

Advanced Master's Degree
Clinical Psychology and
Child and Adolescent
Psychopathology





Advanced Master's Degree Clinical Psychology and Child and Adolescent Psychopathology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Website: www.techtute.com/pk/psychology/advanced-master-degree/advanced-master-degree-clinical-psychology-child-adolescent-psychopathology

Index

01

Introduction

p. 4

02

Objectives

p. 8

03

Skills

p. 14

04

Course Management

p. 26

05

Structure and Content

p. 32

06

Methodology

p. 46

07

Certificate

p. 54

01

Introduction

The detection, diagnosis and treatment of psychological pathologies in childhood and adolescence has developed, in recent times, marked advances in techniques, protocols and innovative methodologies that have led to a significant improvement in the intervention in this field. Scientific advances have also included the use of novel drugs that open a new door to the treatment of patients suffering from them.

This is a very complex territory, in which elements converge that make the professional's work considerably more difficult, such as the age of the patients, the need to consider the family environment as a therapeutic priority, and the mental evolution that growth implies for them and that change the paradigm throughout the entire intervention.





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The Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology will allow you to acquire the most up-to-date specialization in all areas of this discipline; a special training, of greater intensity, duration and educational impact, created to provide a highly qualified response to the most demanding professionals"

In this Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology, the psychologist will be able to incorporate all the knowledge within the diagnoses suggested in the I.C.D.-10 or the D.S.M. V and include them in the model of time-limited psychotherapy.

As a educational institution, it is essential for us to teach the psychologists who study this Advanced Master's Degree the different components in the psychological treatment of children and adolescents, to know the logic and processing in the child and adolescent brain, as well as their particular strategies of behavior and interaction in the psychosocial relationship. All this knowledge is crucial to successfully carry out psychological intervention of a child or adolescent.

From our experience we know that the therapist's personal skills are crucial, that's why this syllabus includes multiple strategies and skills to achieve an effective bond both in the evaluation and diagnosis, as well as in the intervention with this type of patient.

Clinical Psychology in this historic moment should provide the student with not only a theoretical-scientific framework, but also with the skills to address mental illnesses in an effective way and thus make them successful evaluators as well as the instigators of change in a patient. These changes could be both in their behavioral component and in their traumatic memories that lead to cycle of suffering and emotional isolation.

Child and adolescent psychopathology can only be fully understood from an integral and evolutionary point of view. Childhood personality is determined within psychological and psychopathological experiences. Adaptation will not be understood without the keys to the infant's emotional and cognitive dynamism. Numerous real clinical cases, broken down in detail in all the diagnostic, intervention and family framing actions, make this a unique teaching.

We know that psychopathology in general and child and adolescent psychopathology in particular, is not static, as it depends on the permanent evolution of our society, with the result that in recent decades there have been changes in the way children and adolescents relate to each other, both in terms of health and disease.

This **Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology** contains the most complete and up-to-date program on the market.

The most important features include:

- ◆ Development of cases or situations presented by experts in the different specialties
- ◆ Graphic, schematic, and highly practical contents
- ◆ News, advances and new ways of working
- ◆ Presentation of practical workshops on the application of the techniques and methodologies presented
- ◆ Real high-resolution images in demonstrations
- ◆ Practical exercises where the self-evaluation process can be carried out to improve learning
- ◆ Algorithm-based interactive learning system for decision- ability to making in the situations which are presented to the student
- ◆ Theoretical lessons, questions for experts, discussion forums on controversial issues and individual reflection work
- ◆ Availability of content from any fixed or portable device with internet connection



An Advanced Master's Degree created especially for professionals seeking the highest qualification, with the best didactic material, working on real clinical cases and learning from the best professionals in the field"

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This Advanced Master's Degree is the best investment you can make when selecting a refresher program, for two reasons: in addition to updating your knowledge in Clinical Psychology and Child and Adolescent Psychopathology, you will obtain a qualification endorsed by TECH Technological University"

The teaching staff includes professionals from the field of psychology, who bring their experience to this specialisation's program, as well as renowned specialists from leading scientific societies.

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 an immersive training program to train in real situations.

This program is designed around Problem-Based Learning, whereby the psychologists must try to solve the different professional practice situations that arise throughout the program. For this reason, they will be assisted by an innovative, interactive video system created by renowned and experienced experts in the field of Clinical Psychology and Child and Adolescent Psychopathology, with extensive teaching experience.

Take the opportunity to learn about the latest advances in Clinical Psychology and Child and Adolescent Psychopathology and improve your skills by mastering the latest techniques: the surest way to position yourself among the best.

Increase your decision-making confidence by updating your knowledge through this Advanced Master's Degree program created to train the best.



02

Objectives

This Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology is oriented to offer a complete, detailed and up-to-date vision of the profession in the new techniques and processes of development in the different fields of action. A new way of acting and intervening that has become a key element in the paradigms of the new education. TECH's objective is to ensure that students are trained with the best quality in the educational market, in order to ensure their professional growth towards excellence.



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This Advanced Master's Degree has been designed so that you can acquire or update your knowledge in Clinical Psychology and Child and Adolescent Psychopathology, with the use of the latest educational technology, achieving in a fluid, efficient and safe way the ability to create, supervise and work with the most avant-garde techniques"



General Objectives

- ◆ Describe the therapeutic alliance between the psychotherapist and the child or the adolescent
- ◆ Analyze the changes in behavior during the life cycle
- ◆ Identify healthy and dysfunctional aspects of the child and adolescent
- ◆ Differentiate between the evolutionary adaptation and adaptability of human beings
- ◆ Describe the family system framework in single-therapist, single-patient psychotherapy
- ◆ Master psychodiagnosis and assessment in the child and adolescent framework
- ◆ Master the technique for interviewing a child or adolescent
- ◆ Master the personality evaluation of these age groups
- ◆ Identify the role of the family in child and adolescent diagnosis
- ◆ Describe the intervention of clinical psychology in these age groups
- ◆ Develop sufficient skills to manage a child and adolescent clinic
- ◆ Manage current knowledge of childhood and adolescent disorders in the field of mental and social health
- ◆ Train to achieve the therapist-patient bond in these ages
- ◆ Identify the agents that coexist with the child and adolescent, and discover their incidence on the subjects psychopathology
- ◆ Develop the mastery of the Time Limited Psychotherapy model within the framework of third generation Psychotherapies
- ◆ Describe in protocols the intervention programs with this type of patients (children and adolescents), taking into account the characteristics and aspects of these ages
- ◆ Identify the evolution of the different disorders listed in the DSM-5 or ICD-10
- ◆ Master the fields of medical-psychologist interaction in the treatment of childhood and adolescence
- ◆ Provide the professional with all the up-to-date references on diagnosis, intervention and therapeutic process in children and adolescents
- ◆ Describe with decision protocols the individualized study of the child and adolescent to perform a rigorous psychopathological study
- ◆ Use decision trees to permanently perform differential diagnosis
- ◆ Frame all the information within a multidisciplinary framework model in the study of the biopsychosocial framework of the child and adolescent
- ◆ Describe the fundamentals of psychodiagnosis of psychotic disorders and personality disorders
- ◆ Perform differential diagnosis between personality disorders and psychotic disorders
- ◆ Describe the different subspecialties in the field of psychosis and personality disorders
- ◆ Manage the current knowledge of drugs used in psychiatry and neurology
- ◆ Train to achieve the therapist-patient-medication bond
- ◆ Identify the absorption properties of medication
- ◆ Develop the mastery of the positive and negative symptoms of psychotic disorders
- ◆ Describe in protocols the intervention programs, taking into account the characteristics and specific aspects of these disorders
- ◆ Identify the evolution of the different disorders listed in the DSM-5 or ICD-10
- ◆ Master the fields of physician-psychologist interaction in family intervention
- ◆ Train the professional on all the up-to-date references on the diagnosis, intervention and therapeutic process in order to interact with the medication
- ◆ Frame all the information within a multidisciplinary framing model in the study of the biopsychosocial framework of the psychotherapy-pharmacology relationship in psychotic disorders and personality



Specific Objectives

- ◆ Develop strategies for dealing with minors and define the legal repercussions of not complying with the code of ethics and the patient's statute
- ◆ Differentiate the psychological disorders in the natural evolutionary changes
- ◆ Perform a differential diagnosis taking into account the evolutionary stage of the patient
- ◆ Identify, differentiate and diagnose the new and different forms of psychological illnesses in childhood and adolescence in the current day
- ◆ Deal with the diagnosis and the setting in these ages in a conducive way
- ◆ Develop techniques to achieve the motivation and active participation of a child or adolescent patient in the diagnosis and intervention process
- ◆ Establish a patient intervention with assurance, without disregarding the involvement of the family, the school or the peer group
- ◆ Develop knowledge of different mental disorders and behavioural or emotional abnormalities
- ◆ Make a realistic prognosis of the child's or adolescents situation as part of the differential diagnosis
- ◆ Manage the current clinic in its biopsychosocial variables
- ◆ Develop protocols and tools that allow for intervention with safeguards
- ◆ Understand the different masks used and atypical ways the illness can present itself in children and adolescents
- ◆ Describe the use of decision trees based on DSM-5
- ◆ Develop sufficient tools for the patient to identify the therapist as a being in a position of authority
- ◆ Perform intervention protocols tailored to the patient

- ♦ Control the intervention by adapting it to the patients profile
- ♦ Define the labyrinths specific to each disorder with their unknowns and difficulties
- ♦ Design an intervention from creativity and experience as a clinician, adapting to what is happening at each moment
- ♦ Manage the clinical practice of childhood and adolescence, as well as to provide the necessary skills to work with these ages
- ♦ Identify and make decisions about patients taking into account the social and emotional fabric in which they find themselves
- ♦ Master the inter-course within a time-limited psychotherapy framework
- ♦ Perform and adapt intervention protocols within an interdisciplinary framework
- ♦ Address the family, school and social environment
- ♦ Manage the dynamics of therapeutic time
- ♦ Employ silence in intervention with children and adolescents
- ♦ Manage emotional crises within a session with children or adolescents
- ♦ Master assessment and intervention tools using all senses
- ♦ Identify and use information from educational and family agents surrounding the child and adolescent
- ♦ Develop the intervention according to the mental logic at these ages
- ♦ Describe the patient's emotional schemas
- ♦ Master the relationship to become the patient's referent without entering into competition with their parents or current referents
- ♦ Manage and stabilize the emotional and affective deficiencies of the patient within the intervention
- ♦ Master and manage the differential characteristics of psychological pathologies in this age group
- ♦ Identify and master the clinical and prognostic features of the various disorders of childhood and adolescence
- ♦ Use the intervention to determine when it is necessary for other professionals to join the analysis process
- ♦ Develop and understand mutations and new forms of disease
- ♦ Develop knowledge discriminating an important problem of the natural evolution of the child and adolescent
- ♦ Manage and master current psychopathology
- ♦ Develop follow-up models that express the changes of pathologies in childhood and adolescence
- ♦ Manage the clinical practice stage of the patient, as well as to provide the necessary skills to work multidisciplinary
- ♦ Identify and make decisions about patients taking into account the social and emotional fabric in which they find themselves
- ♦ Master the course within a framework of intervention in psychotic disorders and personality disorders
- ♦ Perform and adapt intervention protocols psychological within an interdisciplinary framework
- ♦ Address the clinical use of the drug
- ♦ Manage the dynamics of therapeutic time
- ♦ Employ knowledge about the side effects of drugs so that they do not disable psychotherapy intervention with psychotic disorders
- ♦ Manage emotional crises with psychotropic drugs in these diseases
- ♦ Master the tools of assessment and intervention using all the intervention indicators
- ♦ Identify and use information from social and family agents
- ♦ Develop the intervention with the drug according to the mental logic of the different age groups
- ♦ Describe the effects on the social fabric of the psychotic patient
- ♦ Master the adverse and permanent effects of these diseases

- ♦ Manage and stabilize the emotional and affective deficiencies of the patient within the intervention
- ♦ Master and manage the differential characteristics of psychotic pathologies
- ♦ Identify and master the clinical and prognostic features of the different disorders of childhood and adolescence with pharmacological intervention due to these disorders
- ♦ Use the intervention to determine when it is necessary for other professionals to join process
- ♦ Develop and understand mutations and new forms of disease in personality disorders
- ♦ Develop knowledge that discriminates an important problem of natural evolution within the process of family coexistence
- ♦ Manage and master the systemic psychopathology that causes these disorders
- ♦ Develop monitoring models that express the changes of stress pathologies and chronic pathological mental states



Our goal is to help you achieve yours, through a very unique program of specialization that will become an unparalleled professional growth experience"

03 Skills

After passing the assessments of the Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology, you will have acquired the professional skills necessary to perform with the highest quality, with the most up-to-date knowledge in this field, and with the certainty of offering a teaching based on the greatest compendium of knowledge and experience available in the current teaching market. A leap towards high-level praxis.





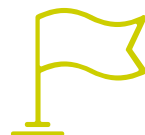
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This Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology will propel you to the highest levels of performance in this field, with the qualifications and skills of the most up-to-date experts"



General Skills

- ♦ Describe the skills of psychodiagnosis, psychological assessment, and expert witnessing for effective work in intervention with psychotic disorders and personality disorders
- ♦ Manage the psychopathology of the child and adolescent to create a framework of security in the diagnosis and subsequent prognosis
- ♦ Master the relationship to achieve an adequate link to obtain the necessary information for the diagnosis
- ♦ Connect with the child and adolescent to locate the most relevant agents in their history and from there perform their medical history
- ♦ Appreciate all the elements of communication in order to know not only what the patient expresses, but also what he feels and perceives
- ♦ Describe the different models that explain the state of the patient in order to be able to make decisions regarding the psychopathological situation of the subject
- ♦ Identify the different criteria that currently establish the expression of psychological illness in order to establish an adequate intervention in the subject
- ♦ Describe and propose clinical expressions that, although not listed in diagnostic manuals, are common in everyday clinical practice, in order to have an adequate psychopathological study
- ♦ Master the multidisciplinary relationship to help and assist with the knowledge of other professionals and perform a psychopathological analysis according to the patient's reality
- ♦ Understand the importance of psychosocial intervention in psychotic disorders and personality disorders
- ♦ Understand the reactions of a person suffering from these disorders
- ♦ Ability to offer initial supportive psychological help at the onset of a psychotic disorder
- ♦ Manage basic communication and negotiation skills applied to the management of people in crisis
- ♦ Master specific skills necessary for effective crisis intervention
- ♦ Create and apply action protocols adapted to the specific situations that cause an emergency situation
- ♦ Offer strategies for prevention and management of stress caused by a crisis situation in the family environment
- ♦ Develop group interventions for psychosocial reintegration
- ♦ Understand the basis of the most effective models and techniques used in the therapy of psychosis and personality disorders
- ♦ Train for the management of a psychosocial team
- ♦ Master strategies for the relationship with the multidisciplinary team
- ♦ Assess and intervene in minor medical pathologies that occur as a consequence of the situation of the patient with a psychotic pathology
- ♦ Confidently deal with child and adolescent intervention
- ♦ Understand the current clinical practice of psychiatric disorders in children and adolescents
- ♦ Be capable of managing the multidisciplinary relationships in order to carry out the work of a clinician in these age groups
- ♦ Achieve a therapeutic alliance with the appropriate patients
- ♦ Manage the different types of patients and their profiles, in order to achieve an adequate attachment, containment and setting of limits during the intervention
- ♦ Establish a relationship as a support reference without interfering with the basic support references of the patient
- ♦ Gain knowledge and understanding of psychodiagnosis and clinical intervention in these age groups
- ♦ Master and understand current clinical case studies, with their masks and psychosomatic equivalents



Specific Skills

- ◆ Develop theories that explain the events using clinical criteria
- ◆ Employ and master projective techniques for the assessment of the psychotic patient
- ◆ Manage and discover intrapersonal elements of the subject through the Rorschach test
- ◆ Identify and master the drawing test and the desiderative questionnaire
- ◆ Develop conclusions with Max Lüscher's color test
- ◆ Interpret and recognize the psychic state in the Thematic Apperception Test (TAT) study
- ◆ Explain and describe the results of neurological tests specific to differential diagnosis
- ◆ Use and master the CBCA and SVA story credibility scales
- ◆ Explain the appropriateness of the intervention process
- ◆ Describe the mechanisms of preposition
- ◆ Raise awareness of the importance of psychological support in the emergencies of psychotic and bipolar disorders
- ◆ Differentiate between the peculiar characteristics of the different profiles in personality disorders
- ◆ Identify the different levels of severity
- ◆ Determine why psychosocial support is important in these disease processes
- ◆ Differentiate between the different moments of the psychosocial intervention
- ◆ Understand the place of the psychologist in these disorders and their relationship with the rest of the actors involved
- ◆ Understand the objectives of the intervention and its purpose
- ◆ Master the basic principles of crisis intervention

- ◆ Identify and avoid the most common errors in intervention with psychotic patients and personality disorders
- ◆ Understand what stress is and its general characteristics in psychotic conditions
- ◆ Understand the neurological functioning of the brain in psychotic and bipolar disorders
- ◆ Identify the psychological defence mechanisms that a person deploys when faced with a situation that overwhelms them
- ◆ Assess what is considered normal and what is not between the reactions of a person in a critical situation
- ◆ Understand the concept of psychological crisis and its characteristics
- ◆ Discover the factors that trigger a psychotic crisis
- ◆ Identify the characteristics of a person in the impact phase and the intervention guidelines to deal with them
- ◆ Facilitate proactivity in patient response
- ◆ Create a climate of trust in the relationship with the affected person
- ◆ Be able to listen empathetically, within the delirious and disorganized discourse
- ◆ Develop communication skills applied to the transmission and reception of information
- ◆ Design and use different representational systems to improve patient understanding and comprehension
- ◆ Be able to handle a difficult discussion or conversation
- ◆ Appropriately uses questions to manage the patient conversation
- ◆ Master the strategy of paraphrasing
- ◆ Manage influence and persuasion techniques to overcome patient resistance and facilitate change towards more adaptive responses
- ◆ Build a positive response in the patient that allows an approach to the solution
- ◆ Master communication in terms of present and future, avoiding loops of thinking about the past
- ◆ Submit and perform according to deontological standards
- ◆ Differentiate and describe violence within a framework of safety for the victim
- ◆ Master and manifest mechanisms of differentiation of the simulation
- ◆ Be able to provide relevant information according to the time of the intervention
- ◆ Train to anticipate changing situations and focus the patient on solutions
- ◆ Help decision-making for the effective resolution of the crisis
- ◆ Facilitate the connection to other resources needed by the patient
- ◆ Develop a specific intervention protocol, with objectives and adapted intervention guidelines, for the intervention with the person in acute stress, anxiety and panic, with psychotic disorder
- ◆ Develop a specific intervention protocol, with objectives and adapted intervention guidelines, for intervention with the bereaved person
- ◆ Identify the specific treatment with the aggressive patient
- ◆ Design the intervention with the person threatening suicide
- ◆ Develop a specific intervention protocol, with objectives and adapted intervention guidelines, for intervention with children
- ◆ Design a specific intervention protocol for the substance intoxicated patient, patient with dual pathology
- ◆ Describe the intervention with the patient in psychotic break
- ◆ Design protocols for intervention with people with intellectual disabilities
- ◆ Describe intervention with people with speech disabilities
- ◆ Describe the characteristics of stress in emergency situations
- ◆ Recognize noticeable signs of psychological impact
- ◆ Identify and convey general techniques for healthy habits

- ♦ Master different cognitive-behavioral stress management techniques
- ♦ Understand the differences between group and individual techniques of intervention with the psychotic patient
- ♦ Assess when it is necessary to apply a group intervention technique
- ♦ Understand the differences between crisis intervention and crisis therapy
- ♦ Elaborate the basis of Time Limited Psychotherapy and its benefits in crisis therapy
- ♦ Become aware of the importance of delegating tasks and responsibilities
- ♦ Train to apply conflict resolution strategies and techniques in multidisciplinary teams working with psychotic patients and personality disorders
- ♦ Become aware of the importance of knowing first aid applied to the intervention of this type of patients
- ♦ Develop and identify the signs and symptoms of the most frequent pathologies in psychosocial emergency situations
- ♦ Identify when to request for assistance from health services
- ♦ Manage intervention with benzodiazepines
- ♦ Interaction between antidepressants and other drugs dominates
- ♦ It breaks down the difference in performance between SSRIs and AMRIs
- ♦ Develop the appropriate intervention with lithium carbonate
- ♦ Get to know and handle valproic acid Master the carbamazepine intervention Differentiate intervention for agitation from acetylcholinesterase inhibitors
- ♦ Understand the uniqueness of child and adolescent psychological illness
- ♦ Distinguish between what is normal and what is an illness in these age groups
- ♦ Identify symptoms as an expression of the child's or adolescent's condition
- ♦ Describe different levels of severity in different pathologies
- ♦ Recognize and understand the causes of the psychological illness in children and adolescents
- ♦ Differentiate between the forms of illness experienced by children and adolescents and those experienced by adults
- ♦ Recognize and value the importance of family communication
- ♦ Describe the uniqueness of the language used between members of the same family
- ♦ Highlight and describe the ways of dealing with minors from the family pathology point of view
- ♦ Emphasize the significance of rejection in childhood
- ♦ Describe how abandonment and aggression can leave lasting damaging effects for the rest of an individual's life
- ♦ Describe the importance of the family structure
- ♦ Gain an understanding of the psychology of identical and non-identical twins
- ♦ Describe the influence of having a sick sibling
- ♦ Explore the importance of the area in which you are born
- ♦ Address the role of grandparents in the upbringing of a child in the current day
- ♦ Make a connection between the family type and the possible disorders that could occur in children and adolescents
- ♦ Identify and explain the repercussions of stress in how a family functions and in the psychopathology of the children and adolescents
- ♦ Relate family stress factors with patterns of dysfunctional behaviors
- ♦ Recognize and investigate the impact of the death of a parent in childhood or adolescence
- ♦ Describe all the elements needed to make an appropriate psychological evaluation
- ♦ Describe the interview framework for children and adolescents
- ♦ Develop an understanding of the tactics used for conducting interviews
- ♦ Identify the link in the relationship between assessment and intervention
- ♦ Present a diagnosis objective process

- ◆ Recognize all the perspectives and dimensions of personality evaluation
- ◆ Describe the exploration and evaluation of phobic personality
- ◆ Describe the exploration and evaluation of defiant personality
- ◆ Describe the exploration and evaluation of explosive-blocked personality
- ◆ Describe the exploration and evaluation of histrionic personality
- ◆ Describe the exploration and evaluation of rigid personality
- ◆ Describe the exploration and evaluation of submissive personality
- ◆ Describe the exploration and evaluation of aggressive personality
- ◆ Describe the exploration and evaluation of intelligence
- ◆ Manage the study of intelligence
- ◆ Gain knowledge of multiple intelligences
- ◆ Identify the importance of having emotional intelligence
- ◆ Assess the motor activity of a child
- ◆ Identify if the child possesses all the necessary motor skills for their age
- ◆ Describe and understand laterality and fine motor skills
- ◆ Assess and monitor the person's language area
- ◆ Assess the vocabulary knowledge of an individual
- ◆ Assess the spoken and written skills of the person in question
- ◆ Understand the difficulties in expression and communication
- ◆ Describe the exploration and evaluation of the family
- ◆ Identify closed family systems
- ◆ Identify open family systems
- ◆ Describe the family rules in each family
- ◆ Describe family rituals
- ◆ Discover the bonds that enable family stability
- ◆ Describe the analysis that must be carried out in order to understand how the family unit overcomes crises
- ◆ Identify the imaginary borders which separate the family from the rest of a community
- ◆ Determine the strength of the family relationship as centripetal or centrifugal
- ◆ Identify and demonstrate how to uncover the structural organization of the family
- ◆ Assess the characteristics of social relationships and socialization of the individual
- ◆ Design ways in which to locate the individual's true peer network
- ◆ Assess and diagnose the possible mental disorders of the individual
- ◆ Demonstrate the neurological and biochemical relationship with the behavior of the individual
- ◆ Understand and manage the treatment of neurodevelopmental disorders
- ◆ Understand and manage the treatment of psychotic disorders
- ◆ Understand and manage the treatment of cyclothimic disorders
- ◆ Understand and manage the treatment of bipolar disorders
- ◆ Understand and manage the treatment of depressive disorders
- ◆ Understand and manage the treatment of anxiety disorders
- ◆ Understand and manage the treatment of obsessive-compulsive spectrum disorders
- ◆ Understand and manage the treatment of disorders related to trauma and stress factors
- ◆ Understand and manage the treatment of dissociative disorders
- ◆ Understand and manage the treatment of disorders with somatic symptoms
- ◆ Understand and manage the treatment of eating and food intake disorders
- ◆ Understand and manage the treatment of excretion disorders

- ◆ Understand and manage the treatment of sleep-wake disorders
- ◆ Understand and manage the treatment of gender dysphoria
- ◆ Understand and manage the treatment of impulse control and behavioral disorders
- ◆ Understand and manage the treatment of disorders related to substance abuse and addictive disorders
- ◆ Understand and manage the treatment of personality disorders on the paranoia spectrum
- ◆ Understand and manage the treatment of personality disorders on the schizophrenic spectrum
- ◆ Understand and manage the treatment of personality disorders on the schizotypal spectrum
- ◆ Understand and manage the treatment of personality disorders on the antisocial spectrum
- ◆ Understand and manage the treatment of borderline personality disorders
- ◆ Understand and manage the treatment of histrionic personality disorders
- ◆ Understand and manage the treatment of personality disorders on the narcissistic spectrum
- ◆ Understand and manage the treatment of avoidant personality disorders
- ◆ Understand and manage the treatment of dependent personality disorders
- ◆ Understand and manage the treatment of personality disorders on the obsessive-compulsive spectrum
- ◆ Detect and assess problems related to the parents
- ◆ Detect and assess problems related to the siblings
- ◆ Describe the consequences of being educated away from parents
- ◆ Describe the consequences of a conflictive parental relationship
- ◆ Describe the consequences of family breakdown due to separation or divorce
- ◆ Describe the consequences of overwhelming emotional expressions in the family
- ◆ Describe the consequences of mourning
- ◆ Describe the consequences of maltreatment
- ◆ Describe the consequences of abuse
- ◆ Describe the consequences of negligence
- ◆ Describe the consequences of educative problems
- ◆ Describe the consequences of work problems
- ◆ Describe the consequences of economic problems
- ◆ Describe the consequences of housing problems
- ◆ Describe the consequences of the problems of living alone
- ◆ Describe the consequences of exclusion or social rejection
- ◆ Describe the consequences of having been a victim of crime
- ◆ Describe the consequences of having been exposed to catastrophic events
- ◆ Manage and teach mastery of modification techniques
- ◆ Manage and teach mastery of the token economy
- ◆ Manage and teach mastery of functional analysis of behavior
- ◆ Manage and teach mastery of systemic therapy
- ◆ Manage and teach mastery of creation and expression of metaphors and stories
- ◆ Manage and teach mastery of prescriptions with healing procedures
- ◆ Manage and teach mastery of strategic therapy
- ◆ Manage and teach mastery of original prescriptions
- ◆ Manage and teach mastery of the restructuring
- ◆ Manage and teach mastery of time-limited psychotherapy
- ◆ Design and propose several protocols using therapeutic play
- ◆ Design and propose several protocols using drawing

- ◆ Design and propose several protocols using psychodramatization
- ◆ Design and propose several protocols using IT resources
- ◆ Design and propose several protocols using fantasy, relaxation and clinical hypnosis
- ◆ Design and propose several protocols using biofeedback techniques
- ◆ Demonstrate and describe knowledge of benzodiazepine drugs
- ◆ Demonstrate and describe knowledge of antidepressives
- ◆ Demonstrate and describe knowledge of optimizing drugs
- ◆ Demonstrate and describe knowledge of antipsychotic drugs
- ◆ Demonstrate and describe knowledge of classic neuroleptics
- ◆ Demonstrate and describe knowledge of atypical neuroleptics
- ◆ Generate an adequate bond to enable the psychopathological study of the child or adolescent
- ◆ Prepare and master the relationship at the first meeting with the child or adolescent
- ◆ Develop the therapeutic relationship from the first session as an authority
- ◆ Identify the point at which you have to set limits for the patient
- ◆ Discover and find the patient's emotional memories
- ◆ Dominate and manage the relationship until it becomes a referential person
- ◆ Describe and specify the inheritance of the patient's conflict
- ◆ Uncover and promote the child's or adolescent's psychic fabric
- ◆ Identify the experiential core of the patient
- ◆ Elaborate in the relationship the concepts of accompaniment, containment and escort
- ◆ Understand and manage the current symptoms of psychopathology
- ◆ Develop protocols that differentiate the healthy and developmental aspects of child and adolescent illnesses



- ◆ Identify the patient's intrapsychic conflicts
- ◆ Describe the patient's emotional schemas
- ◆ Differentiate the different etiologies of mental disorders in children and adolescents
- ◆ Describe the emotions felt by the subject and the actors around them
- ◆ Discover the masks and expressions of psychic illness in childhood and adolescence
- ◆ Manage and master the techniques of staging, rescue and outcome of the assessment process
- ◆ Identify and promote the expression of corrective emotional experiences
- ◆ Identify the dynamics of the patient's family system
- ◆ Elaborate and develop the possible type of child that is the subject
- ◆ Specify and determine whether the patient was a rejected or abandoned child
- ◆ Assess and describe the patient's fraternal history
- ◆ Differentiate and find possible double-bind relationships, ambiguity or inconsistency that the patient may have had in their history
- ◆ Assess and determine family psychopathology and the impact on the patient's current state
- ◆ Appreciate and develop the addiction history of family members
- ◆ Identify and describe the ways of pathological management experienced by the patient
- ◆ Appreciate and develop on a continuum the relationship with the grandparents
- ◆ Identify and describe the possible pathologic management of Poll's syndrome by proxy
- ◆ Differentiate and find pathological elements towards the patient, such as the lack of limits, blaming or not allowing growth
- ◆ Describe the harmful bonds such as overdependence, detachment, anxious-choleric or depressive-demoralized
- ◆ Identify the socioeconomic problems of the family
- ◆ Differentiate between centripetal and centrifugal energy of the family
- ◆ Assess and describe the relationships and disputes between uncles and aunts and uncles and other close associates
- ◆ Develop protocols for the detection of abuse and violence towards the patient
- ◆ Identify depravity of care and support as a child or adolescent
- ◆ Discover the patient's relationship with the school
- ◆ Describe school history and its relationship to education
- ◆ Identify accidents and dangerous moments the patient has experienced
- ◆ Point out the incidence of failure in school and its impact on the history of the patient
- ◆ Appreciate the meaning of the patient's life
- ◆ Identify and describe the patient's level of social self
- ◆ Assess and master developmental disorders in the child
- ◆ Recognize and differentiate autism spectrum disorders
- ◆ Describe the signs of language disorders
- ◆ Differentiate and frame psychotic disorders in childhood and adolescence
- ◆ Describe and master the clinic of schizophrenia in children and adolescents
- ◆ Appreciate and manage the signs of major depression in children and adolescents
- ◆ Identify and differentiate anxiety disorders under their different headings
- ◆ Differentiate and establish the relationship between obsessive-compulsive disorder and dysmorphobia or hoarding disorder
- ◆ Express and identify the importance of stress in the psychopathological future of the child and adolescent
- ◆ Point out the incidence of trauma in psychopathology
- ◆ Elaborate and manage the dissociative clinic in the child and adolescent

- ◆ Assess and list the components of anorexia and bulimia nervosa
- ◆ Point out and identify enuresis and encopresis in the patient's medical record
- ◆ Differentiate between sleep and wakefulness disorders
- ◆ Manage the dynamics of sleepwalking
- ◆ Differentiate between night terror and nightmares
- ◆ Identify child and adolescent gender dysphoria
- ◆ Appreciate and conclude the key elements of impulse control disorder
- ◆ Recognize and manifest the entire repertoire of oppositional defiant disorder
- ◆ Describe the behavioral correlates of substance use disorders
- ◆ Manage and master the casuistry to detect the explosive disorder and tantrum syndrome
- ◆ Identify the emperor syndrome
- ◆ Point out the repercussions of pathological egocentrism in childhood and adolescence
- ◆ Identify lying and simulation
- ◆ Describe the pathological need to be glued to the phone
- ◆ Develop methodology to detect compulsive lying
- ◆ Assess and elaborate "Not in Education, Employment, or Training" (NEET) personality characteristics
- ◆ Identify the casuistry of the children in the key
- ◆ Manage and detect the profile of child and adolescent suicidality
- ◆ Describe the depressive axes of childhood and adolescence
- ◆ Develop differential diagnoses of autism and hyperactivity
- ◆ Identify and assess neurological disorders
- ◆ Explain the comorbidity elements of personality disorders and child and adolescent pathology
- ◆ Describe antisocial, borderline and paranoid personality disorders
- ◆ Develop ways to detect personality disorders: histrionic, dependent and avoidant
- ◆ Develop and recognize the unique signs of passive aggressive personality disorder
- ◆ Difference between DNA and RNA knowledge
- ◆ Describe the importance of epigenetics in the study of child and adolescent behavior
- ◆ Manage and master the role of sympathy and empathy in vicarious learning
- ◆ Differentiate the fashion of adherence components from dependence
- ◆ Assess and rate peer pressure on the patient
- ◆ Assess the impact of parental anxiety, depressive and psychotic disorders
- ◆ Manifest the importance of admiration in the overall balance of the individual
- ◆ Develop effective analysis plans for differential diagnosis
- ◆ Identify and recognizes the patient's self-image
- ◆ Describe little-known syndromes such as self-injuries
- ◆ Master and manage that self-injury lowers emotional anxiety
- ◆ Identify and develop plans to control negativism and vandalism
- ◆ Point out the importance of maintaining affective bridges with the patient
- ◆ Focus on nihilism and anhedonia as atrocious symptoms for the human psyche
- ◆ Break down and manage the DSM-5 and ICD-10 classification of mental illnesses
- ◆ Communicate and educate so that the proposed diagnoses lead to an effective therapeutic relationship
- ◆ Focus on and develop protocols that differentiate health from illness in the family
- ◆ Discover the arsenal of signs and signals to identify child and adolescent psychopathology



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Get a head start in excellence with training from today's most specialized experts and boost your competitiveness to the top positions with an unbeatable CV"

04

Course Management

The program includes in its teaching staff renowned experts in Psychology and Child and Adolescent Psychopathology, who contribute their work experience to this Advanced Master's Degree. Additionally, other recognized specialists participate in its design and preparation, which means that the program is developed in an interdisciplinary manner. A teaching staff of specialists chosen for their professional trajectory and teaching capacity that allows students to learn from the direct experience of the best in the sector.





“

Learn from the best with this exceptional and extensive teaching staff made up of the best professionals in the sector, which will allow you to learn from the direct experience of the most renowned specialists in all areas of Clinical Psychology and Child and Adolescent Psychopathology”

Management



Dr. Segovia Garrido, Domingo

- ◆ Degree in Psychology. Murcia University. 1994-1999
- ◆ Master's Degree in Occupational Hazard Prevention F.E.C.M.E.S. 2003
- ◆ Master's Degree in Integrated Systems Management. FEDA. 2005
- ◆ Master's Degree in Clinical and Health Psychology. ISEP. 2004-05
- ◆ Psychologist at LASSUS Association for help against Depressive Syndrome. 2003-2012
- ◆ Former President of the LASSUS Association for help against Depressive Syndrome. 2006-2010
- ◆ Director-Psychologist of the Tinte23 Psychology Center. Since 2014
- ◆ Psychologist at Asociación Mentes Abiertas de La Roda (Association that works with family members and people with severe mental illness). Since 2015



Dr. Aguado Romo, Roberto

- ◆ Psychologist specialized in clinical psychology
- ◆ European specialist psychologist in psychotherapy
- ◆ Managing Director of evaluation and psychotherapy centers in Madrid, Bilbao, and Talavera de la Reina
- ◆ Author of Time-Limited Psychotherapy Researcher at CerNet, Emotional Network, and European Institute for Time-Limited Psychotherapies



Dr. Fernández, Ángel

- ♦ European specialist psychologist in Psychotherapy from the EFPA
- ♦ Health Psychologist Master's Degree in Clinical and Health Psychology
- ♦ Director of the Evaluation and Psychotherapy Center of Madrid
- ♦ Tutor in charge of the Psychodiagnosis and Psychological Intervention area of the CEP
- ♦ Author of the T.E.N. technique
- ♦ Head of studies on the Professional Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ♦ Specialist in Clinical Hypnosis and Relaxation Specialist in Child and Adolescent Intervention



Dr. Otero, Verónica

- ♦ European specialist psychologist in Psychotherapy at the CEP health center in Bilbao
- ♦ Head of the children and youth area of intervention with PTL in the CEP of Bilbao
- ♦ Master in Time-Limited Psychotherapy and Health Psychology
- ♦ Child and Adolescent Specialist
- ♦ Expert in Intervention with Time-Limited Psychotherapy in Psychosomatic Disorders
- ♦ Psychotherapist certified by Europsy Psychologist Specializing in Children and Adolescents
- ♦ Evaluation and Psychotherapy Center. Bilbao Headquarters

Professors

Dr. Arriero, Esther

- ♦ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center in Talavera de la Reina
- ♦ Health Psychologist
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology in Adult Therapy
- ♦ Specialist in interventions with chronic patients

Dr. Benito de Benito, Luis

- ♦ Medical Specialist of the digestive system
- ♦ Physician Hospital San Chinarro and specialist in Endoscopy
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology. Lecturer at Navarra University

“

Learning that draws on the real-world experience of practicing professionals. Learning is the best way to achieve quality in your profession"



Dr. Cuesta González, José María

- ♦ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center in Talavera de la Reina
- ♦ Expert in psychological intervention of chronic illnesses
- ♦ Psychologist of the Alzheimer's Association
- ♦ Master in Time-Limited Psychotherapy and Health Psychology

Dr. De Dios González, Antonio

- ♦ Director of Avatar Psychologists
- ♦ Director of the Psychology Department of Quirón Hospital in Marbella
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapies
- ♦ Transpersonal Therapist by the Spanish School of Transpersonal Development
- ♦ E.F.T. Specialist by the World Center for EFT
- ♦ Master's degree in Neuro-Linguistic Programming (N.L.P.) by Richard Bandler's Society of Neuro-Linguistic Programming
- ♦ Specialist in Clinical Hypnosis and Relaxation

Dr. González Agüero, Mónica

- ♦ Psychologist in charge of the Department of Child and Adolescent Psychology in the Quirón Hospital and Avatar Psychologists in Marbella
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapy

Dr. Gascón Martín, Laura

- ♦ European specialist psychologist in Psychotherapy for the EFPA in the CEP Health Center in Talavera de la Reina
- ♦ Specialist in Forensic and Legal Psychology Court Psychologist
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ♦ Expert in Adult Psychotherapy

Dr. Gandarias Blanco, Gorka

- ♦ Health Psychologist
- ♦ European specialist psychologist in Psychotherapy by the EFPA in Vitoria, Spain
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ♦ Expert in intervention in bizarre behavior and drug addiction

Dr. Martínez Lorca, Alberto

- ♦ Specialist in nuclear medicine
- ♦ Rey Juan Carlos University Hospital - Madrid. Madrid. Spain

Dr. Martínez-Lorca, Manuela

- ♦ Doctorate in Psychology from the University of Castilla-La Mancha
- ♦ Lecturer in the Department of Psychology at the UCLM
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapies
- ♦ Specialist in Child and Adolescent Psychopathology

Dr. Roldán, Lucía

- ♦ Health Psychologist
- ♦ Cognitive-behavioral intervention specialist
- ♦ Master's Degree in Time-Limited Psychotherapy and Health Psychology
- ♦ Expert in energy therapy intervention

Dr. Alfonso Suárez, Álvaro

- ♦ Degree in psycho-pedagogy
- ♦ Teacher of Educational Reinforcement for Students with Specific Educational Needs
- ♦ Technician in Social and Health Care for Dependent People in Social Institutions
- ♦ Social Integration Technician: Design, Development, and Evaluation of Social Integration Interventions for people with Severe Mental Illnesses

05

Structure and Content

The structure of the contents has been designed by a team of professionals from leading centers and universities. Aware of the current relevance of specialization, they have created a didactic path in which each topic will address one of the relevant aspects for the development of a highly competent professional. All this makes up a high educational intensity and unmatched quality syllabus which includes theory and state-of-the-art virtual practice, and that will propel you to the most complete level of mastery in this area.



“

This Advanced Master's Degree is an incomparable opportunity to obtain, in a single training program, all the knowledge required in Clinical Psychology and Child and Adolescent Psychopathology”

Module 1. Framework of Clinical Psychology for Children and Adolescents

- 1.1. Child and Adolescent Psychological Disorders
- 1.2. Communication Paths Between the Normal and the Pathological
 - 1.2.1. Symptoms as a Means of Expression
 - 1.2.2. Differences Between Major and Minor Psychological Problems
- 1.3. Etiology of Mental Disorders in the Child and Adolescent Population
- 1.4. Characteristics of Psychiatric Illness in Childhood and Adolescence

Module 2. Aetiology of Child and Adolescent La Psychopathology

- 2.1. Parental Relationships and Anxiety Disorders
 - 2.1.1. Choleric Bond
 - 2.1.2. Bond of Overdependence
 - 2.1.3. Melancholic Bond
- 2.2. Depressive Axes of Childhood and Adolescence
 - 2.2.1. Neurotic & Psychotic
 - 2.2.2. Reactive & Endogenous
 - 2.2.3. Unipolar & Bipolar
 - 2.2.4. Major & Minor
- 2.3. Sexual Identity Disorder
 - 2.3.1. In childhood
 - 2.3.2. In adolescence
- 2.4. Kleptomania in Childhood and Adolescence
 - 2.4.1. Stealing for Sake of Stealing
 - 2.4.2. I Am Because of What I Have
- 2.5. Inability to Sleep Alone
 - 2.5.1. Relations Between Spouses
 - 2.5.2. Security by Presence
- 2.6. Friendship Deficit
 - 2.6.1. Preamble to Bullying
 - 2.6.2. Incapacity for Friendship

- 2.7. Nihilism and Anhedonia in Childhood and Adolescence
- 2.8. Family Relationships and Drugs
 - 2.8.1. Permissibility
 - 2.8.2. Symptom Blindness
 - 2.8.3. Social Normalization
- 2.9. Universe of Autism and its Satellites
- 2.10. Hyperactivity and Attention Deficit Disorder with its Realities
 - 2.10.1. Disease Educational Process
 - 2.10.2. Review of Hyperactivity and Attention Deficit Disorder
- 2.11. Neurological Disorders in Adolescent Psychopathology
 - 2.11.1. Neuroanatomy of the Child and Adolescent
 - 2.11.2. Errors in Brain Maturing
- 2.12. Dysphemia, Dyslexia and Personality

Module 3. Children, Adolescents and the Family

- 3.1. Aspects to Consider
 - 3.1.1. Communication and Family
 - 3.1.2. How is the Language at Home?
- 3.2. Characteristics of the Pathological Family
 - 3.2.1. Pathological Management of Children from the Family
 - 3.2.2. Childhood Rejection
 - 3.2.3. Abandonment of and Aggression Towards a Minor
- 3.3. Modern Family Structures
 - 3.3.1. Identical and Non-Identical Twins
 - 3.3.2. The Sibling of a Sick Child
 - 3.3.3. The Importance of the Place of Birth
- 3.4. Grandparents, Aunties and Uncles
- 3.5. Types of Family and their Implication on the Child and Adolescent Psychopathy
- 3.6. Parent-Child Bonds
- 3.7. Stress, Family Workings and Psychopathology in Children and Adolescents
 - 3.7.1. Family Stress Factors with Dysfunctional Behavior Patterns
- 3.8. Death of a Parent in Childhood and Adolescence



Module 4. Assessment Process and Psychodiagnosis in Childhood and Adolescence

- 4.1. Introduction
- 4.2. The Interview
 - 4.2.1. Definition and General Aspects
 - 4.2.2. Framework of Psychological Assessment
 - 4.3.3. Interviewing Tactics
- 4.3. The Structured Clinical Interview
 - 4.3.1. Differences and Similarities Between Assessment and Intervention
 - 4.3.2. Diagnostic Process
 - 4.3.3. Diagnostic Objectives
- 4.4. Assessment of Intelligence
 - 4.4.1. Intellectual Level for the Intelligence Test
 - 4.4.2. Multiple intelligences
 - 4.4.3. Emotional Intelligence
- 4.5. Assessment of Motor Activity
 - 4.5.1. Acquisition of Motor Skills
 - 4.5.2. Laterality and Fine Motor Skills
- 4.6. Language Assessment
 - 4.6.1. Vocabulary
 - 4.6.2. Written and Spoken Language
 - 4.6.3. Expression and Communication
- 4.7. Family Assessment
 - 4.7.1. Closed Family Systems
 - 4.7.2. Open Family Systems
 - 4.7.3. Family Rules
 - 4.7.4. Family Rituals
 - 4.7.5. Types of Family Homeostatis
- 4.8. New Perspectives on the Diagnosis of Mental Illnesses

Module 5. Psychopathology in Childhood and Adolescence

- 5.1. Child and Adolescent Psychic Structure - Part 1
- 5.2. Child and Adolescent Psychic Structure - Part 2
- 5.3. Neurodevelopment Disorders
 - 5.3.1. Intellectual Disability
 - 5.3.2. Autism Spectrum Disorder
 - 5.3.3. Attention Deficit and Hyperactivity Disorder
 - 5.3.4. Learning Difficulties Disorder
 - 5.3.5. Language Disorders
 - 5.3.6. Motor Disorders
 - 5.3.7. Tic Disorders
- 5.4. Psychotic Disorders
 - 5.4.1. Delirious Disorders
 - 5.4.2. Brief Psychotic Disorder
 - 5.4.3. Schizophrenia
 - 5.4.4. Schizoaffective Disorder
- 5.5. Cyclothymic and Bipolar Disorder
- 5.6. Depressive Disorder
 - 5.6.1. Severe Depression
 - 5.6.2. Dysthymia
 - 5.6.3. Premenstrual Dysphoric Disorder
- 5.7. Anxiety Disorders
 - 5.7.1. Separation Anxiety Disorder
 - 5.7.2. Mutism
 - 5.7.3. Specific Phobia
 - 5.7.4. Social Anxiety Disorder
 - 5.7.5. Panic Disorder
 - 5.7.6. Agoraphobia
 - 5.7.7. Generalized Anxiety Disorder
 - 5.7.8. Substance-Induced Anxiety Disorders

Module 6. Psychopathology in Childhood and Adolescence II

- 6.1. Obsessive Compulsive Disorder
- 6.2. Trauma and Stress-Related Disorders
- 6.3. Dissociative Disorders
- 6.4. Somatic Symptom Disorders
- 6.5. Eating and Food Intake Disorders
- 6.6. Excretory Disorders
- 6.7. Sleep-Wake Disorders
- 6.8. Gender Dysphoria
- 6.9. Impulse-Control and Behavior Disorders
- 6.10. Substance Abuse and Addictive Disorders

Module 7. Eating Disorders in Childhood and Adolescence

- 7.1. Schizoid Disorder
 - 7.1.1. Epidemiology
 - 7.1.2. Comorbidity
 - 7.1.3. Casuistry
- 7.2. Schizotypal Disorder
 - 7.2.1. Epidemiology
 - 7.2.2. Comorbidity
 - 7.2.3. Casuistry
- 7.3. Borderline Disorder
 - 7.3.1. Epidemiology
 - 7.3.2. Comorbidity
 - 7.3.3. Casuistry
- 7.4. Narcissistic Disorder
 - 7.4.1. Epidemiology
 - 7.4.2. Comorbidity
 - 7.4.3. Casuistry

- 7.5. Antisocial Disorder
 - 7.5.1. Epidemiology
 - 7.5.2. Comorbidity
 - 7.5.3. Casuistry
- 7.6. Paranoid Disorder
 - 7.6.1. Epidemiology
 - 7.6.2. Comorbidity
 - 7.6.3. Casuistry
- 7.7. Histrionic Disorder
 - 7.7.1. Epidemiology
 - 7.7.2. Comorbidity
 - 7.7.3. Casuistry
- 7.8. Avoidant Disorder
 - 7.8.1. Epidemiology
 - 7.8.2. Comorbidity
 - 7.8.3. Casuistry
- 7.9. Dependent Disorder
 - 7.9.1. Epidemiology
 - 7.9.2. Comorbidity
 - 7.9.3. Casuistry
- 7.10. Obsessive Compulsive Disorder
 - 7.10.1. Epidemiology
 - 7.10.2. Comorbidity
 - 7.10.3. Casuistry
- 7.11. Passive Aggressive Disorder
 - 7.11.1. Epidemiology
 - 7.11.2. Comorbidity
 - 7.11.3. Casuistry
- 7.12. Depressive Disorder
 - 7.12.1. Epidemiology
 - 7.12.2. Comorbidity
 - 7.12.3. Casuistry

Module 8. Adult Psychopathology and its Impact on Childhood and Adolescence

- 8.1. Inheritance from Epigenetics
 - 8.1.1. DNA
 - 8.1.2. RNA
 - 8.1.3. Genes and Environment
 - 8.1.4. Genomic Imprinting and Epigenetic Inheritance
- 8.2. Learning and Mirror Neurons
 - 8.2.1. Neuropsychiatric Repercussions
 - 8.2.2. Identification
 - 8.2.3. Vicarious Learning
- 8.3. Role of Sympathy and Empathy in Vicarious Learning
 - 8.3.1. Difference Between Projection and Introjection
 - 8.3.2. Neurological Elements of Sympathy and Empathy
- 8.4. Social Control of Personality in Childhood and Adolescence
 - 8.4.1. Fashion
 - 8.4.2. Group Pressure
 - 8.4.3. Social Image of What You Should Be
- 8.5. Laws of Vicarious Learning
 - 8.5.1. Principle of Equipotency
 - 8.5.2. Principle of Fidelity
 - 8.5.3. Imitation
 - 8.5.4. Contemplation, Submission and Ignorance
- 8.6. Impact of Adult Disorders on Children and Adolescents
 - 8.6.1. Anxiety Disorders
 - 8.6.2. Depressive Disorders
 - 8.6.3. Psychotic Disorders
 - 8.6.4. Addiction Disorders
 - 8.6.5. Impulse Control Disorders
 - 8.6.6. Eating Disorders
 - 8.6.7. Sleep Disorders
 - 8.6.8. Work Disorders
 - 8.6.9. Legal Problems
- 8.7. Neurological Disorders
- 8.8. Medical Disease

Module 9. Pharmacological Intervention in Anxiety and Stress Disorders

- 9.1. Anxiety or Panic Disorder
- 9.2. Agoraphobia
- 9.3. Social Phobia
- 9.4. Specific Phobias
- 9.5. Generalized Anxiety Disorder
- 9.6. Obsessive Compulsive Disorder and Related Disorders
 - 9.6.1. Obsessive Compulsive Disorder
 - 9.6.2. Body Dysmorphic Disorder
 - 9.6.3. Hoarding Disorder
 - 9.6.4. Trichotillomania
 - 9.6.5. Excoriation Disorder
- 9.7. Separation Anxiety Disorder
- 9.8. Adaptive Disorder
 - 9.8.1. With a Depressed Mood
 - 9.8.2. With Anxiety
 - 9.8.3. With Behavioral Alteration
 - 9.8.4. With Mixed Emotional or Behavioral Alteration
- 9.9. Dissociative Disorders
 - 9.9.1. Dissociative Identity Disorder
 - 9.9.2. Dissociative Amnesia
 - 8.9.3. Depersonalization/Derealization Disorder
- 9.10. Somatic Symptom Disorders
- 9.11. Illness Anxiety Disorder
 - 9.11.1. Conversion Disorder
 - 9.11.2. Factitious Disorder
- 9.12. Trauma and Stress-Related Disorders
- 9.13. Acute Stress Disorder
 - 9.13.1. Post-Traumatic Stress
- 9.14. Disinhibited Social Relationship Disorder

Module 10. Intervention Tools

- 10.1. Play
- 10.2. Drawing
- 10.3. Metaphors and Stories
- 10.4. Psychodrama
- 10.5. IT Resources
- 10.6. Fantasy, Relaxation and Hypnosis
- 10.7. Biofeedback Techniques
- 10.8. Relationship Problems
 - 10.8.1. With Parents
 - 10.8.2. With Siblings
- 10.9. Education Far Away From Parents
- 10.10. Children Affected by Conflictive Parent Relationships
 - 10.10.1. Conflictive Relationships with the Spouse or Partner
- 10.11. Family Breakdown Due to Separation or Divorce
 - 10.11.1. Heightened Level of Emotion Expressed in the Family
- 10.12. Grief
- 10.13. Abuse
- 10.14. Abuse
- 10.15. Educational Problems
- 10.16. Work Problems
- 10.17. Home or Economic Problems
- 10.18. Problems from Living Alone
- 10.19. Exposure to Catastrophic Events

Module 11. The Clinical Interview with the Psychotic Patient and Personality Disorders

- 11.1. Active Interview (C.H.S.V.)
 - 11.1.1. Information Theory
 - 11.1.2. Communication Channels
 - 11.1.3. Communication System
- 11.2. Axioms of the Interview
 - 11.2.1. It is Impossible Not To Communicate
 - 11.2.2. Content and Relationship
 - 11.2.3. Affective Value
 - 11.2.4. Digital and Analog Communication
 - 11.2.5. Symmetry & Asymmetry
- 11.3. Exploring Communication
 - 11.3.1. Verbal Communication
 - 11.3.2. Non-Verbal Communication
 - 11.3.3. Double Bond
 - 11.3.4. Psychopathology of Communication
 - 11.3.5. A Gesture is Worth a Thousand Words
- 11.4. Medical History
 - 11.4.1. Personal
 - 11.4.2. Family
 - 11.4.3. Generational
- 11.5. Medical History
 - 11.5.1. Psychopathological Biography
 - 11.5.2. Biography of Medical Diseases
 - 11.5.3. Biography Social Problems
- 11.6. General Structure of the Mental Examination
 - 11.6.1. Non-Verbal Communication and Emotions
 - 11.6.2. Communication Around the Table
- 11.7. Semiology
 - 11.7.1. Signs
 - 11.7.2. Symptoms

- 11.8. Epistemology of Diagnosis
 - 11.8.1. Descriptive Syndromic Diagnosis Versus Disease
 - 11.8.2. Nosology Categorical Vs. Dimensional Diagnosis
- 11.9. Multiple Diagnoses and Comorbidity
- 11.10. Clinical Versus Forensic Criteria
- 11.11. Expert Interview Biases to Avoid

Module 12. Intervention in Personality and Psychotic Disorders From the Most Relevant Models

- 12.1. Behavior Therapy in Personality and Psychotic Disorders
- 12.2. Cognitive Therapy in Personality and Psychotic Disorders
- 12.3. Rational Behavior Therapy in Personality and Psychotic Disorders
- 12.4. Stress Inoculation Therapy in Personality and Psychotic Disorders
- 12.5. Becks Cognitive Therapy in Personality and Psychotic Disorders
- 12.6. Humanistic Therapies in Personality and Psychotic Disorders
- 12.7. Gestalt Therapy and Psychodynamic Therapies in Personality and Psychotic Disorders
- 12.8. Interpersonal Therapy in Personality and Psychotic Disorders
- 12.9. Time-Limited Psychotherapy (Eclectic Psychotherapy) in Personality and Psychotic Disorders

Module 13. Psychosocial Intervention in Psychotic Disorders

- 13.1. Family Mediation
 - 13.1.1. Premediation
 - 13.1.2. Negotiation
 - 13.1.3. Mediation
 - 13.1.3.1. Reconciliation
 - 13.1.3.2. Reparation
- 13.2. Notion of Conflict
 - 13.2.1. Changing the Attitude Towards Team Cooperation
 - 13.2.2. Improve Attitude
 - 13.2.3. Emphasizing Performance
- 13.3. Types of Conflict
 - 13.3.1. Attraction-Attraction
 - 13.3.2. Evasion-Evasion
 - 13.3.3. Attraction-Evasion

- 13.4. Mediation, Arbitration and Neutral Evaluation
 - 13.4.1. Mediator is Present, Does Not Have an Influence
 - 13.4.2. Arbitration Makes Decisions by Listening to the Parties
 - 13.4.3. Neutral Evaluation Draw Consequences From the Data Obtained
- 13.5. Coaching and Psychology
 - 13.5.1. Equalities
 - 13.5.2. Differences
 - 13.5.3. Contradictions
 - 13.5.4. Impersonation
- 13.6. Learning in Coaching
 - 13.6.1. Declaring Bankruptcy
 - 13.6.2. Stripping Off the Masks
 - 13.6.3. Re-Engineering Ourselves
 - 13.6.4. Focusing on the Task
- 13.7. Facing Challenges that can be Taken on
 - 13.7.1. Locus of Control
 - 13.7.2. Expectations
- 13.8. Focused on the Activity
 - 13.8.1. Focusing Techniques
 - 13.8.2. Thought Control techniques
- 13.9. Clear Goals
 - 13.9.1. Definition of Where We Are
 - 13.9.2. Definition of Where we Want To Go
- 13.10. Feeding Back on the Activity
 - 13.10.1. Placing the Attitude in Action and not in Anticipatory Thinking
 - 13.10.2. Verbalizing Small Achievements
 - 13.10.3. Be Flexible and Allow for Frustration
- 13.11. Working on Self-Deception
 - 13.11.1. Know that We are Lying to Ourselves
 - 13.11.2. Know that We Modify Reality
 - 13.11.3. Knowing that We Conform Reality to our Beliefs

- 13.12. Conflict Management
 - 13.12.1. Emotional Management
 - 13.12.2. Say What I Think, but From C.A.S.A. Emotions
- 13.13. Dialogue With Beliefs
 - 13.13.1. Self-Dialogue
 - 13.13.2. Cognitive restructuring
- 13.14. Managing Stress
 - 13.14.1. Breathing Techniques
 - 13.14.2. Emotional Management Techniques
 - 13.14.3. Relaxation Techniques
- 13.15. Emotional Management
 - 13.15.1. Identifying Emotions
 - 13.15.2. Identifying Suitable Emotions
 - 13.15.3. Changing Emotions for Others
- 13.16. Biology of the Stress Response
- 13.17. Biochemistry of Stress

Module 14. Psychopedagogical Counseling to Families in Psychosocial Risk Situations

- 14.1. Construction of the Concept of Family
 - 14.1.1. Concept and Theories about the Family. Functions, Dynamics, Rules, and Roles
 - 14.1.1.1. The Family as a context for Human Development
 - 14.1.1.2. Family Functions
 - 14.1.1.3. Family Dynamics and Rules
 - 14.1.1.4. Roles within the Family Context
- 14.2. Evolution of Family Institution
 - 14.2.1. Social Changes and New Forms of Family Coexistence
 - 14.2.1.1. The Influence of Social Changes on the Family
 - 14.2.1.2. New Family Forms
 - 14.2.2. Family Educational Styles
 - 14.2.2.1. Democratic Style
 - 14.2.2.2. Authoritarian Style
 - 14.2.2.3. Negligent Style
 - 14.2.2.4. Indulgent Style

- 14.3. Families at Psychosocial Risk
 - 14.3.1. Psychosocial Risk, Psychosocial Risk Assessment Criteria, and Families at Psychosocial Risk
 - 14.3.1.1. What is Psychosocial Risk?
 - 14.3.1.2. Psychosocial Risk Assessment Criteria
 - 14.3.1.3. Families in Psychosocial Risk Situation
 - 14.3.2. Risk Factors vs. Protective Factors
 - 14.3.2.1. Risk Factors
 - 14.3.2.2. Protective Factors
 - 14.4. Processes of Orientation and Psycho-Pedagogical Intervention
 - 14.4.1. Conceptualization of Psycho-Pedagogical Intervention and Models of Psycho-Pedagogical Intervention
 - 14.4.1.1. Concept of Psychopedagogical Intervention in the Family Environment
 - 14.4.1.2. Models of Psychopedagogical Intervention
 - 14.4.2. Addressees, Areas, and Contexts of Psychopedagogical Intervention
 - 14.4.2.1. Addressees of the Psychopedagogical Intervention
 - 14.4.2.2. Areas of the Psychopedagogical Intervention
 - 14.4.2.3. Contexts of the Psychopedagogical Intervention
 - 14.5. The Socio-Educational Intervention with Families
 - 14.5.1. Concept, Foundations and Models of Family SocioEducational Intervention
 - 14.5.1.1. The Socio-educational Intervention with Families
 - 14.5.1.2. Principles of Psychoeducational Intervention with Families
 - 14.5.1.3. Fundamentals of Socio-educational Intervention with Families: Elements, Criteria to Take into Account, and Levels of Intervention
 - 14.5.1.4. Models of Socio-Educational Intervention with Families
 - 14.6. Socio-Educational Intervention with Families (II)
 - 14.6.1. Family Intervention Educational Teams, Professional Skills and Tools and Techniques
 - 14.6.1.1. Educational Teams of Family Intervention
 - 14.6.1.2. Professional Skills
 - 14.6.1.3. Tools and Techniques
 - 14.7. Intervention in Situations of Risk and Child Abuse in the Family
 - 14.7.1. Conceptualization and Typology of Child Abuse
 - 14.7.1.1. The Concept of Child Abuse
 - 14.7.1.2. Types of Child Maltreatment
 - 14.7.2. Actions Against Child Abuse
 - 14.7.2.1. Detection, Assessment, and Care
 - 14.7.2.2. Protocols
 - 14.8. Collaborative Frameworks Between Family and School
 - 14.8.1. Family and School as Collaborative Environments. Forms of Family Participation in the School
 - 14.8.1.1. Family and School as Collaborative Environments
 - 14.8.1.2. Forms of Family Participation in the School
 - 14.8.1.3. Parenting School and Parental Education
- Module 15. Contexts and Their Disorders**
- 15.1. Basic Concepts of Evolutionary Contexts
 - 15.1.1. Microcontext
 - 15.1.2. Mesocontext
 - 15.1.3. Macrocontext
 - 15.2. Microcontext Pathology
 - 15.3. Child Type
 - 15.3.1. Hinge
 - 15.3.2. Colleague
 - 15.3.3. Target
 - 15.4. Rejected Child
 - 15.4.1. Direct Rejection
 - 15.4.2. Parental Alienation Syndrome
 - 15.4.3. Bullying
 - 15.5. Fraternal History
 - 15.5.1. Parents Union
 - 15.5.2. Resilience
 - 15.5.3. Conflict Resolution

- 15.6. Family Self
- 15.7. Family and Its Use of Language
 - 15.7.1. Double Bond
 - 15.7.2. Ambiguity
 - 15.7.3. Inconsistency
- 15.8. Family Psychopathology and Its Impact on Our Patients Future
 - 15.8.1. Psychiatric or Psychological Pathology of One of the Parents
 - 15.8.2. Alcoholism and Addictions
 - 15.8.3. Severe Personality Disorders
 - 15.8.4. Emotional Maladjustments in Parents
- 15.9. Ways to Pathologically Handle a Child
 - 15.9.1. Polle Syndrome by Proxy
 - 15.9.2. Childishness in Parents
 - 15.9.3. Lack of Boundaries
 - 15.9.4. Blaming
 - 15.9.5. Not Allow Growth
- 15.10. Relationship With Grandparents
 - 15.10.1. Permanent Situation
 - 15.10.2. Donation Status
 - 15.10.3. Sporadic Situation
- 15.11. Conflictive Bonds
 - 15.11.1. Overdependence
 - 15.11.2. Unbinding
 - 15.11.3. Anxious/Tense
 - 15.11.4. Choleric/Hostile
 - 15.11.5. Depressed/Unmotivated
- 15.12. Mesocontext Pathology
- 15.13. Family's Socioeconomic Position
 - 15.13.1. Unemployment
 - 15.13.2. Ruin and Eviction
 - 15.13.3. Economic Imbalance Between Both Parents
 - 15.13.4. Pathological Management of the Family Economy
- 15.14. Autonomy Over the Family
 - 15.14.1. Centripetal Families
 - 15.14.2. Centrifugal Families
- 15.15. Inadequate Extrafamilial Environment
 - 15.15.1. Conflicts Between Uncles
 - 15.15.2. Inheritance and Family Disputes
 - 15.15.3. Mismatches and Unfairness in Treatment
- 15.16. Abuse
 - 15.16.1. Rape
 - 15.16.2. Deprivation of Attention
 - 15.16.3. Physical and Psychic Violence
- 15.17. Autonomous Self
- 15.18. School
 - 15.18.1. Teacher as a Referential Person
 - 15.18.2. Abnormal Educational Quality
 - 15.18.3. Accidents
- 15.19. Neighbourhood
 - 15.19.1. Referential Agents
 - 15.19.2. Abnormal Extrafamilial Relationships
 - 15.19.3. Abnormal Extrafamilial Communication
 - 15.19.4. Social Disorders
- 15.20. Problems With Macrocontexts
 - 15.20.1. Family Abduction Due to Social Fashions
 - 15.20.2. Problems From Ideology
 - 15.20.3. Tendency to Isolation by Social Class
- 15.21. Adaptability
- 15.22. Meaning of Life
- 15.23. Social Self

Module 16. Pathological Universes in Childhood and Adolescence (DSM-5)

- 16.1. Neurodevelopment Disorders
 - 16.1.1. Intellectual Disability
 - 16.1.2. Autism Spectrum Disorder
 - 16.1.3. Attention Deficit and Hyperactivity Disorder
 - 16.1.4. Specific Learning Disorder
 - 16.1.5. Communication Disorders
 - 16.1.6. Motor Disorders
 - 16.1.7. Tic Disorders
- 16.2. Psychotic Disorders
 - 16.2.1. Delirious Disorders
 - 16.2.2. Brief Psychotic Disorder
 - 16.2.4. Schizophreniform Disorder
 - 16.2.5. Schizoaffective Disorder
 - 16.2.6. Catatonia Associated With Another Mental Disorder
- 16.3. Cyclothymic and Bipolar Disorder
- 16.4. Depressive Disorder
 - 16.4.1. Severe Depression
 - 16.4.2. Dysthymia
 - 16.4.3. Disruptive Mood Dysregulation Disorder
 - 16.4.4. Premenstrual Dysphoric Disorder
- 16.5. Anxiety Disorders
 - 16.5.1. Separation Anxiety Disorder
 - 16.5.2. Selective Mutism
 - 16.5.3. Specific Phobia
 - 16.5.4. Social Anxiety Disorder
 - 16.5.5. Panic Disorder
 - 16.5.6. Agoraphobia
 - 16.5.7. Generalized Anxiety Disorder
 - 16.5.8. Substance-Induced Anxiety Disorders
- 16.6. Obsessive Compulsive Disorder
 - 16.6.1. Body Dysmorphic Disorder
 - 16.6.2. Hoarding Disorder
 - 16.6.3. Trichotillomania
 - 16.6.4. Excoriation Disorder
- 16.7. Trauma and Stress-Related Disorders
 - 16.7.1. Reactive Attachment Disorder
 - 16.7.2. Disinhibited Social Relationship Disorder
 - 16.7.3. Post-Traumatic Stress Disorder
 - 16.7.4. Acute Stress Disorder
 - 16.7.5. Adaptive Disorder
- 16.8. Dissociative Disorders
 - 16.8.1. Dissociative Identity Disorder
 - 16.8.2. Dissociative Amnesia
 - 16.8.3. Depersonalization and Derealization Disorder
- 16.9. Somatic Symptom Disorders
 - 16.9.1. Somatic Symptom Disorders
 - 16.9.2. Illness Anxiety Disorder
 - 16.9.3. Conversion Disorder
 - 16.9.4. Psychological Factors Influencing Other Medical Conditions
 - 16.9.5. Factitious Disorder
- 16.10. Eating and Food Intake Disorders
 - 16.10.1. Pica
 - 16.10.2. Rumination Disorder
 - 16.10.3. Food Intake Avoidance/Restriction Disorder
 - 16.10.4. Anorexia Nervosa
 - 16.10.5. Bulimia Nervosa
 - 16.10.6. Binge Eating Disorder
- 16.11. Excretory Disorders
 - 16.11.1. Enuresis
 - 16.11.2. Encopresis
- 16.12. Sleep-Wake Disorders

- 16.12.1. Insomnia
- 16.12.2. Hypersomnia
- 16.12.3. Narcolepsy
- 16.12.4. Breathing-Related Sleep Disorder
- 16.12.5. Non-REM Sleep Awakening Disorders
- 16.12.6. Nightmare Disorder
- 16.12.7. REM Sleep Behavior Disorder
- 16.12.8. Restless Leg Syndrome
- 16.13. Gender Dysphoria
 - 16.13.1. In Children
 - 16.13.2. In Adolescence and Adults
- 16.14. Impulse-Control and Behavior Disorders
 - 16.14.1. Oppositional Defiant Disorder
 - 16.14.2. Intermittent Explosive Disorder
 - 16.14.3. Behavioral Disorder
 - 16.14.4. Pyromania
 - 16.14.5. Kleptomania
- 16.15. Substance Abuse and Addictive Disorders
 - 16.15.1. Disorders Related to Alcohol
 - 16.15.2. Caffeine-Related Disorders
 - 16.15.3. Cannabis-Related Disorders
 - 16.15.4. Substance-Related Disorders
 - 16.15.5. Inhalants-Related Disorders
 - 16.15.6. Opioid-Related Disorders
 - 16.15.7. Disorders Related to Sedatives, Hypnotics and Anxiolytics
 - 16.15.8. Stimulant-Related Disorders
 - 16.15.9. Tobacco-Related Disorders
 - 16.15.10. Gambling Disorders
- 16.16. Other DSM-5 Considerations

Module 17. Disorders Not Registered in DSM-5 That Have Appeared in Recent Years in the Psychologist's Practice

- 17.1. Explosive Temper Tantrum Syndrome
 - 17.1.1. Emotional Abduction of the Child
 - 17.1.2. Does Not Accept Frustration
 - 17.1.3. Secondary Benefit
- 17.2. Emperor Syndrome
 - 17.2.1. Children That Abuse Their Parents
 - 17.2.2. Emotional Insensibility
 - 17.2.3. Do Not Have a Moral Bond
 - 17.2.4. They Do Not Learn From Mistakes
- 17.3. Pathological Egocentrism
 - 17.3.1. Lack of Bonding
 - 17.3.2. Focused on Egocentric Goals
 - 17.3.3. Lies
 - 17.3.4. Cruel Acts
- 17.4. Oppositional Defiant Disorder
 - 17.4.1. They Get Angry and Have Tantrums
 - 17.4.2. Argues With Adults
 - 17.4.3. Actively Challenge Adults
 - 17.4.4. Refuses to Comply with the Rules
 - 17.4.5. Deliberately Annoys Other People
 - 17.4.6. Blame Others for Their Mistakes
 - 17.4.7. They Hold a Grudge and Are Vindictive
 - 17.4.8. Is Susceptible To or Easily Annoyed by Others
- 17.5. Failure to Comply Rules and Limits
 - 17.5.1. Attention Deficit
 - 17.5.2. Punishment Does Not Mobilize Them
 - 17.5.3. Low Self-Esteem

- 17.6. Addicted to Phone
 - 17.6.1. Feeling of Panic if They Don't Have The Phone
 - 17.6.2. Find the Whole Universe in It
 - 17.6.3. Entertainment, Relief, Expectation, Hope and Bonding
- 17.7. Compulsive Lying
 - 17.7.1. Fantastical Pseudology
 - 17.7.2. Deforming Reality to Take Advantage of It
 - 17.7.3. Addiction to Lying
- 17.8. Criminal Management of the Internet
 - 17.8.1. They Have Their Passwords
 - 17.8.2. More Knowledge of Browsing Than Adults
 - 17.8.3. No Limits, Sense of Control
- 17.9. Cyberbullying
 - 17.9.1. The Violent Individual
 - 17.9.2. The Victim
 - 17.9.3. Passive Third Parties
- 17.10. NEET Personality (Not in Employment, Education or Training)
 - 17.10.1. (Neither Study, nor Work, nor Receive Training)
- 17.11. Emotional Dependency Syndrome
 - 17.11.1. Need to Have a Person Located
 - 17.11.2. Obsession With a Person
 - 17.11.3. Permanent Need for Gestures of Approval
 - 17.11.4. Only Happy With That Person
 - 17.11.5. Feeling of Discomfort to Continue With Them
- 17.12. Key Children
 - 17.12.1. Work-Life Balance
 - 17.12.2. Parent Profile
 - 17.12.3. Affective Distancing
- 17.13. Suicide in Childhood and Adolescence
 - 17.13.1. Altruistic, Selfish, Anonymous Suicide (Durkheim)
 - 17.13.2. Origin and Form
 - 17.13.3. Indicators
- 17.14. Self Injury Caused by Dermatological Artifact
 - 17.14.1. Relief of Emotional Pain
 - 17.14.2. Preamble to a Suicidal Act?
- 17.15. Avoidance Syndrome
 - 17.15.1. Safety Is Found by Avoiding Living
 - 17.15.2. Reinforcement of Avoidance and Nucleus Accumbens
- 17.16. Negativism
- 17.17. Vandalism
- 17.18. Dissocial Disorder
 - 17.18.1. Aggression to Personnel or Animals
 - 17.18.2. Property Destruction
 - 17.18.3. Fraud or Theft
 - 17.18.4. Serious Violation of the Rules
- 17.19. New Faces of Eating Disorders
 - 17.19.1. Selective Anorexia
 - 17.19.2. Anorexia With Sexual Intercourse
 - 17.19.3. Compulsive Overeating
- 17.20. New Addictive Components in Drug Addiction



A complete program that will take you through the knowledge you need to compete among the best”

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 the psychologist experiences 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 psychologist'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. Psychologists who follow this method not only master the assimilation of concepts, but also develop their mental capacity by means of exercises to evaluate real situations and apply their knowledge.
2. Learning is solidly translated into practical skills that allow the psychologist 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.

Our 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, which is a real revolution compared to the simple study and analysis of cases.

The psychologist 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).

This methodology has trained more than 150,000 psychologists with unprecedented success in all clinical specialties. 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 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 our 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.



Latest Techniques and Procedures on Video

TECH introduces students to the latest techniques, to the latest educational advances, to the forefront of current psychology. 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 Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology guarantees students, in addition to the most rigorous and up-to-date education, access to a Advanced Master's Degree diploma issued by TECH Technological University.





This Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology is the largest body of knowledge in the industry: A qualification that will be a high-quality added value for any professional in this area"

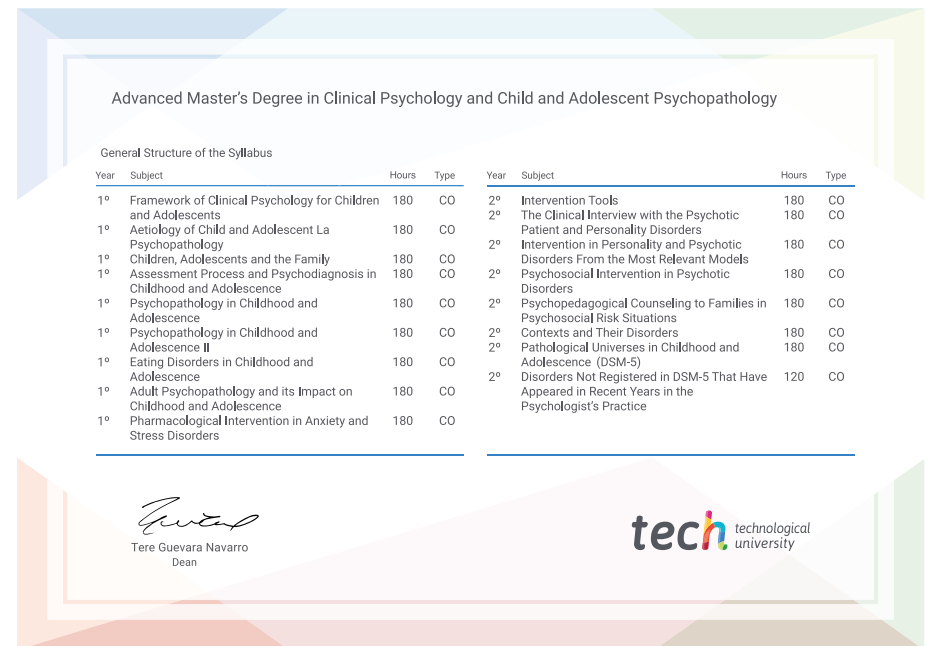
This **Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology** contains the most complete and up-to-date program on the market.

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

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

Title: **Advanced Master's Degree in Clinical Psychology and Child and Adolescent Psychopathology**

Official N° of Hours: **3,000 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.

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health confidence people
education information tutors
guarantee accreditation teaching
institutions technology
community commitment
personalized service innovation
knowledge present
development language
virtual classroom

tech technological
university

**Advanced Master's
Degree**
Clinical Psychology and
Child and Adolescent
Psychopathology

- » Modality: online
- » Duration: 2 years
- » Certificate: TECH Technological University
- » Dedication: 16h/week
- » Schedule: at your own pace
- » Exams: online

Advanced Master's Degree
Clinical Psychology and
Child and Adolescent
Psychopathology

ULAR

DEPRESSION

ANXIETY

SC