

Master's Degree

Suicide Prevention and Postvention for Psychologists



Master's Degree Suicide Prevention and Postvention for Psychologists

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

Website: www.techtitude.com/us/psychology/master-degree/master-suicide-prevention-postvention-psychologists



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01

Introduction to the Program

Suicide is one of the major public health crises worldwide, claiming more than 700,000 lives each year, according to the WHO. This phenomenon affects all ages and is a problem that transcends borders, being one of the leading causes of death among young people and adults. Prevention and effective intervention are essential to reduce its impact on society. In view of this, TECH presents an innovative university program that combines clinical, psychological and forensic approaches with cutting-edge technological tools. With 100% online mode and flexible hours, students will be able to train with international experts and access updated methodologies in assessment, treatment and postvention, specializing in a crucial field for global welfare.





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Get trained to face the challenges in psychological care through this complete Master's Degree for Psychologists, which will provide you with the necessary tools to intervene effectively and ethically in critical situations”

Worldwide, suicide deaths in men more than double those of women, with rates of 12.6 per 100,000 men versus 5.4 per 100,000 women, according to INFOCOP. This public health problem affects people of all ages, and the need for professionals trained in its prevention and postvention is more urgent than ever. The Master's Degree in Suicide Prevention and Postvention for Psychologists has been designed to provide professionals with the necessary tools to intervene effectively in crisis situations, with an ethical and evidence-based approach.

Throughout this university program, students will develop key skills to adequately assess at-risk individuals, implement prevention strategies, and provide appropriate support. The curriculum is oriented to provide practical and updated knowledge, allowing psychologists to intervene with confidence in highly complex situations. This Master's Degree represents a unique opportunity to specialize in a crucial area of mental health, enhancing your professional profile and broadening your career prospects.

Upon completion of this program, graduates will be able to direct their careers towards key sectors in the field of mental health, working in health centers, private clinics, hospitals or institutions dedicated to suicide prevention. In addition, your specialization will allow you to participate in community projects and collaborate in multidisciplinary teams dedicated to emotional well-being and crisis prevention in various organizations.

The fully online mode of this Master's Degree allows students to study from anywhere and at the time that suits you best. All content is available from day one, facilitating autonomous and flexible learning, accessible from any device with an Internet connection, ensuring a continuous training experience tailored to your needs.

This **Master's Degree in Suicide Prevention and Postvention for Psychologists** contains the most complete and up-to-date educational program on the market. Its most notable features are:

- ♦ Practical cases presented by experts in Psychology
- ♦ The graphic, schematic, and practical contents with which they are created, provide scientific and practical information on the disciplines that are essential for professional practice
- ♦ Practical exercises where self-assessment can be used to improve learning
- ♦ Special emphasis on innovative methodologies in Suicide Prevention and Postvention
- ♦ 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



Study in a flexible and autonomous way, with materials fully available from day one, adapted to your pace and professional needs"

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Develop key skills to intervene effectively in suicidal crises through updated tools based on scientific evidence”

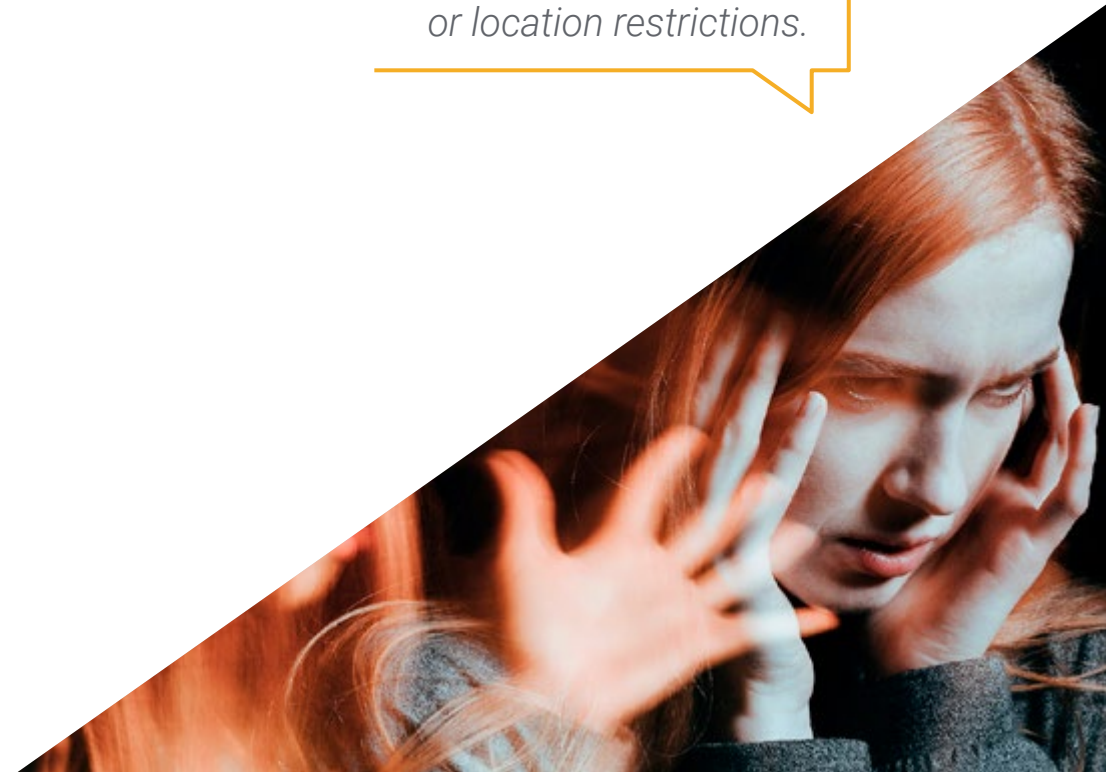
It includes in its teaching staff professionals belonging to the field of Psychology who pour into this program the experience of their work, in addition to recognized specialists from reference societies and prestigious universities.

The multimedia content, developed with the latest educational technology, will provide the professional with situated and contextual learning, i.e., a simulated environment that will provide an immersive learning experience designed to prepare for real-life situations.

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

Access innovative training that integrates the latest advances in psychology, mental health and intervention strategies, prepared for the challenges of the present.

A 100% online program with which you can access specialized training in Suicide Prevention and Postvention, with no time or location restrictions.



02

Why Study at TECH?

TECH is the world's largest online university. With an impressive catalog of more than 14,000 university programs, available in 11 languages, it is positioned as a leader in employability, with a 99% job placement rate. In addition, it has a huge faculty of more than 6,000 professors of the highest international prestige.



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*Study at the largest online university
in the world and ensure your professional
success. The future begins at TECH”*

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".

Forbes
The best online university in the world

The most complete
syllabus

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.

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.

TOP
international faculty

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.

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

The most effective methodology

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.

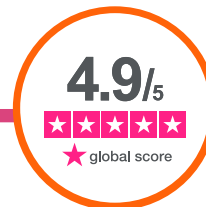
Leaders in employability

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.



Google Premier Partner

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.



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.



03

Syllabus

This university program, developed by experts in the psychological intervention against Suicide, allows to delve into the key aspects that influence suicidal behavior. Graduates will understand the epidemiological and psychosocial factors underlying suicide, learn to identify warning signs and assess risk in various situations. Effective interventions in times of crisis will be explored, along with prevention strategies adapted to different levels of care, enabling professionals to offer comprehensive support and accompany those going through moments of great emotional vulnerability.





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You will have a comprehensive understanding of the risk factors, warning signs and underlying causes of Suicide”

Module 1. Epidemiology and Preventive Planning of Suicidal Behavior

- 1.1. Epidemiology of Suicide
 - 1.1.1. Incidence and Prevalence of Suicide Globally and Regionally
 - 1.1.2. Demographic Factors Gender, Age, Ethnicity and Their Influence on Suicide Rates
 - 1.1.3. Historical Trends and Temporal Patterns: How Suicide Rates Have Changed over Time
- 1.2. Theoretical Framework
 - 1.2.1. Health Sciences Prevention
 - 1.2.2. State of the Question
 - 1.2.3. Primary, Secondary and Tertiary Prevention
- 1.3. Suicide Is Preventable
 - 1.3.1. Scientific Evidence on Prevention
 - 1.3.2. Community-Based Interventions
 - 1.3.3. Barriers to Prevention
- 1.4. Integration of Multi-Level Strategies in Suicide Prevention
 - 1.4.1. Universal, Selective and Indicated Prevention Approaches
 - 1.4.2. Coordination between Mental Health and Primary Care Services
 - 1.4.3. Community Initiatives and Public Policies
 - 1.4.4. Technological Innovations in Prevention
- 1.5. Primary Prevention
 - 1.5.1. Education and Public Awareness
 - 1.5.2. Promotion of Emotional and Mental Well-Being
 - 1.5.3. Protective Factors: Fostering Resilience, Coping Skills and Support Networks
 - 1.5.4. Restrictive Policies on Access to Lethal Methods

- 1.6. Secondary Prevention
 - 1.6.1. Early Identification of Persons at Risk
 - 1.6.2. Treatment of Associated Mental Disorders
 - 1.6.3. Crisis Intervention Programs
 - 1.6.4. Post-Crisis Follow-Up and Monitoring
- 1.7. Tertiary Prevention
 - 1.7.1. Intervention after Suicide Attempts
 - 1.7.2. Reduction of Suicidal Recurrence
 - 1.7.3. Support Programs for Survivors
 - 1.7.4. The Role of Psychosocial Rehabilitation
- 1.8. Multidisciplinarity and Synergies
 - 1.8.1. Collaboration between Psychiatrists, Psychologists and Other Health Professionals
 - 1.8.2. Involvement of Social Workers, Educators and Law Enforcement Agencies
 - 1.8.3. Integrated Intervention Models
 - 1.8.4. Synergies between Health and Academic Institutions and Non-Governmental Organizations

Module 2. Suicidal Behavior as an Epiphenomenon from the Psychiatry/Psychology Perspective

- 2.1. Nomenclature on Suicidal Behavior
 - 2.1.1. Definition of Key Terms
 - 2.1.2. Distinction between Suicidal Behavior and Self-Injury
 - 2.1.3. Historical Evolution of Nomenclature
 - 2.1.4. Impact of the Nomenclature on Research and Clinical Practice
- 2.2. Risk Factors for Suicidal Behavior
 - 2.2.1. Biological Risk Factors
 - 2.2.2. Psychological Factors: Mental Disorders, Impulsivity, Hopelessness and Previous Trauma
 - 2.2.3. Social and Environmental Factors
 - 2.2.4. Situational Factors and Triggering Events

- 2.3. Childhood and Adolescence
 - 2.3.1. Prevalence and Characteristics of Suicide in Young People
 - 2.3.2. Specific Risk Factors in Childhood and Adolescence
 - 2.3.3. The Role of the Family and School
 - 2.3.4. Early Interventions
- 2.4. Old Age
 - 2.4.1. Rates and Characteristics of Suicide in the Psychogeriatric Population
 - 2.4.2. Risk Factors in the Elderly
 - 2.4.3. The Impact of Retirement and Loneliness: How Lifestyle Changes Affect the Risk of Suicide
 - 2.4.4. Prevention in Old Age
- 2.5. Other Risk Groups
 - 2.5.1. Suicide in the LGTBIQ+ Population
 - 2.5.2. Migrants and Refugees
 - 2.5.3. Suicide in the Chronically Ill
 - 2.5.4. Persons Deprived of Their Liberty: Suicide in Prisons and Detention Centers, with Factors such as Isolation and Hopelessness
- 2.6. Social Equivalents and Suicide
 - 2.6.1. Suicide and Poverty
 - 2.6.2. Impact of Economic Crises and Unemployment
 - 2.6.3. Social Stigma and Its Influence on Suicidal Behavior
 - 2.6.4. Violence and Abuse as Social Equivalents: How Traumatic Experiences Relate to Suicide
- 2.7. Psychological Theories behind the Suicidal Phenomenon
 - 2.7.1. Interpersonal Theory of Suicide (Joiner)
 - 2.7.2. Escape Theory (Baumeister)
 - 2.7.3. Hopelessness Theory (Beck)
 - 2.7.4. Psychodynamic and Behavioral Models

- 2.8. Biology and Genetics in Suicide
 - 2.8.1. Genetic and Hereditary Factors
 - 2.8.2. Neurobiology of Suicide: Alterations in Neurotransmitters such as Serotonin and Their Impact on Suicidal Behavior
 - 2.8.3. Biological Markers
 - 2.8.4. Epigenetics and Stress
- 2.9. Suicide in Mental Disorders
 - 2.9.1. Suicide in Major Depression
 - 2.9.2. Bipolar Disorders and Suicidal Behaviors
 - 2.9.3. Suicide in Psychotic Disorders
 - 2.9.4. Suicide in Personality Disorders
- 2.10. Suicide in the Medical Patient
 - 2.10.1. The Impact of Chronic Physical Illness
 - 2.10.2. Cancer and Suicide
 - 2.10.3. Neurological Disorders and Suicide
 - 2.10.4. Palliative Care and Emotional Support

Module 3. Assessment of Suicidal Behavior

- 3.1. Risk Factors for Suicidal Behavior
 - 3.1.1. Clinical and Psychiatric Factors
 - 3.1.2. Sociodemographic Factors
 - 3.1.3. Situational Factors
 - 3.1.4. Specific Risks in Vulnerable Populations
- 3.2. Protective Factors
 - 3.2.1. Strong Interpersonal Relationships
 - 3.2.2. Coping Capacity and Resilience
 - 3.2.3. Access to Mental Health Services
 - 3.2.4. Religious and Spiritual Beliefs

- 3.3. Warning Factors
 - 3.3.1. Behavioral Signals
 - 3.3.2. Emotional Changes
 - 3.3.3. Verbal Clues
 - 3.3.4. Pre-Suicide Preparations
- 3.4. Precipitating Factors
 - 3.4.1. Recent Traumatic Events
 - 3.4.2. Financial or Employment Crises
 - 3.4.3. Sudden Life Events
 - 3.4.4. Factors Related to Physical Health
- 3.5. Assessment Scales and Psychometric Tools
 - 3.5.1. Beck Depression Inventory (BDI)
 - 3.5.2. Columbia Suicide Severity Rating Scale (C-SSRS)
 - 3.5.3. Beck Scale for Suicide Ideation (BSS)
 - 3.5.4. Self-Assessment vs. Heteroassessment Scales
- 3.6. Psychometrics in Suicide
 - 3.6.1. Validity and Reliability of Psychometric Tools
 - 3.6.2. Sensitivity and Specificity in the Detection of Risk
 - 3.6.3. Adaptation of Psychometric Tools for Specific Populations
 - 3.6.4. New Technologies in Psychometrics
- 3.7. The Clinical Interview 1
 - 3.7.1. Establishing a Therapeutic Relationship
 - 3.7.2. Open and Closed Questions
 - 3.7.3. Detection of Non-Verbal Signals
 - 3.7.4. Initial Exploration of Suicidal Thoughts
- 3.8. The Clinical Interview 2
 - 3.8.1. Assessment of the Suicidal Plan
 - 3.8.2. Exploration of Protective Factors and Ambivalence
 - 3.8.3. Short- and Long-Term Risk Analysis
 - 3.8.4. Risk Documentation and Communication

- 3.9. Context-Sensitive Assessment of Suicide
 - 3.9.1. Suicide in the Hospital Context
 - 3.9.2. Assessment in the Emergency Department
 - 3.9.3. Assessment in Community Settings
 - 3.9.4. Family and Social Context
- 3.10. What Not to Do in the Assessment of Suicidal Behavior
 - 3.10.1. Avoid Minimizing the Patient's Feelings
 - 3.10.2. Do Not Prejudge or Stigmatize
 - 3.10.3. Do Not Avoid Talking Directly about Suicide
 - 3.10.4. Do Not Fail to Follow Up Adequately

Module 4. Intervention in Suicidal Behavior in Crises and Emergencies

- 4.1. How to Establish the Bond and Assess the Suicidal Patient
 - 4.1.1. Techniques to Build Trust Quickly
 - 4.1.2. Identifying Non-Verbal and Verbal Signals
 - 4.1.3. Handling Silence and Resistance
 - 4.1.4. Initial Assessment of Suicidal Risk
- 4.2. Communication Skills and Clinical Interviewing
 - 4.2.1. Active Listening and Emotional Validation
 - 4.2.2. Open and Closed Questions in Crisis Situations
 - 4.2.3. Non-Violent Communication: How to Minimize the Risk of Escalating Interview Tension
 - 4.2.4. Adapting Language to Different Populations
- 4.3. Crisis Intervention
 - 4.3.1. Crisis Intervention Models
 - 4.3.2. Emotional Containment Interventions
 - 4.3.3. Development of a Safety Plan
 - 4.3.4. Referral to Specialized Services

- 4.4. The Hospital Emergency
 - 4.4.1. Psychiatric Emergency Admission Protocols
 - 4.4.2. Initial Assessment in the Emergency Department
 - 4.4.3. Immediate Intervention in High-Risk Patients
 - 4.4.4. Criteria for Hospitalization vs. Outpatient Follow-Up
- 4.5. Medical Intervention
 - 4.5.1. Pharmacological Management in Suicidal Crisis
 - 4.5.2. Treatment of Underlying Medical Conditions
 - 4.5.3. Prevention of Self-Harm in the Hospital: Strategies for Minimizing Risk during Hospital Stay
 - 4.5.4. Role of the Psychiatrist in the Multidisciplinary Team
- 4.6. Psychological Intervention
 - 4.6.1. Cognitive-Behavioral Therapy in Crises
 - 4.6.2. Solution-Focused Intervention: Focus on Immediate Goals and Short-Term Distress Management
 - 4.6.3. Therapies Based on Emotional Validation: the Example of Dialectical Behavior Therapy
 - 4.6.4. Relapse Prevention
- 4.7. Nursing Intervention
 - 4.7.1. Monitoring and Care in the First 24 Hours: Strategies for Continuous Observation of the Patient
 - 4.7.2. Nursing in Emotional and Physical Support
 - 4.7.3. Safety and Relapse Prevention Education
 - 4.7.4. Collaboration with the Multidisciplinary Team
- 4.8. Support and Treatment of Suicidal Behavior in Primary Care
 - 4.8.1. Early Detection in Primary Care
 - 4.8.2. Brief Interventions in the Office
 - 4.8.3. Referral to Higher Levels of Care: When and How to Refer to Specialized Mental Health Services
 - 4.8.4. Long-Term Follow-Up and Support

- 4.9. Support and Treatment of Suicidal Behavior from the Mental Health and Addictions Network
 - 4.9.1. Coordination between Mental Health and Addictions: Comprehensive Intervention in Cases with Dual Diagnosis
 - 4.9.2. Community Support Networks
 - 4.9.3. Outpatient Treatment Interventions
 - 4.9.4. Relapse Prevention and Rehabilitation
- 4.10. Role of Telephone Intervention
 - 4.10.1. Suicidal Crisis Helplines: How They Work and Their Effectiveness
 - 4.10.2. Telephone Crisis Intervention Techniques
 - 4.10.3. Follow-Up and Referral from Telephone Intervention: How to Manage the Transition to Face-to-Face or Specialized Care
 - 4.10.4. The Use of Technology for Suicide Prevention

Module 5. Suicidal Behavior Prevention and Intervention by Level of Care

- 5.1. Prevention and Intervention in Mental Health Centers
 - 5.1.1. Identification of Risk and Protective Factors
 - 5.1.2. Crisis Intervention vs. Long-Term Intervention: Differences in the Therapeutic Approach over Time
 - 5.1.3. Follow-Up and Outpatient Management: How to Ensure Continuity in the Treatment of the At-Risk Patient
 - 5.1.4. Coordination with Other Services
- 5.2. Prevention and Intervention in Primary Care
 - 5.2.1. Training of Family Physicians in Early Detection
 - 5.2.2. Brief Interventions in the Primary Care Setting
 - 5.2.3. Coordination between Primary Care and Mental Health: How to Facilitate Referral and Follow-Up of Patients
 - 5.2.4. Longitudinal Follow-Up of Suicidal Risk

- 5.3. Prevention and Intervention in the Prison Population
 - 5.3.1. Specific Risk Factors in Prisons: Conditions of Confinement and Their Impact on Mental Health
 - 5.3.2. Prevention Programs within Penitentiary Institutions
 - 5.3.3. Therapeutic Interventions in Prisons
 - 5.3.4. Monitoring and Follow-Up in Prison Regime
- 5.4. Prevention and Intervention in the Workplace
 - 5.4.1. Workplace Factors Associated with Suicidal Risk
 - 5.4.2. Well-Being and Mental Health Programs in the Workplace
 - 5.4.3. Crisis Interventions in the Workplace
 - 5.4.4. Supervisor and Co-Worker Training
- 5.5. Health Care Prevention and Intervention
 - 5.5.1. Specific Risks for Health Care Professionals
 - 5.5.2. Emotional Support and Suicide Prevention Programs for Health Care Workers
 - 5.5.3. Barriers to Seeking Help from Health Care Professionals: Addressing Stigma and Encouraging Self-Care
 - 5.5.4. Peer Support Culture and Emotional Supervision
- 5.6. Prevention and Intervention in Other Groups
 - 5.6.1. Specific Vulnerable Groups: LGBTQ+ Individuals, Immigrants, Refugees, and Other Groups at Risk
 - 5.6.2. Culturally Tailored Intervention Programs: Culturally and Socially Diversity-Sensitive Approaches
 - 5.6.3. Community Support Networks: How Communities Can Organize to Prevent Suicide
 - 5.6.4. Intersectional Approaches to Suicide Prevention





Module 6. Social and Family Prevention and Intervention in Suicidal Behavior

- 6.1. Working with Families and Loved Ones in Suicidal Behavior
 - 6.1.1. Detection of Warning Signs in the Family Environment: How to Train the Family to Identify Early Warning Signs
 - 6.1.2. Effective Communication about Suicidal Behavior: Ways to Facilitate Open and Nonjudgmental Dialogue in the Family Environment
 - 6.1.3. Emotional Support for Loved Ones: Managing Stress and Emotional Burden in the Family
 - 6.1.4. Family Safety Plans
- 6.2. Working with Families and Loved Ones in Completed Suicide
 - 6.2.1. Accompaniment in Complicated Bereavement: Interventions for Family Members after Suicide
 - 6.2.2. Emotional Impact on the Family System: Psychological Consequences for Each Family Member
 - 6.2.3. Preventing Intergenerational Transmission of Trauma
 - 6.2.4. Support Groups for Survivors of Suicide
- 6.3. Stigma in Suicide
 - 6.3.1. Consequences of Stigma in the Family of the Suicidal Person
 - 6.3.2. Stigma Reduction through Public Education
 - 6.3.3. Self-Stigma in People with Suicidal Ideation: How Internalized Stigma Exacerbates Suicidal Behavior
 - 6.3.4. Interventions to Dismantle Myths about Suicide
- 6.4. The Role of the Media
 - 6.4.1. Effects of Sensationalism in the Coverage of Suicides: Consequences on Suicidal Behavior, including the Werther Effect
 - 6.4.2. Ethical Guidelines for Journalists: How to Approach Suicide in a Responsible and Preventive Manner
 - 6.4.3. The Role of the Media in Stigma Reduction
 - 6.4.4. Effect of Media Contagion

- 6.5. The Role of the Internet
 - 6.5.1. Risks and Benefits of Accessing Suicide Information on the Internet
 - 6.5.2. Prevention of Cyberbullying and Its Relationship to Suicide
 - 6.5.3. Online Support Communities
 - 6.5.4. Dangerous Content on the Deep Web
- 6.6. Systemic Therapy and Its Application to Suicide
 - 6.6.1. The Family System as a Protective or Risk Factor: How Relationship Patterns within the Family Can Influence Suicidal Behavior
 - 6.6.2. Interventions from Family Therapy: Specific Approaches to Address Suicide in the Family Context
 - 6.6.3. Dysfunctional Family Dynamics and Their Impact on Suicidal Ideation
 - 6.6.4. Systemic Therapy in Suicide Bereavement
- 6.7. Community Support Networks and Their Role in Suicide Prevention
 - 6.7.1. Role of Community Organizations
 - 6.7.2. Suicide Prevention Groups: Organization of Community Workshops and Support Groups
 - 6.7.3. Community-Based Interventions: How to Use Local Resources to Implement Prevention Programs
 - 6.7.4. Mobilization of Community Resources after a Completed Suicide
- 6.8. Impact of Suicide on Children and Adolescents in the Family Environment
 - 6.8.1. Typical Reactions of Children to Suicide in the Family: How to Manage the Emotional Impact on Minors
 - 6.8.2. Age-Appropriate Interventions for Bereavement: Therapeutic Approaches according to Developmental Levels
 - 6.8.3. Suicide Prevention in Children Who Have Lost a Loved One to Suicide
 - 6.8.4. How to Deal with Suicide in the Family with Children
- 6.9. Family Bereavement after Suicide
 - 6.9.1. Traditional vs. Contemporary Models of Bereavement
 - 6.9.2. Individual vs. Group Bereavement Therapy
 - 6.9.3. Approach to Traumatic Grief
 - 6.9.4. The Role of Rituals and Memory

Module 7. Suicide and the Humanities

- 7.1. Mythology around Suicide
 - 7.1.1. Suicide in Greek Mythology: Analysis of Characters such as Antigone and Ajax
 - 7.1.2. Suicide in the Norse Mythology
 - 7.1.3. Suicide and Fate in Egyptian Mythology: Conception of Death and Life after Death
 - 7.1.4. Interpretations of the Suicide in Oriental Mythology
- 7.2. Art and Suicide
 - 7.2.1. Representations of the Suicide in Classic Painting
 - 7.2.2. Suicide in Modern and Contemporary Art: Artistic Expressions of Personal Suffering and Distress
 - 7.2.3. Analysis of Suicidal Authors in the History of Art
 - 7.2.4. Impact of the Suicide in Visual Narrative
- 7.3. Literature and Suicide
 - 7.3.1. Suicide in Greek Tragedy: Analysis of Works such as "Antigone" and "Phaedra"
 - 7.3.2. Romanticism and Suicide: the Vision of the Suicide in Goethe's and Byron's Works
 - 7.3.3. Suicide in Contemporary Literature: Reflections on Modern Authors such as Sylvia Plath and David Foster Wallace
 - 7.3.4. Suicide in Poetry
- 7.4. Suicide through History and Cultures
 - 7.4.1. Suicide in Antiquity: Practices such as Seppuku in Japan and Euthanasia in Classical Greece
 - 7.4.2. Suicide in the Middle Ages: Considerations on Sin and Heresy
 - 7.4.3. Cultural Perspectives on Suicide Today: How Each Modern Culture Perceives Suicide
- 7.5. Suicide and Religion
 - 7.5.1. Suicide in Christianity: Religious Doctrines on the Sin of Suicide
 - 7.5.2. Islamic Perspectives on Suicide: Approach to Religion and Its Prohibition
 - 7.5.3. Buddhism and Suicide: Looking at Suffering and Self-Inflicted Death
 - 7.5.4. Eastern Religions and Voluntary Death

- 7.6. Suicide in the Press
 - 7.6.1. Sensationalism in the Media Coverage of Suicide
 - 7.6.2. Guidelines for Journalists in the Coverage of Suicide
 - 7.6.3. The Werther Effect and Papageno Effect in the Media
 - 7.6.4. The Impact of the Press on the Stigma of Suicide
- 7.7. Cinema and Suicide
 - 7.7.1. Representations of the Suicide in Classic Movies
 - 7.7.2. Suicide in Contemporary Cinema
 - 7.7.3. Suicide as a Narrative Element in Auteur Cinema
 - 7.7.4. Impact of the Cinema in the Social Perception of Suicide
- 7.8. Music and Suicide
 - 7.8.1. Song Lyrics that Address Suicide: Analysis of Emblematic Cases in Diverse Musical Genres
 - 7.8.2. Suicidal Composers and Musicians: How the Personal Life of Some Musicians Is Reflected in Their Work
 - 7.8.3. Suicide in Classical Music
 - 7.8.4. Suicide in Contemporary Musical Culture
- 7.9. Prevention and Intervention in Suicidal Behavior by Gender
 - 7.9.1. Gender Differences in Suicidal Ideation and Behavior: Analysis of Epidemiological Data
 - 7.9.2. Gender-Specific Interventions
 - 7.9.3. Risk and Protective Factors by Gender: Biological, Psychological and Social Differences
- 7.10. Philosophy and Suicide
 - 7.10.1. Classical Positions on Suicide: Analysis of Socrates, Seneca and Other Ancient Philosophers
 - 7.10.2. Suicide as a Philosophical Problem in Existentialism: Analysis of Camus and Sartre
 - 7.10.3. The Ethical Debate on Suicide: Between the Right to Die and the Value of Life
 - 7.10.4. Contemporary Perspectives on Suicide in Moral Philosophy

Module 8. Psychiatric/Psychological Treatment of Suicide

- 8.1. Approach to Suicidal Behavior in the Mentally Ill Person
 - 8.1.1. Suicide in Mood Disorders
 - 8.1.2. Suicidal Behavior in Schizophrenia and Psychosis
 - 8.1.3. The Role of Anxiety Disorders and PTSD in Suicide
 - 8.1.4. Suicide and Psychiatric Comorbidity
- 8.2. Approach to Suicidal Behavior in the Child and Adolescent Population
 - 8.2.1. Risk and Protective Factors in Children and Adolescents
 - 8.2.2. The Role of the Family in the Prevention of Child and Adolescent Suicide
 - 8.2.3. Early Psychological Interventions in Adolescents with Suicidal Ideation
 - 8.2.4. Therapeutic Approach in Situations of Bullying and Cyberbullying
- 8.3. Approach to Suicidal Behavior in the Psychogeriatric Population
 - 8.3.1. Risk Factors in the Elderly
 - 8.3.2. Depression and Dementia as Predictors of Suicide in the Elderly
 - 8.3.3. Suicide Prevention in Nursing Homes and Palliative Care
 - 8.3.4. Specific Interventions for Elderly People with Suicidal Ideation
- 8.4. Addressing Suicidal Behavior in At-Risk Groups and Persons at Risk of Discrimination or Violence
 - 8.4.1. Suicide in the LGTBQ+ Population: Stigma and Vulnerability
 - 8.4.2. Suicide in Victims of Gender-Based Violence and Abuse
 - 8.4.3. Migrants and Refugees: Psychosocial Risks and Barriers to Access to Treatment
 - 8.4.4. Addressing Suicide in Indigenous Populations and Ethnic Minorities
- 8.5. Psychological Treatments 1
 - 8.5.1. Cognitive-Behavioral Therapy for Suicide Prevention
 - 8.5.2. Dialectical-Behavioral Therapy (DBT) in Suicidal Patients
 - 8.5.3. Acceptance and Commitment Based Therapies (ACT)
 - 8.5.4. Group Therapy Interventions for Suicide Prevention

- 8.6. Psychological Treatments 2
 - 8.6.1. Mindfulness-Based Interventions in Suicidal Behavior
 - 8.6.2. Interpersonal Therapy in the Management of Suicidal Risk
 - 8.6.3. Psychodynamic Treatments Applied to Suicidal Patients
 - 8.6.4. Systemic Intervention Models in Family Settings
- 8.7. Psychological Treatments 3
 - 8.7.1. Problem-Solving and Crisis Management Therapies
 - 8.7.2. Mentalization-Based Psychotherapy in Suicidal Patients
 - 8.7.3. Suicide Prevention through Strengths-Based Therapies
 - 8.7.4. Narrative Therapy in Suicide Intervention
- 8.8. Psychopharmacological Treatment
 - 8.8.1. Antidepressants and Their Use in Patients at Suicidal Risk
 - 8.8.2. Antipsychotics and Mood Stabilizers in the Treatment of Suicidal Behavior
 - 8.8.3. The Role of Anxiolytics and Benzodiazepines in the Management of Suicide
 - 8.8.4. Pharmacological Treatments in Resistant Suicide
- 8.9. Advances in Neurobiological Research
 - 8.9.1. Genetic and Epigenetic Bases of Predisposition to Suicide
 - 8.9.2. Neuroimaging Studies in Patients with Suicidal Ideation
 - 8.9.3. Alterations in Neurotransmitters and Hormone Systems in Suicide
 - 8.9.4. New Therapeutic Targets Based on the Neurobiology of Suicide
- 8.10. Emerging Therapies in Suicide Prevention
 - 8.10.1. Non-Invasive Brain Stimulation: ECT, TMS and Vagal Stimulation
 - 8.10.2. Therapies Based on Psilocybin and Other Psychedelic Substances
 - 8.10.3. Esketamine
 - 8.10.4. The Use of Virtual Reality and Artificial Intelligence in the Treatment of Suicidal Behavior

Module 9. Postvention of Suicidal Behavior

- 9.1. After Suicide
 - 9.1.1. Immediate Emotional Impact on Loved Ones
 - 9.1.2. Long-Term Psychological Consequences
 - 9.1.3. Management of Complicated Grief
 - 9.1.4. Professional Support in Suicide Bereavement
- 9.2. Postvention in Survivors
 - 9.2.1. Definition of Suicide Survivor
 - 9.2.2. Risk Factors in Survivors
 - 9.2.3. Early Intervention Strategies
 - 9.2.4. Community Support for Survivors
- 9.3. Postvention for Family Members
 - 9.3.1. Family Bereavement and Particularities of Suicide
 - 9.3.2. Impact on Family Dynamics
 - 9.3.3. Emotional Support and Psychoeducation
 - 9.3.4. Group Treatment and Family Therapy
- 9.4. Caring for the Caregiver
 - 9.4.1. Stress and Emotional Burnout in Professionals
 - 9.4.2. Protective Factors for the Caregiver
 - 9.4.3. Self-Care Techniques and Burnout Prevention
 - 9.4.4. Clinical Supervision and Peer Support
- 9.5. Partnership
 - 9.5.1. Survivor Support Networks
 - 9.5.2. National and International Support Associations
 - 9.5.3. Awareness and Remembrance Events
 - 9.5.4. The Role of NGOs in Postvention

- 9.6. How to Create a Survivors' Group
 - 9.6.1. Structure of a Survivors' Support Group
 - 9.6.2. Facilitator Requirements and Training
 - 9.6.3. Group Moderation and Facilitation Techniques
 - 9.6.4. Evaluation of the Effectiveness of the Support Group
- 9.7. First Person Experiences
 - 9.7.1. Survivor Testimonials
 - 9.7.2. Stories of Recovery and Resilience
 - 9.7.3. The Use of Testimony in Prevention and Postvention
 - 9.7.4. Impact of Sharing Experiences
- 9.8. The Therapeutic Group
 - 9.8.1. Characteristics of an Effective Therapeutic Group
 - 9.8.2. Differences between Therapeutic Group and Support Group
 - 9.8.3. Group Dynamics in the Bereavement Process
 - 9.8.4. Integration of Cognitive-Behavioral Therapy in Groups
- 9.9. Postvention in the Educational Setting
 - 9.9.1. Protocols of Action after the Suicide of a Student
 - 9.9.2. Impact on the Educational Community
 - 9.9.3. Psychological and Preventive Interventions in Schools
 - 9.9.4. Support for Teachers and Students after Suicide
- 9.10. Postvention in the Workplace
 - 9.10.1. Bereavement Management in the Workplace
 - 9.10.2. Employee Support Policies
 - 9.10.3. The Role of Human Resources Departments
 - 9.10.4. Promoting Emotional Well-Being after a Traumatic Event



*You will have a wide range
of learning resources at your
disposal, accessible 24 hours
a day, 7 days a week"*

04

Teaching Objectives

This university program is designed to provide psychologists with the most sophisticated tools to intervene effectively in Suicide Prevention and Postvention. At the same time, graduates will develop advanced clinical skills to conduct accurate suicide risk assessments, implement psychological support interventions in both crisis and bereavement situations, and work effectively with multidisciplinary teams. In addition, they will be able to lead prevention programs in diverse contexts, promoting mental health and emotional well-being in communities and contributing to the reduction of suicide rates.





“

You will provide psychological care to individuals with suicidal thoughts, using therapeutic approaches such as cognitive-behavioral therapy”



General Objectives

- ♦ Delve into the risk factors, underlying causes, and warning signs of Suicide, both at the individual and societal level
- ♦ Identify early signs of risk and apply effective interventions that prevent Suicide in a variety of settings, including clinical, educational and community
- ♦ Delve into postvention support management, providing tools to help people affected by the suicide of a loved one
- ♦ Provide psychological care to patients with suicidal thoughts, using therapeutic approaches such as cognitive-behavioral therapy and other validated interventions
- ♦ Manage educational and preventive strategies to promote awareness and reduce stigma related to Suicide and Mental Disorders
- ♦ Master techniques to help families and communities cope with bereavement following suicide, promoting resilience and emotional well-being in those affected





Specific Objectives

Module 1. Epidemiology and Preventive Planning of Suicidal Behavior

- ♦ Analyze global and local suicide rates and epidemiological patterns
- ♦ Identify demographic, social, and cultural risk and protective factors associated with suicidal behavior
- ♦ Evaluate the impact of public policies and preventive initiatives on suicide rates
- ♦ Develop skills to interpret epidemiological studies and apply their results in preventive planning

Module 2. Suicidal Behavior as an Epiphenomenon from the Psychiatry/Psychology Perspective

- ♦ Describe the main Psychiatric and Psychological Disorders related to suicidal behavior
- ♦ Understand the interaction between biological, genetic, psychological and social factors in the genesis of Suicide
- ♦ Evaluate the role of Mental Disorders in the emergence of suicidal risk
- ♦ Analyze psychological models that explain suicidal behavior, such as the interpersonal-psychological model of Suicide

Module 3. Assessment of Suicidal Behavior

- ♦ Select appropriate assessment tools to identify suicidal risk in a variety of clinical settings
- ♦ Develop clinical interviews that allow for a comprehensive assessment of suicidal risk
- ♦ Identify warning signs and risk factors during patient assessment
- ♦ Apply standardized questionnaires and scales to measure the level of suicidal risk

Module 4. Intervention in Suicidal Behavior in Crises and Emergencies

- ♦ Apply suicide crisis intervention protocols in a variety of contexts
- ♦ Obtain skills to manage high-risk situations with immediacy and efficacy
- ♦ Implement de-escalation strategies to reduce imminent suicide risk
- ♦ Coordinate crisis intervention actions with health and emergency services teams

Module 5. Suicidal Behavior Prevention and Intervention by Level of Care

- ♦ Develop suicide prevention programs adapted to different care settings
- ♦ Apply early intervention techniques in primary care to reduce suicidal risk
- ♦ Coordinate work between different levels of care to ensure continuous and effective intervention
- ♦ Implement intervention plans based on the resources available at each level of care

Module 6. Social and Family Prevention and Intervention in Suicidal Behavior

- ♦ Identify the role of the family and social environment in suicidal behavior
- ♦ Develop intervention skills in family dynamics that may increase or reduce suicidal risk
- ♦ Create psychoeducation programs aimed at family members of people at risk
- ♦ Establish social and community support networks for suicide prevention

Module 7. Suicide and the Humanities

- ♦ Analyze the representations of suicide in literature, art and philosophy
- ♦ Explore the cultural and symbolic meaning of suicide in different periods and contexts
- ♦ Evaluate the impact of religious and ethical beliefs on the perception of Suicide
- ♦ Delve into how Suicide has been interpreted in different societies throughout history

Module 8. Psychiatric/Psychological Treatment of Suicide

- ♦ Apply psychiatric treatment protocols for patients at risk of suicide
- ♦ Develop clinical skills to combine pharmacological treatment with psychological therapies
- ♦ Implement evidence-based psychological therapies, such as cognitive-behavioral therapy
- ♦ Evaluate the effectiveness of different psychiatric and psychological treatments in reducing suicidal risk



Module 9. Postvention of Suicidal Behavior

- ♦ Implement programs to support people who have suffered the loss of a loved one by suicide
- ♦ Identify risk factors for suicide contagion in suicide-affected settings
- ♦ Develop skills to reduce stigma and promote healthy bereavement in affected communities
- ♦ Evaluate the effectiveness of Postvention programs in preventing suicidal contagion



You will be able to identify early signs of risk and apply effective interventions that prevent Suicide in different contexts”

05

Career Opportunities

This Master's Degree is a unique opportunity for psychologists interested in updating their skills in Suicide Prevention and Postvention. Through advanced knowledge in risk assessment, crisis intervention and psychosocial support, graduates will expand their professional opportunities, acquiring key tools to lead projects and contribute significantly to mental health and emotional well-being.



“

Are you looking to work as a Director of Suicide Prevention Units? Achieve it with this program in just 12 months”

Graduate Profile

Graduates of this Master's Degree in Suicide Prevention and Postvention will be professionals trained to identify and treat suicidal risks, offering psychological support both in crisis situations and in the grieving process. In turn, they will be highly prepared to lead preventive programs, research effective therapeutic approaches and promote emotional well-being in diverse contexts.

You will provide personalized emotional support to families affected by suicide, helping them to manage grief and promote resilience.

- ♦ **Crisis Intervention and Emotional Management:** Skill in applying effective therapeutic approaches in suicidal crisis situations, providing emotional support to at-risk individuals and appropriately managing the emotional responses of those affected
- ♦ **Effective and Empathic Communication:** Ability to establish open, respectful and empathetic communication with patients and their families, facilitating the suicide intervention and Postvention process in a comprehensive and effective manner
- ♦ **Risk Assessment and Diagnosis:** Ability to use clinical assessment tools and methods to identify suicidal risk in diverse populations, making accurate diagnoses and developing appropriate intervention plans
- ♦ **Bereavement Management and Psychosocial Support:** Competency to provide psychological support to individuals affected by the loss of a loved one by suicide, fostering the grieving process and promoting resilience and emotional well-being



After completing the program, you will be able to perform your knowledge and skills in the following positions:

1. **Psychologist specialized in Suicide Prevention:** Responsible for designing and implementing Suicide Prevention programs, applying evidence-based interventions to identify and reduce risk factors in communities, institutions and clinical settings
2. **Psychologist in charge of Suicide Postvention:** Responsible for providing emotional and psychological support to people affected by the suicide of a loved one, facilitating the grieving process and promoting resilience through specialized therapeutic interventions
3. **Clinical Psychologist in Crisis Intervention:** Specialist in suicidal crisis management, responsible for immediate and effective intervention in situations of suicidal risk, using brief intervention techniques and risk assessment to ensure patient safety
4. **Consultant in Suicide Prevention Policies:** Responsible for collaborating with governmental, educational and health institutions to develop and implement public policies aimed at Suicide Prevention, raising awareness in society and ensuring the integration of mental health in the collective welfare
5. **Psychologist specialized in Suicide Risk Assessment and Diagnosis:** Responsible for conducting detailed psychological assessments to identify signs of suicidal risk in patients, using diagnostic tools to guide therapeutic interventions and appropriate treatment plans

6. **Expert in Suicide Prevention Research:** Dedicated to scientific research on risk factors, predictive models and effective interventions in Suicide Prevention, contributing to the development of new strategies based on data and evidence
7. **Psychologist in Interdisciplinary Team Coordination in Suicide Prevention:** Leads multidisciplinary teams implementing Suicide Prevention programs, collaborating with psychiatrists, social workers and other health professionals to provide comprehensive care to at-risk individuals
8. **Psychologist in Postvention Support Program Management:** Responsible for designing and managing intervention programs for individuals and families affected by Suicide, providing long-term psychological support and promoting emotional recovery and social integration of those affected
9. **Specialist in Safety and Ethics in Suicide Prevention:** Responsible for developing and applying ethical regulations in psychological interventions, ensuring that Suicide Prevention and Postvention programs respect the rights and privacy of patients, and promoting confidentiality and safety in treatment





“

*You will be highly prepared
to intervene in complex
suicidal crisis situations”*

06

Study Methodology

TECH is the world's first university to combine the **case study** methodology with **Relearning**, a 100% online learning system based on guided repetition.

This disruptive pedagogical strategy has been conceived to offer professionals the opportunity to update their knowledge and develop their skills in an intensive and rigorous way. A learning model that places students at the center of the educational process giving them the leading role, adapting to their needs and leaving aside more conventional methodologies.



“

TECH will prepare you to face new challenges in uncertain environments and achieve success in your career”

The student: the priority of all TECH programs

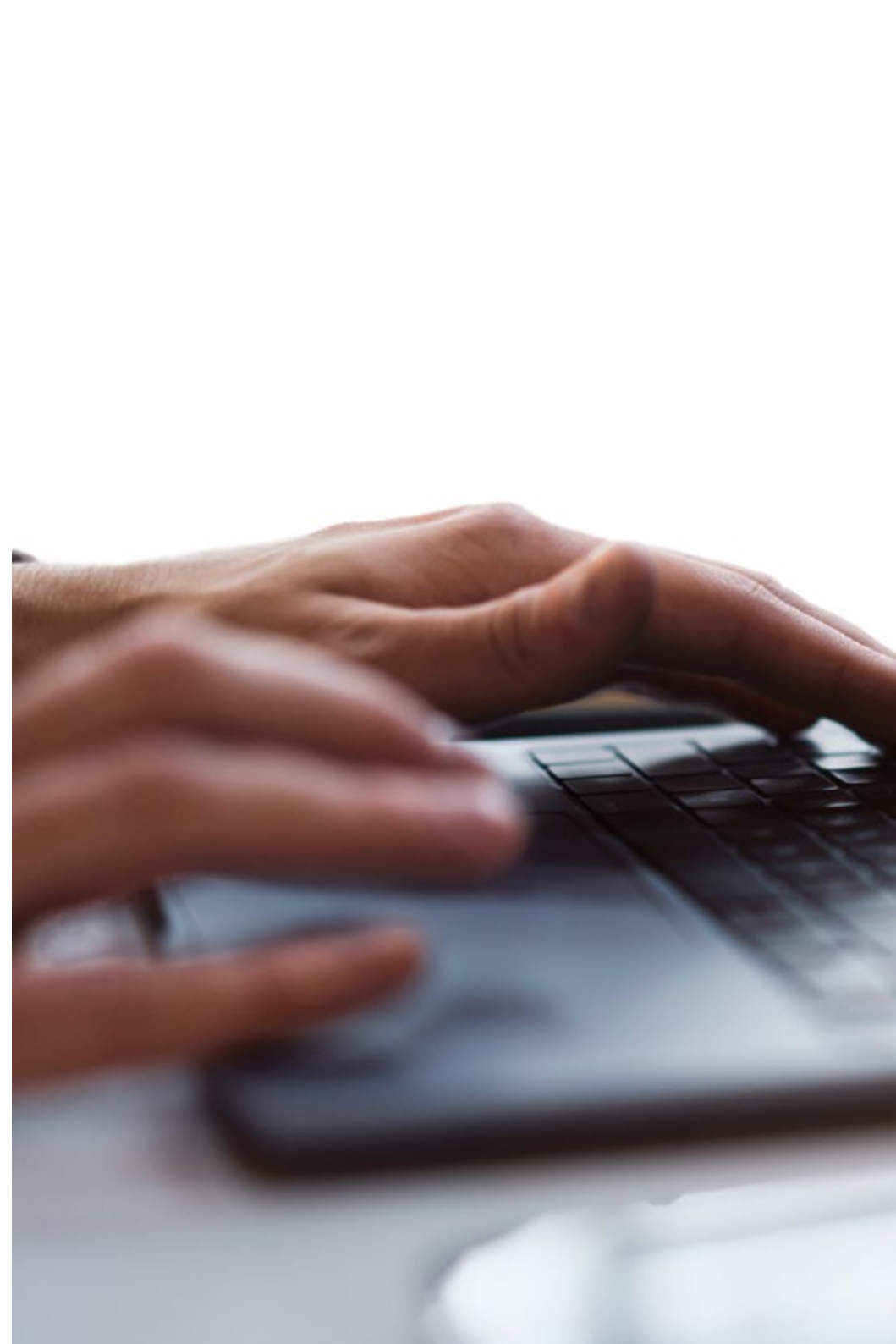
In TECH's study methodology, the student is the main protagonist.

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.

“

*At TECH you will NOT have live classes
(which you might not be able to attend)”*



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*”

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.



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.

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.

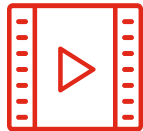
The students' assessment of the teaching quality, the quality of the materials, the structure of the program and its objectives is excellent. Not surprisingly, the institution became the top-rated university by its students according to the global score index, obtaining a 4.9 out of 5.

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.



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

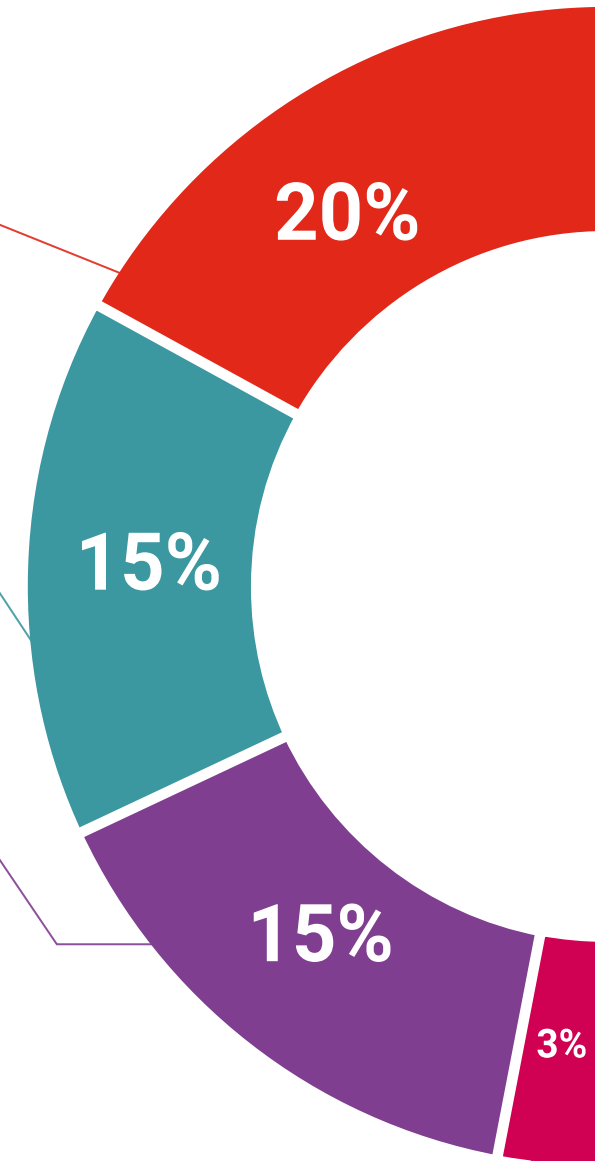
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

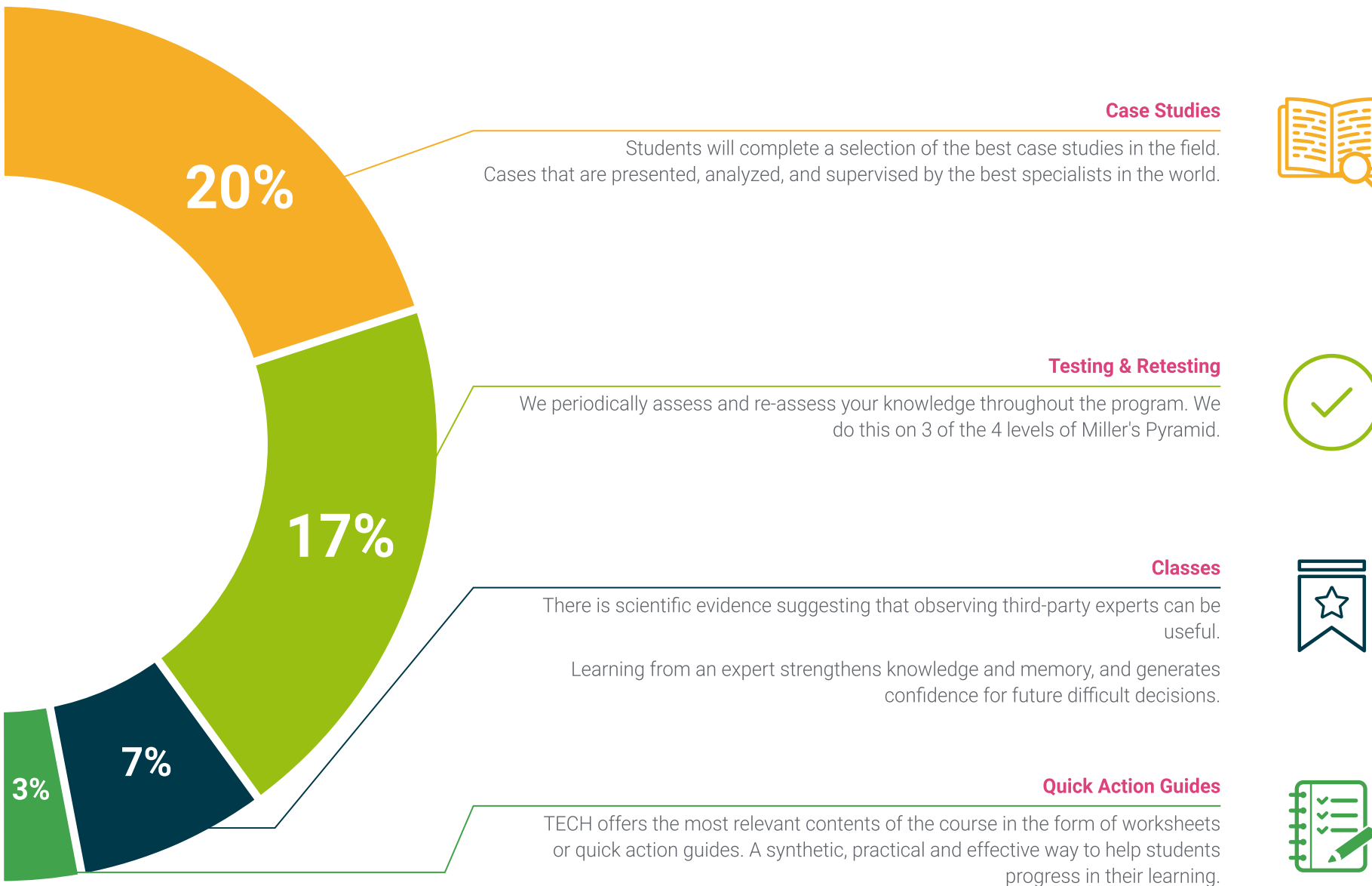
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



Additional Reading

Recent articles, consensus documents, international guides... In our virtual library you will have access to everything you need to complete your education.





07

Teaching Staff

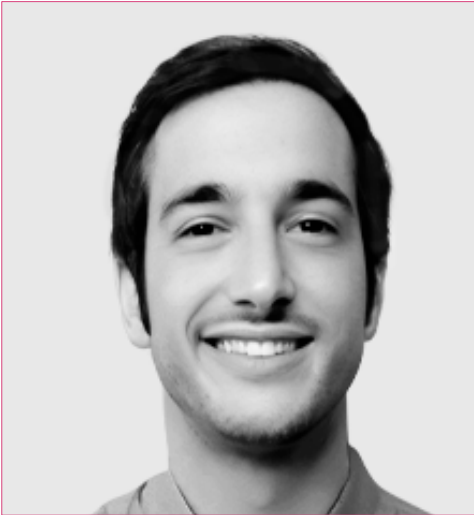
TECH's philosophy is based on providing the most complete and updated university programs in the academic panorama, which is why it carefully selects its teaching staff. For the delivery of this Master's Degree, TECH has enlisted the services of authentic references in the field of Suicide Prevention and Postvention. These specialists have an extensive professional background, where they have optimized the quality of life of numerous patients. Therefore, graduates will have access to an immersive experience that will allow them to optimize their daily clinical practice.



“

You will enjoy the personalized advice of the teaching team, made up of prestigious specialists in Suicide Prevention and Postvention”

Management



Dr. Alberdi Páramo, Iñigo

- ♦ Area Specialist in Psychiatric Hospitalization Unit/Psychogeriatrics at the Institute of Psychiatry and Mental Health of the San Carlos Clinical Hospital
- ♦ Area Specialist in Outpatient Psychiatry Liaison Psychiatry and Specialized Service in Mental Health in Intellectually Handicapped at the University Hospital La Princesa
- ♦ Area Specialist of Psychiatry in CSM Chamberí - Carabanchel
- ♦ Author and co-author of numerous scientific articles and book chapters
- ♦ Professor in undergraduate and postgraduate university studies.
- ♦ Doctor in Medicine - Psychiatry by the Complutense University of Madrid
- ♦ University Specialist in Clinical and Psychoanalytic Psychotherapy by the Pontifical University of Comillas

Professors

Ms. Alonso Sánchez, Elena Begoña

- ♦ Psychiatrist at the University Hospital Torrejon de Ardoz
- ♦ Coordinator of the Attention to Suicidal Risk program at the University Hospital Torrejón de Ardoz
- ♦ Clinical Researcher
- ♦ Coordinator of the Integral Attention to the Sick Physician program
- ♦ Degree in Medicine from the University of Seville

Ms. Pérez Luna, Laura

- ♦ Clinical Psychologist at the University Hospital Infanta Leonor
- ♦ Expert in Systemic Intervention
- ♦ Responsible for the Perinatal Intervention Program
- ♦ Degree in Psychology from the Autonomous University of Madrid



Ms. Pérez Navarro, Virginia

- ♦ Clinical Psychologist at the Clinical Hospital San Carlos
- ♦ Specialist in Systemic Interventions
- ♦ Clinical Researcher
- ♦ Degree in Psychology from the University of Murcia

Dr. Rodrigo Holgado, Irene

- ♦ Clinical Psychologist at the 12 de Octubre Hospital
- ♦ Clinical Researcher at Red Hygeia
- ♦ Specialist in Psychotherapy
- ♦ Master's Degree in Neuropsychology from the Open University of Catalonia
- ♦ Master's Degree in Advanced Nutrition and Dietetics from the TAGO Study Center
- ♦ Master's Degree in Women and Health from the Complutense University of Madrid
- ♦ Degree in Psychology from the Complutense University of Madrid

08

Certificate

The Master's Degree in Suicide Prevention and Postvention for Psychologists guarantees students, in addition to the most rigorous and up-to-date education, access to a Master's Degree diploma issued by TECH Global University.



“

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

This private qualification will allow you to obtain a **Master's Degree diploma in Suicide Prevention and Postvention for Psychologists** endorsed by **TECH Global University**, the world's largest online university.

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

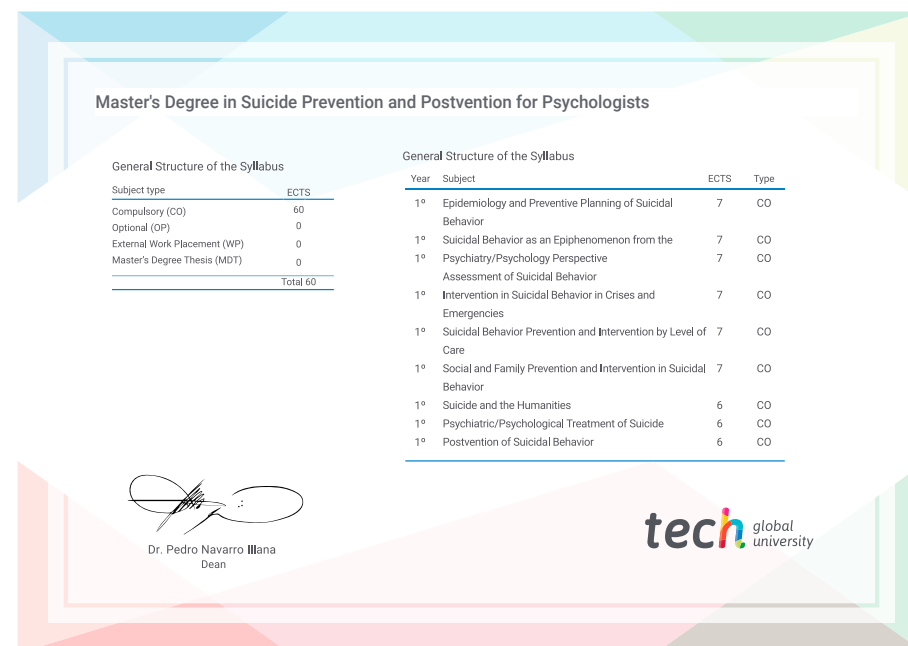
This **TECH Global University** private qualification is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

Title: **Master's Degree in Suicide Prevention and Postvention for Psychologists**

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**



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

tech global
university

Master's Degree
Suicide Prevention
and Postvention
for Psychologists

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

Master's Degree

Suicide Prevention and Postvention for Psychologists

