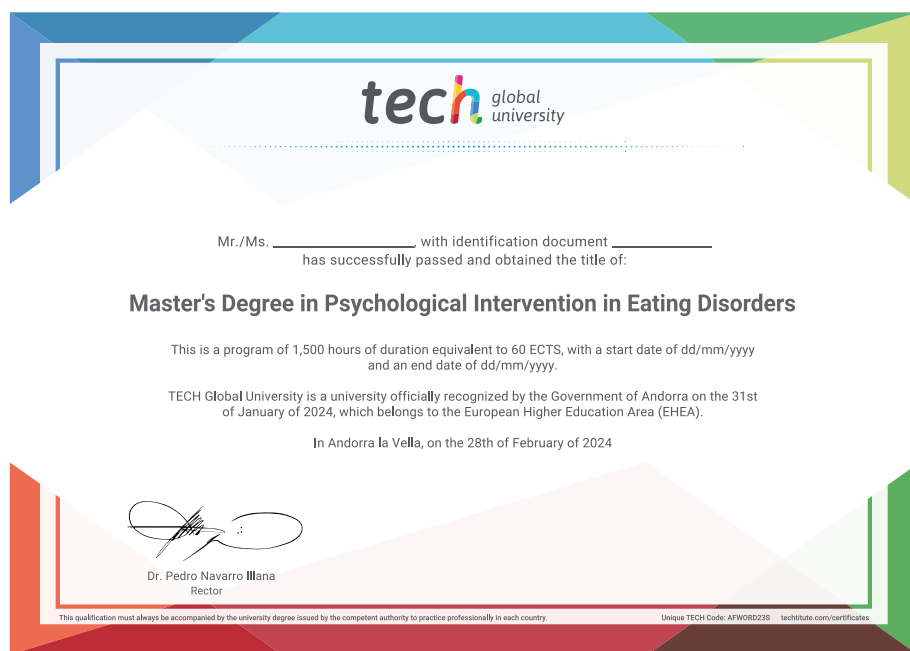
This **TECH Global University** title is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Master's Degree in Psychological Intervention in Eating Disorders**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**



\*Apostille Convention. In the event that the student wishes to have their paper diploma issued with an apostille, TECH Global University will make the necessary arrangements to obtain it, at an additional cost.



## Master's Degree

Psychological Intervention  
in Eating Disorders

- » Modality: online
- » Duration: 12 months
- » Certificate: TECH Global University
- » Credits: 60 ECTS
- » Schedule: at your own pace
- » Exams: online

# Master's Degree

Psychological Intervention  
in Eating Disorders