



## Hybrid Master's Degree

Psychological Intervention in Eating Disorders

Modality: Hybrid (Online + Internship)

Duration: 12 months

Certificate: TECH Global University

Credits: 60 + 4 ECTS

We bsite: www.techtitute.com/us/psychology/hybrid-master-degree/hybrid-master-degree-psychological-intervention-eating-disorders

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### tech 06 | Introduction to the Program

Clinical care for eating disorders has gained increasing relevance due to the rising number of cases worldwide and the impact these disorders have on both the physical and emotional health of those affected. Currently, psychological intervention represents an essential tool to understand the factors that sustain these behaviors and to design strategies that favor recovery. This approach addresses not only the visible symptoms but also the underlying aspects that hinder overall well-being.

In this context, TECH Global University's academic program delves deeply into the key components associated with this issue. On one hand, it analyzes how personality structure influences the predisposition, development, and maintenance of eating disorders. Additionally, it incorporates content focused on psychodiagnosis and assessment, enabling the recognition of specific patterns and the design of personalized interventions.

The methodology implemented by TECH Global University is presented as an innovative and attractive resource. First, it offers an online modality with advanced, accessible, and educational materials available from anywhere. This is then complemented by a practical phase in prestigious institutions equipped with state-of-the-art technology, providing a real-world scenario in which students can apply what they have learned. This combination ensures a comprehensive experience that connects the flexibility of the digital environment with the solid, hands-on contact with professional practice.

Therefore, thanks to the membership in the **European Association of Applied Psychology (EAAP)**, students will have access to specialized resources, continuous training, and an annual seminar at no additional cost. Additionally, they will have the opportunity to collaborate with professionals and related organizations, integrate into an international network, and benefit from different membership levels that recognize both professional commitment and outstanding contributions in applied psychology.

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

- Development of over 100 practical cases presented by professionals specializing in the psychological intervention of eating disorders and university instructors with extensive experience in mental health
- Its graphic, schematic and practical contents provide essential information on those disciplines that are indispensable for professional practice
- Psychological assessment and follow-up in individuals with eating disorders, addressing emotional, behavioral, and cognitive factors associated with these conditions
- All of this will be complemented by 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
- Furthermore, you will be able to carry out an internship in one of the best companies



You will participate in an online and practical methodology offering extensive opportunities to access the most current knowledge in Psychology"



You will explore Eating Disorders through educational content presented in innovative multimedia formats"

This professional-focused, Hybrid Master's Degree is designed to update psychology professionals working in the specialized field of eating disorders, where a high level of qualification is required. The content is based on the latest scientific evidence, presented in a didactic manner to integrate theoretical knowledge into psychological practice. The theoretical and practical elements will facilitate knowledge updates and support decision-making in the treatment of individuals with eating disorders.

Thanks to its multimedia content, created with the latest educational technology, this program allows psychology professionals to learn in a situated and contextualized environment—offering an immersive training experience designed to prepare them for real-life situations. The design of this program is based on Problem-Based Learning, by means of which the student must try to solve the different professional practice situations that arise during the program. For this purpose, students will be assisted by an innovative interactive video system created by renowned experts.

You will gain access to a program with an innovative methodology, based on knowledge shared by experts.

TECH Global University will provide you with a distinctive methodology that will foster the development of key competencies in a field characterized by its constant evolution.







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#### The world's best online university, according to FORBES

The prestigious Forbes magazine, specialized in business and finance, has highlighted TECH as "the best online university in the world" This is what they have recently stated in an article in their digital edition in which they echo the success story of this institution, "thanks to the academic offer it provides, the selection of its teaching staff, and an innovative learning method oriented to form the professionals of the future".

#### The best top international faculty

TECH's faculty is made up of more than 6,000 professors of the highest international prestige. Professors, researchers and top executives of multinational companies, including Isaiah Covington, performance coach of the Boston Celtics; Magda Romanska, principal investigator at Harvard MetaLAB; Ignacio Wistumba, chairman of the department of translational molecular pathology at MD Anderson Cancer Center; and D.W. Pine, creative director of TIME magazine, among others.

#### The world's largest online university

TECH is the world's largest online university. We are the largest educational institution, with the best and widest digital educational catalog, one hundred percent online and covering most areas of knowledge. We offer the largest selection of our own degrees and accredited online undergraduate and postgraduate degrees. In total, more than 14,000 university programs, in ten different languages, making us the largest educational institution in the world.



The most complete syllabus





World's
No.1
The World's largest
online university

#### The most complete syllabuses on the university scene

TECH offers the most complete syllabuses on the university scene, with programs that cover fundamental concepts and, at the same time, the main scientific advances in their specific scientific areas. In addition, these programs are continuously updated to guarantee students the academic vanguard and the most demanded professional skills. and the most in-demand professional competencies. In this way, the university's qualifications provide its graduates with a significant advantage to propel their careers to success.

#### A unique learning method

TECH is the first university to use Relearning in all its programs. This is the best online learning methodology, accredited with international teaching quality certifications, provided by prestigious educational agencies. In addition, this innovative academic model is complemented by the "Case Method", thereby configuring a unique online teaching strategy. Innovative teaching resources are also implemented, including detailed videos, infographics and interactive summaries.

#### The official online university of the NBA

TECH is the official online university of the NBA. Thanks to our agreement with the biggest league in basketball, we offer our students exclusive university programs, as well as a wide variety of educational resources focused on the business of the league and other areas of the sports industry. Each program is made up of a uniquely designed syllabus and features exceptional guest hosts: professionals with a distinguished sports background who will offer their expertise on the most relevant topics.

#### **Leaders in employability**

TECH has become the leading university in employability. Ninety-nine percent of its students obtain jobs in the academic field they have studied within one year of completing any of the university's programs. A similar number achieve immediate career enhancement. All this thanks to a study methodology that bases its effectiveness on the acquisition of practical skills, which are absolutely necessary for professional development.



#### The top-rated university by its students

Students have positioned TECH as the world's top-rated university on the main review websites, with a highest rating of 4.9 out of 5, obtained from more than 1,000 reviews. These results consolidate TECH as the benchmark university institution at an international level, reflecting the excellence and positive impact of its educational model.

The American technology giant has awarded TECH the Google Premier Partner badge. This award, which is only available to 3% of the world's companies, highlights the efficient, flexible and tailored experience that this university provides to students. The recognition not only accredits the maximum rigor, performance and investment in TECH's digital infrastructures, but also places this university as one of the world's leading

technology companies.





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

#### 1.1. Adolescence

- 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 Behavioral 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. Image Construction and Body Changes through the Life Cycle
- 1.2.3. How Body Image Perception May Vary Across 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 Beauty Ideals

#### 1.3. Self-Esteem

- 1.3.1. Description of Self-Esteem
- 1.3.2. Factors Influencing Self-Esteem: Family Relationships, Culture, and Personal Experiences
- Characteristics of Healthy Self-Esteem: Self-Confidence, Resilience, and Self-Esteem
- 1.3.4. Consequences of Low Self-Esteem on Mental Health, Interpersonal Relationships, Educational and Professional Achievement, 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 the Media and Culture on Beauty Standards
    - 1.4.2.3. Social Pressure and Comparisons with Others
- 1.5. Development of a Healthy Body Image
  - 1.5.1. Movement: BoPo and Body Neutrality
  - 1.5.2. The Role of Self-Compassion
  - 1.5.3. Encouraging a Healthy Relationship with Food and Exercise
  - 1.5.4. Strategies to Cope with Social Pressure
    - 1.5.4.1. Media Literacy
  - 1.5.5. Bibliographic References
- .6. Improving the Relationship with Food
  - 1.6.1. Dietary Problems
  - 1.6.2. Mindful Eating
    - 1.6.2.1. Mindful Eating Practices
  - 1.6.3. Intuitive Eating
    - 1.6.3.1. The Ten Principles of Intuitive Eating
  - 1.6.4. Eating as a Family
  - 1.6.5. Bibliographic References
- 1.7. Emotional Disorders in Adolescence
  - 1.7.1. Adolescent Emotional Development
  - 1.7.2. Typical Emotions in the Adolescent
  - 1.7.3. Psychological Risks and Challenges
    - 1.7.3.1. Life Events
    - 1.7.3.2. Role of Technology and Social Media
  - 1.7.4. Intervention Strategies for Emotional Problems
    - 1.7.4.1. Promotion of Resilience
    - 1.7.4.2. Types of Evidence-Based Therapy for Adolescents
  - 1.7.5. Bibliographic References

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- 1.8. Prevention and Treatment of Emotional Disorders in Adolescents
  - 1.8.1. Identification of Early Risk Factors
  - 1.8.2. Life Events
  - 1.8.3. Individual and Family Psychotherapy
  - 1.8.4. Bibliographic References
- 1.9. Parents' Role When Their Child Has an ED
  - 1.9.1. Risk Factors for the Prevention of Emotional Disorders including EDs
  - 1.9.2. Maudsley Method
  - 1.9.3. How to Approach Conversations about Eating Disorders with Your Child
  - 1.9.4. Bibliographic References
- 1.10. Self-Expression and Creativity
  - 1.10.1. Creativity
    - 1.10.1.1. Contributions of Creativity to the Developmental Tasks of Adolescents
    - 1.10.1.2. Promotion of Creativity
  - 1.10.2. Adolescent Self-Expression
    - 1.10.2.1. Art Therapy
    - 1.10.2.2. The Role of Technology in Self-Expression
  - 1.10.3. Bibliographic References

### 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 the Current 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 of ED Prevalence

- 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 the Occurrence of EDs in Childhood
- 2.5. Social and Psychological Impact of EDs
  - 2.5.1. Effects on Interpersonal and Family Relationships
  - 2.5.2. Consequences on the 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 Risk Behaviors
    - 2.6.4.3. Bigorexia
    - 2.6.4.4. Orthorexia
    - 2.6.4.5. EDs in Pregnancy and Maternity
    - 2.6.4.6. EDs in Diabetes
    - 2.6.4.7. ED DMT1 (Diabetes Mellitus Type 1)
    - 2.6.4.8. EDs in LGBTI Community
    - 2.6.4.9. Management of the Chronic Patient
- 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 the Diagnosis and Treatment of EDs
  - 2.8.1. Common Obstacles in the 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 Facts about 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

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- 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 Path
  - 2.10.3. Establish 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 Behavioral Predisposition
  - 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 People with EDs: 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 Understanding the Heritability of EDs
  - 3.3.2. Identification of Genes 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 Networking 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. Familial Influence on the Etiology of the 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. Food Insecurity
  - 3.7.1. Hunger and Food Security
  - 3.7.2. Causes of Food Insecurity
  - 3.7.3. Basic Components of Food Security
  - 3.7.4. Types of Food Insecurity
  - 3.7.5. Relationship between Hunger and Food Insecurity
  - 3.7.6. Food Insecurity and Eating Disorders (EDs)3.7.6.1. History, Relevance and Link between Body Image Disorders and Food Insecurity
  - 3.7.7. International Human Rights Monitoring System and Eating Disorders
- 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 EDs in Adulthood
- 3.9. Influence of Food Education and Food Culture on the Etiology of EDs
  - 3.9.1. Impact of Education on Eating Habits on the Development of EDs

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- 3.9.2. Exploration of How a Community's Food Culture Can Influence Attitudes Toward Food and the Body
- 3.9.3. Relationship between 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 EDs 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. The Transdiagnostic Approach and Its Usefulness in the Diagnosis and Treatment of EDs
- 4.2. Diagnostic Criteria According to the DSM-5
  - 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)
  - 4.2.3. Bulimia Nervosa: Diagnostic Criteria and Clinical Characteristics
- 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 Behavior Disorder Not Otherwise Specified) and ARFID (Avoidant/Restrictive Food Intake Disorder)
- 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 Evaluation
- 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 EDs and Comorbidities
  - 4.8.3. Specific Therapeutic Approaches to Treat Comorbid 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 to the 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 Interview Techniques for Obtaining Diagnostic Information
  - 4.10.2. The Interview as a Tool for the Identification of Eating and Emotional Behaviors
  - 4.10.3. Importance of Empathic Communication and the Building of a Therapeutic Relationship in the Interview
  - 4.10.4. Therapist Skills
  - 4.10.5. Managing Resistance
  - 4.10.6. Caring for the Caregiver

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

- 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
- 5.4. Dermatological and Dental Conditions
  - 5.4.1. Skin and Hair Changes 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 Bone System Affection
  - 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 Muscle and Bone Problems

- 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 Serious Complications in ED Immunodeficiency Cases
  - 5.9.3. Strategies to Strengthen 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 to 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 EDs
  - 5.3.3. Strategies for Managing Comorbidity between Mood Disorders and EDs
- 6.4. Personality Disorders and EDs
  - 6.4.1. Comorbidity of Borderline Personality Disorders and EDs
  - 6.4.2. Other Personalities and Their Relationship with EDs
  - 6.4.3. Specific Therapies to Treat Personality and ED Comorbidities

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- 6.5. Eating and Substance Abuse Disorders
  - 6.5.1. Relationship between Substance Abuse and EDs
  - 6.5.2. Shared Risk Factors and Differences in Comorbidity
  - 6.5.3. Treatment Approaches for Patients with ED and Substance Abuse Comorbidity
- 6.6. Impulse Control Disorders and EDs
  - 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 in Falling Asleep in Patients with EDs
  - 6.7.2. The Role of EDs in Sleep Disorders
  - 6.7.3. Treatment Strategies to Improve Sleep in Patients with EDs
- 6.8. Self-Injury and Suicide in Comorbidity with EDs
  - 6.8.1. Prevalence of Self-Injury 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-Injury, Suicide and EDs
- 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 to Address the Comorbidity of Obsessive-Compulsive Disorders and EDs
- 6.10. Comorbidity with Post-Traumatic Stress Disorder (PTSD)
  - 6.10.1. Relationship Between EDs 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. Role of Professionals from Different Health Care Actors in the Integral Treatment of EDs
  - 7.2.1. Role of Healthcare Professionals in Comprehensive Treatment
  - 7.2.2. Roles and Responsibilities of Psychologists, Psychiatrists, Physicians (Pediatrics, General Medicine, Endocrinology, Gynecology), Nutritionists and other Health Professionals (Nursing and Dentistry)
  - 7.2.3. 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 a Balanced Diet Adapted to Each Case
  - 7.4.3. Strategies to Address Dietary Resistance
- 7.5. Treatment of Medical Complications
  - 7.5.1. Identification and Management of Medical Conditions Associated with EDs
  - 7.5.2. Comprehensive Assessment of Physical Health in Patients with EDs
  - 7.5.3. Strategies for the Management of Medical Co-Morbidities during the Treatment of FDs
- 7.6. Levels of Treatment and Assessment of Severity
  - 7.6.1. Outpatient, Inpatient (Day Hospital), Home Hospitalization and IOT (Intensive Outpatient Treatment) Levels of Care
  - 7.6.2. Criteria for the Choice of the Appropriate Level of Care
  - 7.6.3. Continuous Assessment of Severity
- 7.7. Critical Patients with EDs
  - 7.7.1. Identification of Signs and Symptoms of the Critically III ED Patient
  - 7.7.2. Risks Associated with the Critical Condition in EDs
  - 7.7.3. Importance of Immediate Assessment and Care in Critically III Patients

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- 7.8. Therapeutic Formulation
  - 7.8.1. Aspects to Consider When Formulating an ED Patient
  - 7.8.2. Selection of the Appropriate Psychotherapeutic Treatment on an Individualized Basis in EDs
  - 7.8.3. Recommendations for a Step-by-Step Case Formulation of an ED Patient
- 7.9. Prescription of Exercise in EDs
  - 7.9.1. Recognition of Compensatory Exercise in Patients with EDs
  - 7.9.2. Physical Activity as Part of Treatment in Specific Cases
  - 7.9.3. Physical Activity and Exercise as a Prevention Mechanism for the Development of EDs
- 7.10. Strategies for Relapse Prevention and Maintenance of Wellness
  - 7.10.1. Identification of Relapse Risk Factors in EDs
  - 7.10.2. Development of Personalized Relapse Prevention Strategies
  - 7.10.3. Importance of Self-Care and Ongoing Care in Maintaining 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 EDs: A Strategic Dialogue
  - 8.1.1. Principles of Motivational Interviewing in the Context of EDs
  - 8.1.2. Therapeutic Skills for Fostering Motivation and Change
  - 8.1.3. Strategies for Strategic Dialogue in Intervention with ED Patients
- 8.2. Use of Psychopharmaceuticals in ED Patients
  - 8.2.1. Types of Psychotropic Drugs Used in the Treatment of ED and Their Mechanisms of Action
  - 8.2.2. Guidelines and Considerations for Prescribing 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 Efficacy of Cognitive-Behavioral Therapy in Patients with EDs





### Syllabus | 21 tech

- 8.4. Specific Strategies: Management of Body Image Distortion and Chain Analysis
  - 8.4.1. Tools for Assessing Body Image Distortion
  - 8.4.2. Strategies to Address Body Image Distortion
  - 8.4.3. Strategies for Conducting Chain Analysis Aimed at Intervening Problem Behaviors During the Course of an ED
- 8.5. Family and EDs
  - 8.5.1. Family-Based Therapy: the Maudsley Method for the Management of Eating Disorders
  - 8.5.2. Communication within the Family System
  - 8.5.3. Family Roles
- 8.6. Dialectical Behavioral Therapy, Mindfulness and Intuitive Eating in EDs
  - 8.6.1. Explanation of the Main Characteristics of Dialectical Behavioral Therapy
  - 8.6.2. Mindful Eating Approach in the Management of EDs
  - 8.6.3. Specific Strategies Related to Intuitive Eating in the Management of EDs
- 8.7. Group Therapies in the Treatment of EDs
  - 8.7.1. Benefits and Dynamics of Group Therapy in EDs
  - 8.7.2. Types of Therapeutic Groups and Their Application in Treatment
  - 8.7.3. Examples of Successful Group Therapy Programs in the Management of EDs
- 8.8. Other Therapies
  - 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 Stage
  - 8.9.2. Factors Influencing the Success of Recovery
  - 8.9.3. Coping Process and Behavioral Changes and Relapse Prevention Strategies
  - 8.9.4. Maintaining 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)

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

- 9.1. Nutritional Assessment
  - 9.1.1. Medical History
  - 9.1.2. Anthropometric Assessment Methods of Assessing 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 Objectives in AN, BN, BED and EDNOS9.2.1.1. Design of a Dietary Plan Appropriate to the Patient's Needs
  - 9.2.2. Considerations for Weight Restoration and Eating Normalization
  - 9.2.3. Adaptation of the Diet to the Specific Symptoms of each ED
- 9.3. Nutritional Therapy and Food Education
  - 9.3.1. Principles of Nutritional Therapy in the Treatment of EDs
  - 9.3.2. Food Education to Promote Understanding of Healthy Habits (Group Therapy)
  - 9.3.3. Strategies to Address the Dysfunctional Relationship with Food
  - 9.3.4. Meal 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 Nutritional Recovery Challenges
- 9.5. Weight Recovery and Nutritional Restoration
  - 9.5.1. Goals 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 Binge Eating Disorder
  - 9.7.2. Management of Satiety and Self-Regulation of Eating in BED
  - 9.7.3. Prevention of Weight Gain in Recovery from BED
- 9.8. Nutritional Management 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. Control of Binge Eating and Purging Episodes
  - 9.9.2. Addressing Overeating and Compensatory Behaviors
  - 9.9.3. Nutrition in Recovery from Bulimia Nervosa
- 9.10. Nutritional Intervention in Childhood and Adolescent Eating Disorders
  - 9.10.1. Nutritional Approach in Young Patients with EDs
  - 9.10.2. Management Strategies in the Transition to Adulthood
  - 9.10.3. Prevention and Dietary Education in the Adolescent Population

### **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 Body Perception 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) and Balanced Eating Program
  - 10.2.1. Principles of the Health at Every Size (HAES) Approach
  - 10.2.2. Promotion of a Healthy Relationship with Eating and Exercise
  - 10.2.3. Teaching the Importance of Respect for Different Body Shapes and Measurements
- 10.3. Education and Prevention in the Use of: Ozempic and Bariatric Surgery
  - 10.3.1. Benefits and Risks of Ozempic and Bariatric Surgery
  - 10.3.2. Eligibility Criteria
  - 10.3.3. Impacts on Mental and Emotional Health

- 10.4. Family Involvement in 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 Eating
  - 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. The Family Dinner Project
  - 10.6.1. The Importance of Eating as a Family
  - 10.6.2. Impactful Conversations
  - 10.6.3. Life Skills
- 10.7. Interdisciplinary Collaboration in Prevention
  - 10.7.1. Joint Work of Health Professionals, Educators and Community
  - 10.7.2. Examples of Successful Interdisciplinary Collaborative 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. Promotion of 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 Environments
- 10.9. Implementation of a Prevention Program in the Community "Yo Me Quiero como Soy" (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 Implementation and Follow-up of the Prevention Program
  - 10.9.4. Implementation of a Talk to the Community as Part of the "Yo Me Quiero como Soy" (I Love Myself the Way I Am) Campaign

10.10. ED Prevention Toolkit for Physicians, Dentists and Coaches

10.10.1. Toolkit for Physicians

10.10.1.1. Signs and Symptoms

10.10.1.2. Medical Problems that May Develop

10.10.1.3. Proposals for a Multidisciplinary Approach

10.10.2. Toolkit for Dentists

10.10.2.1. Signs and Symptoms

10.10.2.2. Dental Problems that May Develop

10.10.2.3. Proposals for a Multidisciplinary Approach

10.10.3. Toolkit for Coaches

10.10.3.1. Signs and Symptoms

10.10.3.2. Eligibility Criteria

10.10.3.3. Proposals for a Multidisciplinary Approach



This university degree represents the most current academic offering on the market and will ensure an immediate and rigorous update of your knowledge"





### tech 26 | Teaching Objectives



### **General Objective**

This Hybrid Master's Degree aims to offer professionals an in-depth approach
to eating disorders, integrating nutritional strategies focused on bulimia
nervosa and the detection of nutritional imbalances. As such, it emphasizes
the use of cognitive-behavioral therapy as a central tool for intervening in
problematic eating behaviors, promoting recovery and emotional regulation.
Additionally, it encourages the implementation of personalized plans that
articulate psychology, ensuring a coherent and evidence-based treatment
capable of addressing the various physiological, behavioral, and emotional
aspects involved in eating disorders



Take the step to update your knowledge on the latest developments in Psychological Intervention in Eating Disorders"







### **Specific Objectives**

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

- Examine how body image influences self-esteem during adolescence
- Identify strategies to prevent emotional disorders and promote healthy eating habits

### Module 2. Development of Eating Disorders

- Analyze the historical and social evolution of eating disorders and their impact on different population groups
- Identify risk factors, consequences, and barriers that hinder early detection and recovery of eating disorders

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

- Examine the biological, psychological, and social factors contributing to the development and maintenance of eating disorders
- Analyze the influence of family, culture, and food insecurity on the onset of eating disorders across different life stages

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

- Examine the diagnostic criteria and classification of eating disorders, considering transdiagnostic approaches and atypical subtypes
- Evaluate clinical and psychometric assessment tools to optimize diagnostic accuracy and effectively address comorbid eating disorders

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

- Identify the main medical and emotional complications associated with eating disorders, considering effects on organs and systems
- Examine how eating disorders affect physical and psychological health, including cardiovascular, hormonal, and neuropsychiatric risks

### tech 28 | Teaching Objectives

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

- Analyze the main comorbidities of eating disorders with other psychopathologies, including depression, anxiety, and mood disorders
- Explore clinical intervention strategies to address the interaction between eating disorders and associated disorders, such as personality disorders, impulse control, and PTSD

#### Module 7. Comprehensive Multidisciplinary Transdiagnostic Treatment

- Examine the transdiagnostic approach in the integrated management of eating disorders, considering coordination among different health professionals
- Develop personalized therapeutic strategies that include psychological, nutritional, and physical interventions, as well as relapse prevention and maintenance of well-being

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

- Explore the application of evidence-based psychological and pharmacological interventions in patients with eating disorders
- Develop strategies for recovery and relapse prevention, integrating individual, family, and group therapies

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

- Apply strategies for individualized nutritional assessment and follow-up in patients with eating disorders
- Implement tailored meal plans for each disorder, promoting weight recovery and normalization of eating habits





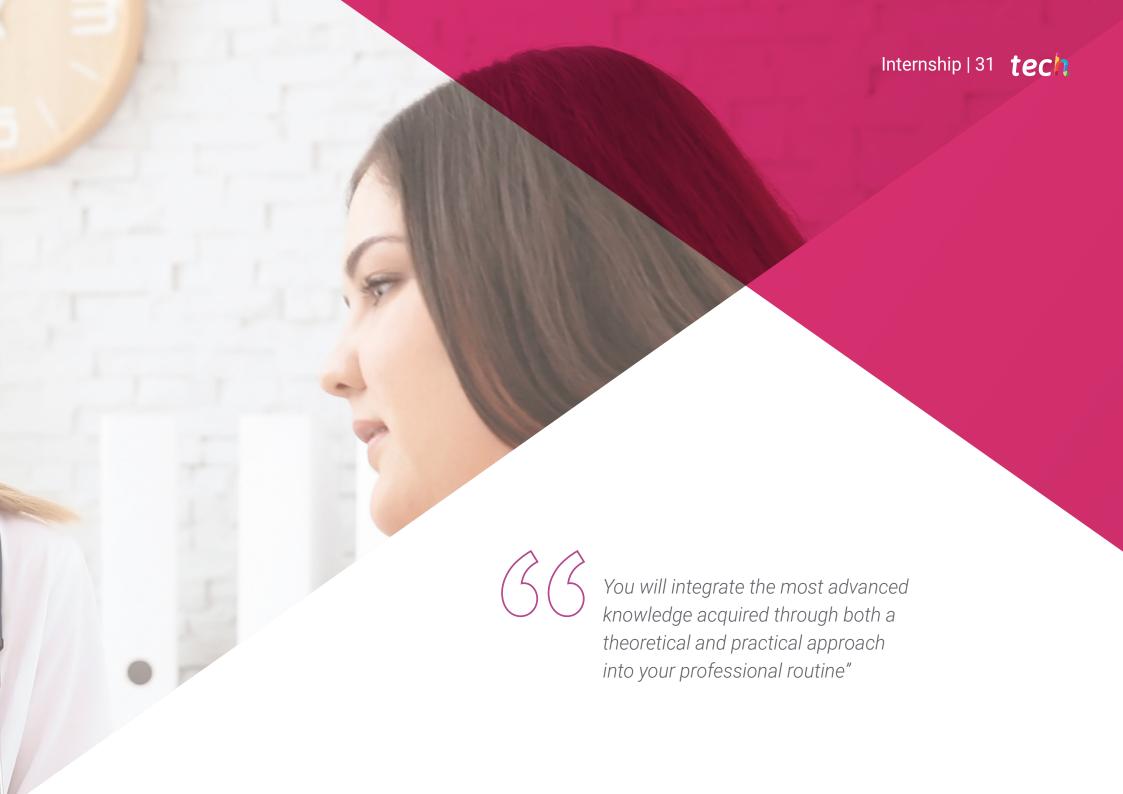
### Module 10. Prevention of EDs in the Family and School Environment

- Promote healthy habits and a positive body image within the family and school environment
- Develop prevention strategies for eating disorders through community programs, education, and family involvement



You will incorporate into your daily practice the analysis of the impact of eating disorders on the physical and emotional health of the patient"





### tech 32 | Internship

The practical training period of this university program in Psychological Intervention in Eating Disorders consists of an intensive stay at a leading institution, always accompanied by a specialized tutor. During this stage, professionals will apply the knowledge acquired in real clinical environments, learning alongside professionals with extensive experience in managing these disorders.

The practical activities are designed to strengthen and perfect the competencies necessary for the evaluation, diagnosis, and treatment of eating disorders, ensuring learning focused on professional intervention and evidence-based practices. This experience will allow students to integrate therapeutic strategies and clinical procedures in real situations, consolidating their skills in a dynamic and highly specialized context.

In this way, the university program offers a unique opportunity for professionals to deepen their knowledge of Psychological Intervention in Eating Disorders, applying contemporary approaches and advanced tools in fully equipped clinical settings, promoting the development of practical and effective competencies.

The practical phase will involve the active participation of the student in carrying out the activities and procedures for each area of competence (learning to learn and learning to do), with the guidance and support of instructors and fellow trainees, facilitating teamwork and multidisciplinary integration as transversal competencies for psychological practice (learning to be and learning to relate).

The procedures described below will be the basis of the practical part of the Internship Program, and its realization will be subject to the center's own availability and workload, being the proposed activities the following:







Module	Practical Activity	
Psychological Intervention in Eating Disorders	Conduct individual therapy sessions with patients diagnosed with eating disorders	
	Develop and apply specific psychological intervention programs tailored to each type of eating disorder	
	Practice therapeutic behavior modification techniques to treat eating disorders	
	Observe and participate in group therapy sessions for patients with eating disorders	
	Conduct clinical interviews with patients diagnosed with eating disorders	
Addressing the	Observe and analyze the different clinical manifestations of eating disorders	
Manifestations of Eating Disorders	Participate in the evaluation and follow-up of patients with eating disorders	
	Analyze and discuss real clinical cases related to eating disorders	
Psychodiagnosis and Assessment of Eating Disorders	Conduct psychological tests to assess the presence of eating disorders	
	Analyze and discuss the results of psychological tests used in the evaluation of eating disorders	
	Participate in the development of clinical reports related to eating disorders	
	Practice diagnostic evaluation in patients with eating disorders	
Family Support in Eating Disorders	Conduct therapy sessions with the families of patients diagnosed with eating disorders	
	Observe and analyze family dynamics in patients with eating disorders	
	Participate in the development of intervention programs aimed at the families of patients with eating disorders	
	Develop skills for providing care and support to the families of patients with eating disorders	

### tech 34 | Internship

### **Civil Liability Insurance**

The university's main concern is to guarantee the safety of the interns, other collaborating professionals involved in the internship process at the center. Among the measures dedicated to achieve this is the response to any incident that may occur during the entire teaching-learning process.

To this end, the university commits to purchasing a civil liability insurance policy to cover any eventuality that may arise during the course of the internship at the center.

This liability policy for interns will have broad coverage and will be taken out prior to the start of the Internship Program period. That way professionals will not have to worry in case of having to face an unexpected situation and will be covered until the end of the internship program at the center.



### **General Conditions of the Internship Program**

The general terms and conditions of the internship agreement for the program are as follows:

- 1. TUTOR: During the Hybrid Master's Degree, students will be assigned two tutors who will accompany them throughout the process, answering any doubts and questions that may arise. On the one hand, there will be a professional tutor belonging to the internship center who will have the purpose of guiding and supporting the student at all times. On the other hand, they will also be assigned an academic tutor, whose mission will be to coordinate and help the students during the whole process, solving doubts and facilitating everything they may need. In this way, the student will be accompanied and will be able to discuss any doubts that may arise, both clinical and academic.
- 2. DURATION: The internship program will have a duration of three continuous weeks, in 8-hour days, five days a week. The days of attendance and the schedule will be the responsibility of the center and the professional will be informed well in advance so that they can make the appropriate arrangements.
- **3. ABSENCE**: If the student does not show up on the start date of the Hybrid Master's Degree, they will lose the right to it, without the possibility of reimbursement or change of dates. Absence for more than two days from the internship, without justification or a medical reason, will result in the professional's withdrawal from the internship, therefore, automatic termination of the internship. Any problems that may arise during the course of the internship must be urgently reported to the academic tutor.

- **4. CERTIFICATION:** Professionals who complete the Hybrid Master's Degree will receive a diploma accrediting their attendance at the institution.
- **5. EMPLOYMENT RELATIONSHIP:** The Hybrid Master's Degree shall not constitute an employment relationship of any kind.
- **6. PRIOR EDUCATION:** Some centers may require a certificate of prior education for the completion of the Hybrid Master's Degree. In these cases, it will be necessary to submit it to the internship department at TECH so that the assignment of the chosen center can be confirmed.
- 7. DOES NOT INCLUDE: The Hybrid Master's Degree will not include any element not described in the present conditions. Therefore, it does not include accommodation, transportation to the city where the internship takes place, visas or any other items not listed

However, students may consult with their academic tutor for any questions or recommendations in this regard. The academic tutor will provide the student with all the necessary information to facilitate the procedures in any case.





# tech 38 | Internship Centers

The student will be able to complete the practical part of this Hybrid Master's Degree at the following centers:



#### Intervenciones Orientak

Country City Spain Madrid

Address: C/ Londres 38, nº 17 28232 Las Rozas de Madrid

Day Hospital specialized in psychology, psychiatry, behavioral disorders, psychopedagogy, addictions, and dual pathology

#### Related internship programs:

- Psychological Intervention in Eating Disorders







Boost your career path with holistic teaching, allowing you to advance both theoretically and practically"



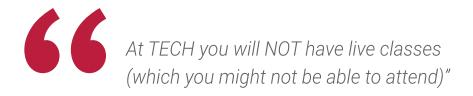


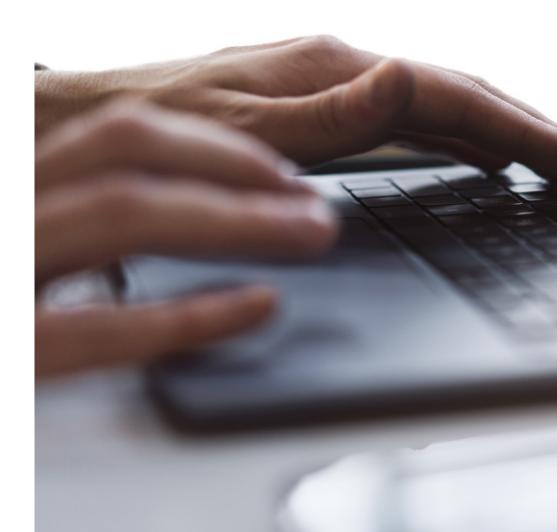
### The student: the priority of all TECH programs

In TECH's study methodology, the student is the main protagonist.

The teaching tools of each program have been selected taking into account the demands of time, availability and academic rigor that, today, not only students demand but also the most competitive positions in the market.

With TECH's asynchronous educational model, it is students who choose the time they dedicate to study, how they decide to establish their routines, and all this from the comfort of the electronic device of their choice. The student will not have to participate in live classes, which in many cases they will not be able to attend. The learning activities will be done when it is convenient for them. They can always decide when and from where they want to study.









## The most comprehensive study plans at the international level

TECH is distinguished by offering the most complete academic itineraries on the university scene. This comprehensiveness is achieved through the creation of syllabi that not only cover the essential knowledge, but also the most recent innovations in each area.

By being constantly up to date, these programs allow students to keep up with market changes and acquire the skills most valued by employers. In this way, those who complete their studies at TECH receive a comprehensive education that provides them with a notable competitive advantage to further their careers.

And what's more, they will be able to do so from any device, pc, tablet or smartphone.



TECH's model is asynchronous, so it allows you to study with your pc, tablet or your smartphone wherever you want, whenever you want and for as long as you want"

## tech 44 | Study Methodology

#### Case Studies and Case Method

The case method has been the learning system most used by the world's best business schools. Developed in 1912 so that law students would not only learn the law based on theoretical content, its function was also to present them with real complex situations. In this way, they could make informed decisions and value judgments about how to resolve them. In 1924, Harvard adopted it as a standard teaching method.

With this teaching model, it is students themselves who build their professional competence through strategies such as Learning by Doing or Design Thinking, used by other renowned institutions such as Yale or Stanford.

This action-oriented method will be applied throughout the entire academic itinerary that the student undertakes with TECH. Students will be confronted with multiple real-life situations and will have to integrate knowledge, research, discuss and defend their ideas and decisions. All this with the premise of answering the question of how they would act when facing specific events of complexity in their daily work.



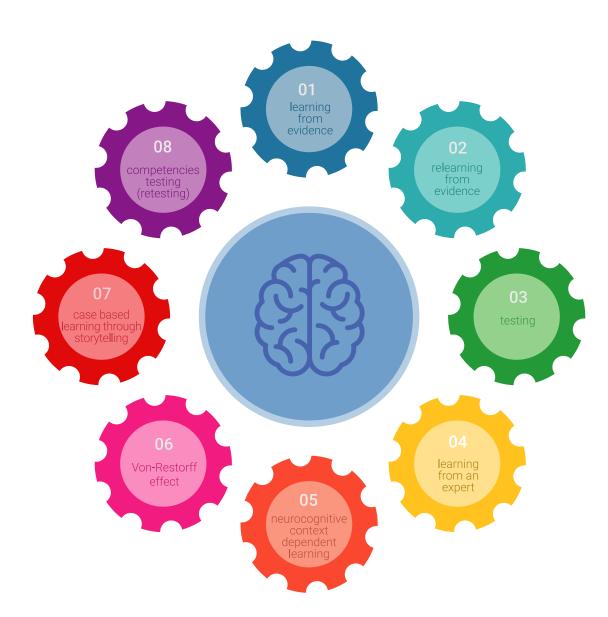
## Relearning Methodology

At TECH, case studies are enhanced with the best 100% online teaching method: Relearning.

This method breaks with traditional teaching techniques to put the student at the center of the equation, providing the best content in different formats. In this way, it manages to review and reiterate the key concepts of each subject and learn to apply them in a real context.

In the same line, and according to multiple scientific researches, reiteration is the best way to learn. For this reason, TECH offers between 8 and 16 repetitions of each key concept within the same lesson, presented in a different way, with the objective of ensuring that the knowledge is completely consolidated during the study process.

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



## tech 46 | Study Methodology

### A 100% online Virtual Campus with the best teaching resources

In order to apply its methodology effectively, TECH focuses on providing graduates with teaching materials in different formats: texts, interactive videos, illustrations and knowledge maps, among others. All of them are designed by qualified teachers who focus their work on combining real cases with the resolution of complex situations through simulation, the study of contexts applied to each professional career and learning based on repetition, through audios, presentations, animations, images, etc.

The latest scientific evidence in the field of Neuroscience points to the importance of taking into account the place and context where the content is accessed before starting a new learning process. Being able to adjust these variables in a personalized way helps people to remember and store knowledge in the hippocampus to retain it in the long term. This is a model called Neurocognitive context-dependent e-learning that is consciously applied in this university qualification.

In order to facilitate tutor-student contact as much as possible, you will have a wide range of communication possibilities, both in real time and delayed (internal messaging, telephone answering service, email contact with the technical secretary, chat and videoconferences).

Likewise, this very complete Virtual Campus will allow TECH students to organize their study schedules according to their personal availability or work obligations. In this way, they will have global control of the academic content and teaching tools, based on their fast-paced professional update.



The online study mode of this program will allow you to organize your time and learning pace, adapting it to your schedule"

### The effectiveness of the method is justified by four fundamental achievements:

- 1. Students who follow this method not only achieve the assimilation of concepts, but also a development of their mental capacity, through exercises that assess real situations and the application of knowledge.
- 2. Learning is solidly translated into practical skills that allow the student to better integrate into the real world.
- 3. Ideas and concepts are understood more efficiently, given that the example situations are based on real-life.
- 4. Students like to feel that the effort they put into their studies is worthwhile. This then translates into a greater interest in learning and more time dedicated to working on the course.

## Study Methodology | 47 tech

## The university methodology top-rated by its students

The results of this innovative teaching model can be seen in the overall satisfaction levels of TECH graduates.

The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

Access the study contents from any device with an Internet connection (computer, tablet, smartphone) thanks to the fact that TECH is at the forefront of technology and teaching.

You will be able to learn with the advantages that come with having access to simulated learning environments and the learning by observation approach, that is, Learning from an expert.

## tech 48 | Study Methodology

As such, the best educational materials, thoroughly prepared, will be available in this program:



#### **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.

This content is then adapted in an audiovisual format that will create our way of working online, with the latest techniques that allow us to offer you high quality in all of the material that we provide you with.



#### **Practicing Skills and Abilities**

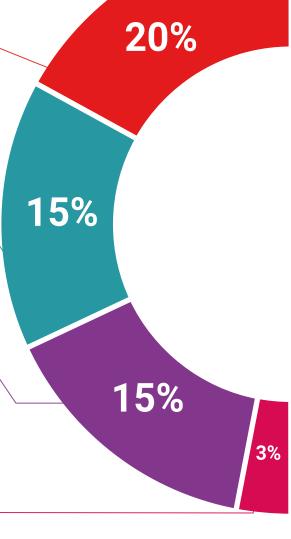
You will carry out activities to develop specific competencies and skills in each thematic field. Exercises and activities to acquire and develop the skills and abilities that a specialist needs to develop within the framework of the globalization we live in.



#### **Interactive Summaries**

We present 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, international guides... In our virtual library you will have access to everything you need to complete your education.

#### **Case Studies**

Students will complete a selection of the best case studies in the field. Cases that are presented, analyzed, and supervised by the best specialists in the world.

#### **Testing & Retesting**



We periodically assess and re-assess your knowledge throughout the program. We do this on 3 of the 4 levels of Miller's Pyramid.

#### **Classes**



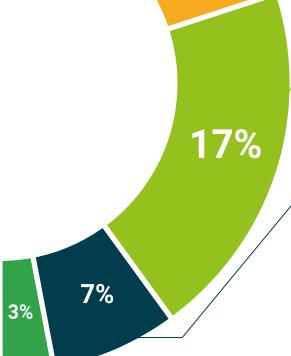
There is scientific evidence suggesting that observing third-party experts can be useful.

Learning from an expert strengthens knowledge and memory, and generates confidence for 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.





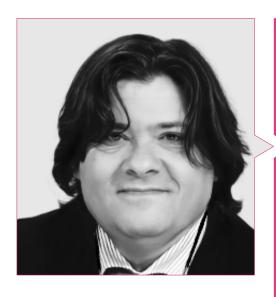


## Management



### Dr. Gascón Martín, Laura

- Director of the Assessment and Psychotherapy Center of Talavera de la Reina
- Specialist in Forensic and Legal Psychology
- Psychologist of the Courts 1 and 2 of Toledo
- Coordinator of the Emergency Intervention and Psychological Assistance Plan in Toledo
- Coordinator of the Gender Violence Plan at the national level of the Society for Time Limited Psychotherapies
- Master in Time-Limited Psychotherapy and Health Psychology
- Expert in Adult Psychotherapy



## Dr. Aguado Romo, Roberto

- President of the European Institute of Time-Limited Psychotherapy
- Psychologist in private practice
- Researcher in Time-Limited Psychotherapy
- Guidance team coordinator for many educational centers
- Author of several books on Psychology
- Expert communicator in Psychology in the media
- Professor in university courses and postgraduate studies
- Master's Degree in Clinical and Health Psychology
- Specialist in Clinical Psychology
- Specialist in Selective Dissociation Targeting

## **Faculty**

#### Dr. Zabala Baños, María Carmen

- Health Psychologist Expert in Psychosocial Rehabilitation and Occupational Therapy
- Researcher at the Department of Nursing, Physiotherapy and Occupational Therapy.
   University of Castilla-La Mancha
- Doctor of Psychology. University of Castilla-La Mancha
- · Master's Degree in Clinical and Health Psychology
- Master's Degree in Time-Limited Psychotherapy and Health Psychology

#### Dr. Martínez Lorca, Manuela

- Health Psychologist
- Professor in the Department of Psychology at the University of Castilla-La Mancha
- Master's Degree in Time-Limited Psychotherapy and Health Psychology by the European Institute of Time-Limited Psychotherapies
- Specialist in Clinical Hypnosis and Relaxation
- Bachelor's Degree in Psychology
- Doctor of Medicine

## tech 54 | Teaching Staff

#### Dr. De Dios González, Antonio

- Director of Avatar Psychologists
- Director of the Psychology Department of Quirónsalud Hospital in Marbella.
- Director of the Clinical and Health Area of Iridia Hispania
- Trainer at the Spanish Red Cross
- Specialist in Clinical Hypnosis and Relaxation
- Specialist in Emotional Freedom Technique by the World Center for EFT
- Transpersonal Therapist in the Spanish School of Transpersonal Development
- Bachelor in Psychology at the Complutense University of Madrid
- Master's Degree in Time-Limited Psychotherapy and Health Psychology from the European Institute of Time-Limited Psychotherapies
- Master's Degree in Neuro-Linguistic Programming (NLP- Richard Bandler's Society of Neuro-Linguistic Programming

### Dr. Fernández, Ángel

- Director of the Evaluation and Psychotherapy Center of Madrid
- European specialist psychologist in Psychotherapy from the EFPA
- Health Psychologist
- Master's Degree in Clinical and Health Psychology
- Tutor in charge of the Psychodiagnosis and Psychological Intervention area of the CEP
- Author of the TEN technique
- Head of studies on the Master's Degree in Time-Limited Psychotherapy and Health Psychology
- Specialist in Clinical Hypnosis and Relaxation







#### Dr. Otero, Verónica

- Psychologist Specialist in Psychotherapy. Bilbao-Casco Viejo Health Center
- Head of Child and Juvenile Area of intervention with TLP. Bilbao-Casco Viejo Health Center
- Bachelor's Degree in Psychology. University of Deusto
- Master's Degree in Time-Limited Psychotherapy and Health Psychology
- Psychologist Specialist in Children and Adolescents
- Specialist in Reciprocal Interaction Therapy
- Certified Psychotherapist. Spanish Federation of Associations of Psychotherapists.
- EuroPsy Certificate as Specialist Psychologist
- EuroPsy Certificate as Specialist Psychotherapist



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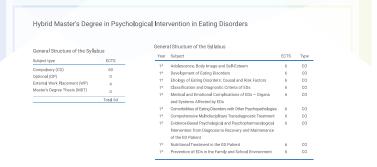
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