

# Professional Master's Degree

## Psychological Intervention in Eating Disorders





## Professional Master's Degree Psychological Intervention in Eating Disorders

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

Website: [www.techtitute.com/de/psychology/professional-master-degree/master-psychological-intervention-eating-disorders](http://www.techtitute.com/de/psychology/professional-master-degree/master-psychological-intervention-eating-disorders)

# Index

01

Introduction

---

*p. 4*

02

Objectives

---

*p. 8*

03

Skills

---

*p. 16*

04

Course Management

---

*p. 20*

05

Structure and Content

---

*p. 26*

06

Study Methodology

---

*p. 38*

07

Certificate

---

*p. 48*

# 01

# Introduction

Eating Disorders have reached everlasting figures and leave behind conventional criteria such as their incidence in specific age groups. Specialized reports state that its epidemiology has diversified, but, fortunately, its causes have been better detailed. At the same time, the evolution of scientific studies on the subject allows the development of innovative therapeutic strategies that oblige specialists to be constantly updated. For this reason, TECH offers this study program where psychologists will update their knowledge on the Transdiagnostic Treatment of greater scope, strategies to determine medical comorbidities and determine the application of psychotropic drugs in the most severe cases. In addition to these cutting-edge contents, the program has an innovative 100% online methodology: Relearning.



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*You will promote a positive perception of the body and body image among your ED cases, through the knowledge of Psychological Intervention that you acquire in this Professional Master's Degree”*

According to various European health reports, 70% of adolescents in that region of the world are affected by some form of Eating Disorder (ED). These alarming numbers have led many health authorities to focus medical attention on these severe conditions. Therefore, specialists in various areas, and in particular psychologists, are constantly searching for innovative therapeutic solutions and strategies to reduce their incidence and harmful impact on people's quality of life.

In this regard, in recent years, numerous pharmacological treatments have appeared that help to reduce the symptoms of other conditions such as depression or anxiety, which are closely related to EDs. Also, more intensive family, school and social intervention protocols have been developed for the management of the most severe cases. In turn, research has advanced in identifying mechanisms to assess the occurrence of comorbidities associated with Bulimia or Anorexia.

Professionals seeking to keep up to date on these advances in this branch of Psychology will find in this Professional Master's Degree an academic opportunity of maximum rigor. The program will include in its syllabus exclusive contents on nutrition as a fundamental pillar in the treatment of EDs. At the same time, students will have the opportunity to analyze the mechanisms of dietary adequacy and continuous monitoring of patients. They will also delve into the different care models applied in the management of these cases, such as Cognitive Behavioral Therapy or Third Generation Therapies.

The study materials of this program will be available on a unique 100% online platform. Graduates will have access to a complete Virtual Library with complementary readings, explanatory videos, interactive summaries and other multimedia resources. In addition, this academic itinerary will be distinguished by its solid faculty, composed of experts in Psychology, Nutrition and Dietetics of international stature.

This **Professional 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:

- ♦ The development of practical cases presented by experts in Psychology, Nutrition, Dietetics, etc.
- ♦ The graphic, schematic and eminently practical contents with which it is conceived gather scientific and practical information on those disciplines that are indispensable for professional practice
- ♦ Practical exercises where self-assessment can be used to improve learning
- ♦ Its special emphasis on innovative methodologies
- ♦ Theoretical lessons, questions to the expert, debate forums on controversial topics, and individual reflection assignments
- ♦ Content that is accessible from any fixed or portable device with an Internet connection



*The Relearning methodology, exclusive to TECH, will allow you to assimilate complex concepts without the need to memorize or exhaust yourself with study"*



*No pre-established schedules and accessible from any device with an Internet connection: this is what TECH's program is all about"*

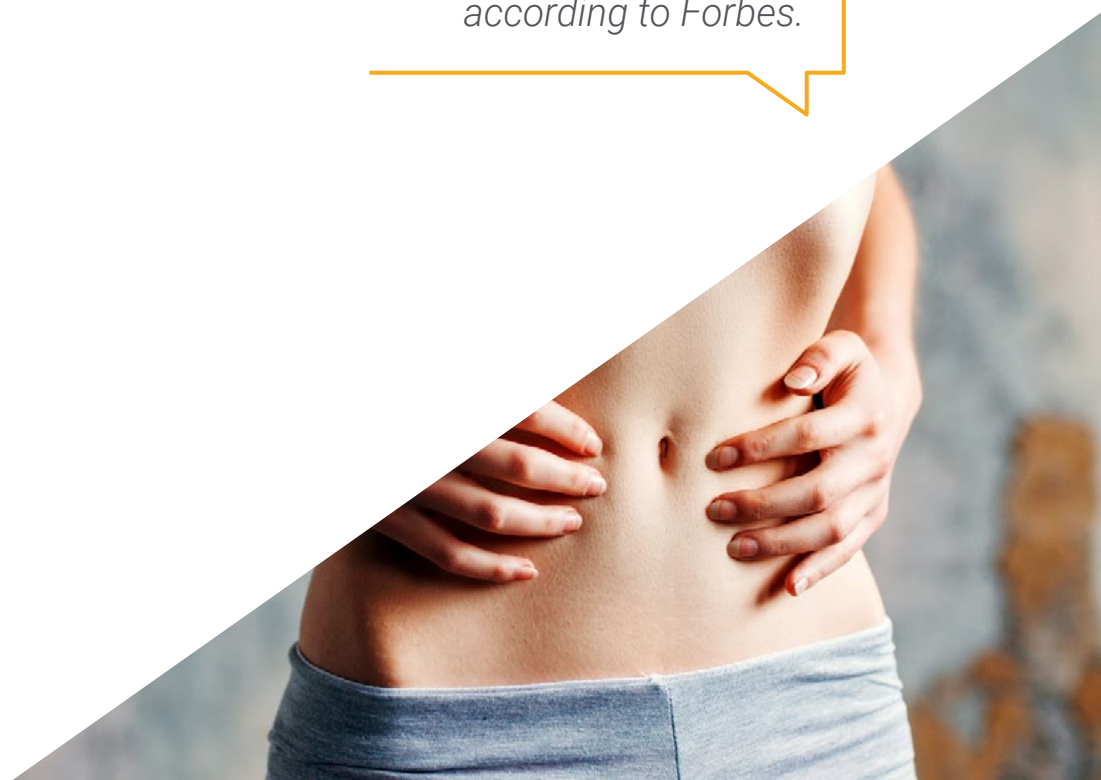
The program's teaching staff includes professionals from the field who contribute their work experience to this educational program, as well as renowned specialists from leading societies and prestigious universities.

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

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

*Specialize in the Transdiagnostic Approach to the Therapeutic Patient Management of patients with EDs through methods such as Case Study analysis.*

*Don't miss the opportunity to boost your professional profile with TECH, the best online university in the world according to Forbes.*



# 02

# Objectives

The students of this study program will have a unique opportunity to broaden their theoretical knowledge and practical skills for the care and management of EDs. Therefore, its central premise will be that each of its graduates can achieve the desired professional success and quality. For this reason, TECH will provide rigorous and updated content according to the latest scientific evidence. At the same time, in order to maintain the link between psychologists and other work obligations and personal responsibilities, the program will apply a unique 100% online methodology.



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*To enable your professional goals, this academic pathway will provide you with the most up-to-date materials, complementary readings and a variety of multimedia resources”*



## General Objectives

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





## Specific Objectives

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

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

### Module 2. Development of Eating Disorders

- ♦ Analyze the emergence of the term “Eating Disorders” and explore the historical developments that have influenced its understanding
- ♦ Describe changes in the societal perception of EDs and recognize key scientific advances related to these disorders
- ♦ Define global statistics on the incidence of EDs, identifying population groups most affected and assessing factors that influence their prevalence
- ♦ Identify factors contributing to childhood onset of EDs and explore changes in prevalence during adolescence and the transition to adulthood
- ♦ Evaluate differences in prevalence between males and females, considering gender aspects in the presentation and diagnosis of EDs, as well as their influence on special groups

- ♦ Recognize long-term medical and psychological complications of EDs, assessing their impact on quality of life, daily functioning, and untreated mortality risks

### Module 3. Etiology of EDs: Causal and Risk Factors

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

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

- ♦ Assess the transdiagnostic approach and its usefulness in the diagnosis and treatment of EDs, exploring recent advances in the understanding and classification of these disorders
- ♦ Analyze the pathophysiology of dietary restraint and its relevance in the diagnosis of EDs, describing the clinical presentation in different age groups
- ♦ Identify diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder, as well as other restricting disorders such as ARFID
- ♦ Understand the concepts of EDNOS (Eating Disorder Not Otherwise Specified) and common errors in the assessment and diagnosis of EDs
- ♦ Detect common errors in the assessment and diagnosis of EDs and understand the importance of differential diagnosis in EDs and address the challenges of patients with comorbidities
- ♦ Discuss possible future revisions in diagnostic criteria and their implications and understand how these new perspectives would impact the clinical management of EDs

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

- ♦ Understand the impact on metabolism, hormone function, risk of osteoporosis and bone weakness in people with EDs
- ♦ Determine changes in skin, hair and dental problems caused by malnutrition in patients with EDs and apply preventive measures
- ♦ Analyze the impact of EDs on the brain, identify neuropsychiatric symptoms and assess the risk of brain damage
- ♦ Recognize loss of muscle mass and weakness, assess risks of osteoporosis and bone fractures, and develop physical rehabilitation strategies

- ♦ Detect kidney damage due to dehydration and electrolyte imbalances, assess risk of acute renal failure, and implement treatment and monitoring measures
- ♦ Recognize vulnerability to infection and immunosuppression in patients with EDs and develop strategies to strengthen the immune system in recovery

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

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

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

- ♦ Understand the fundamental principles of the transdiagnostic approach in the treatment of Eating Disorders (EDs)
- ♦ Recognize the crucial role of health professionals in comprehensive treatment, fostering interdisciplinary collaboration and understanding the specific roles of each specialist
- ♦ Acquire skills for nutritional assessment in patients with EDs, plan adapted and balanced diets, and effectively address feeding resistance
- ♦ Establish the different levels of care, from outpatient to intensive treatment, and apply criteria for selecting the appropriate level, including ongoing severity assessment
- ♦ Define medical and psychological parameters for the identification of critical patients, using assessment tools and scales, and fostering collaboration between professionals to establish a diagnosis

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

- ♦ Understand the principles of motivational interviewing in the context of Eating Behavior Disorders (EDs), developing therapeutic skills to foster motivation and change in patients
- ♦ Evaluate the types of psychotropic drugs used in the treatment of EDs, considering indications, prescription and the efficacy and safety of pharmacotherapy
- ♦ Establish the principles of humanistic therapies and their application in EDs, promoting self-acceptance and self-reflection in the patient and evaluating the effectiveness of these therapies

- ♦ Analyze the role of the family in the treatment of EDs, exploring the approach of third generation therapies and applying specific strategies to involve the family
- ♦ Elucidate the benefits and dynamics of group therapies in EDs, analyzing types of therapeutic groups and examples of successful programs
- ♦ Explore creative therapies, dance movement therapy, and coaching as new treatments in EDs, broadening the spectrum of therapeutic approaches
- ♦ Understand the stages of recovery in eating disorders, evaluate factors that influence successful recovery, analyze the process of adaptation and behavioral change, and explore strategies for relapse prevention and long-term maintenance

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

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

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

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





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*Enroll in this program and you will be up to date on the Electrolyte and Metabolic Disorders that result from EDs”*

# 03 Skills

Through this Professional Master's Degree, students will achieve a very high theoretical and practical preparation which, in turn, will result in competences adjusted to the most pressing needs in the Psychological Intervention of EDs. Specifically, these graduates will transfer to their daily practice cutting-edge therapeutic strategies based on state-of-the-art evaluative models such as the Transdiagnostic Multidisciplinary Comprehensive Treatment. At the same time, they will recognize early on potential comorbidities and will be up to date on the main advances in Psychopharmacology for the management of the most complex eating disorders. All these skills will make them competitive and prestigious professionals.







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*Thanks to this program, you will apply state-of-the-art diagnostic methods and treatments in the psychological management of Bulimia or Vigorexia”*



## General Skills

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- Conduct psychometric assessments for the diagnosis of EDs
- Conduct motivational interviews: Nutritional and psychological
- Implement Acceptance and Commitment Therapy (ACT)
- Apply cognitive-behavioral therapy in treatment
- Use psychotropic drugs appropriately in the treatment of EDs
- Apply mindfulness and emotional self-regulation



## Specific Skills

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



*With TECH you will find professional excellence in just over 1,800 academic hours and with a 100% online study format"*

- Describe the clinical presentation of EDs in different age groups and explore the variability in ED severity and symptoms
- Determine alterations in heart rate, blood pressure, and cardiovascular risks related to EDs
- Recognize damage to the esophageal and stomach lining, assess the risk of perforation and bleeding in the esophagus, and identify symptoms and consequences of bulimia nervosa on the gastrointestinal system
- Develop individualized intervention strategies, involving the family to modify family dynamics and explore the benefits of group therapy in the transdiagnostic setting
- Identify and manage medical conditions associated with EDs, perform a comprehensive physical health assessment, and apply strategies for managing medical comorbidities during treatment
- Identify signs and symptoms of critical patients in EDs, understand the associated risks, and recognize the importance of immediate evaluation and care
- Implement personalized prevention strategies and recognize the importance of self-care and ongoing care to maintain mental and emotional health after treatment
- Develop hemodynamic stabilization strategies, understand Enteral and Parenteral Nutrition options, and apply specific medical and psychological interventions for critically ill patients
- Incorporate strategic dialogue strategies into intervention with patients with ED, facilitating an effective communicative approach
- Take a detailed medical history to understand the relationship between eating habits and Eating Disorders (EDs)
- Utilize anthropometric assessment methods to accurately assess nutritional status in patients with EDs
- Review relevant and non-relevant anthropometric assessment data or contraindications in ED treatment
- Encourage a positive perception of body and body image
- Collaborate with educators and counselors to promote prevention

# 04

## Course Management

This teaching staff stands out, first of all, for the prestige of all its members. Each of the specialists involved in the program have a vast experience in their respective fields of work and have accumulated exceptional results in the management of patients affected by different EDs or their corresponding medical complications. The faculty is also distinguished by the multidisciplinary nature of its members, most of whom are dietitians, nutritionists and psychologists. Thanks to this diversity of experience and the high level of competence of the faculty, students in this program have an unparalleled academic opportunity.





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*Psychologists, nutritionists and dietitians of the highest reputation make up the teaching staff of this exclusive Professional Master's Degree”*

## Management



### Ms. Espinosa Sánchez, Verónica

- ♦ Clinical Psychologist, Neuropsychologist and University Professor
- ♦ Clinical Psychologist, Pontifical Catholic University of Ecuador
- ♦ Neuropsychologist, Open University of Catalonia, Spain
- ♦ Specialist in Cognitive Psychotherapy, Albert Ellis Institute of New York
- ♦ Professor of Eating Disorders, USFQ - Ecuador, and Institute of Graduate Studies and Sciences of the University of Jalisco - Mexico
- ♦ Leader of the Campaign "YO ME QUIERO COMO SOY SOY" (I Love Myself As I Am), Preventing Anorexia and Bulimia
- ♦ Spokesperson in social responsibility campaigns for Coca Cola
- ♦ Crisis Interventionist
- ♦ She has led the Psychology Department at the Hospital de los Valles in Quito
- ♦ Expert in Clinical Psychology, accredited by the Judiciary Council of Ecuador

## Professors

### Ms. Ruales, Camila

- ♦ Nutrition Specialist
- ♦ Bachelor's Degree in Psychology and Human Nutrition from the University of San Francisco de Quito
- ♦ Diploma in Functional Nutrition
- ♦ Master's Degree in Eating Disorders and Obesity at the European University of Madrid

### Ms. Beltrán, Yaneth

- ♦ Founder of Feed Your Purpose
- ♦ Co-founder of Home for Balance Physiotherapy Group, LLC
- ♦ Instructor of the Food and Mood online course
- ♦ Specialist in ED management as part of the nutritional team of an ED treatment center in Florida
- ♦ Nutritionist Dietician graduated from the Javierana University in Bogota
- ♦ Nutritionist Dietician graduated from Florida International University

### Ms. Moreno, Melissa

- ♦ Nutritionist Dietitian
- ♦ Laboratory Technician and Rotational Internship, Faculty of Life Sciences (ESPOL)
- ♦ Participant in nDay Audit, León Becerra Hospital
- ♦ Participant in the Rural Health Brigade
- ♦ Author of the book *Healthy Eating and Carbohydrate Counting for People with Type I Diabetes*
- ♦ Bachelor's Degree in Nutrition and Dietetics, Superior Polytechnic School of Litoral

### Ms. Cucalón, Gabriela

- ♦ Nutritionist Specialized in Human Nutrition and EDs
- ♦ Certificate of Completion of Professional Skills Training in Intuitive Eating
- ♦ Author of the book *Healthy Eating and Carbohydrate Counting for People with Type I Diabetes*
- ♦ Academic of the Faculty of Life Sciences (ESPOL) and the University of Cuenca
- ♦ Certified in Eating Disorders by the University of Jalisco
- ♦ Master of Science in Human Nutrition from Drexel University
- ♦ Bachelor's Degree in Human Nutrition from the University San Francisco de Quito

### Dr. Poulisis, Juana

- ♦ Medical Specialist in Psychiatry
- ♦ Former President of the Hispano-Latin American Chapter of the Academy for Eating Disorders (AED)
- ♦ Academic at Favaloro University, Faculty of Nutrition and Postgraduate in Eating Disorders
- ♦ Speaker at TEDx Talks: "When Healthy Doesn't Let You Live"
- ♦ Author of the book *The New Eating Disorders*
- ♦ Master's Degree in Psychoneuropharmacology from Favaloro University
- ♦ Medical Psychiatrist by the University of Buenos Aires, Argentina
- ♦ Member of the Academy of Eating Disorders

**Dr. Andrade, Rommel**

- ♦ Personality and Eating Disorders Therapist at Dialectic Therapy Institution
- ♦ Medical Specialist in Psychiatry from the University of Antioquia
- ♦ Epidemiologist from CES University
- ♦ Specialist in Dialectical Behavioral Therapy from FORO Foundation and Behavioral Tech
- ♦ Specialist in Eating Disorders Management from FORO Foundation and Oxford University
- ♦ Specialist in Transference-Based Psychotherapy from TFP Chile
- ♦ Member of: Academy for Eating Disorders and Colombian Association of Psychiatry

**Ms. Zuniga, Antonella**

- ♦ Specialist in Clinical Psychology
- ♦ Behavioral Analyst at the Autism Society of North Carolina, United States
- ♦ Academic at the University of San Francisco de Quito, module of Eating Disorders for the Nutrition degree program
- ♦ Master's Degree in Eating Disorders, European University of Madrid
- ♦ Clinical Psychologist by the Pontifical Catholic University of Ecuador (PUCE)
- ♦ Member of the Ecuadorian Association of Psychologists

**Ms. Ortiz, Maria Emilia**

- ♦ Nutritionist and Dietician
- ♦ Graduate of the University of Navarra
- ♦ Certification in ED and Conscious Eating
- ♦ Diploma in Renal Disease

**Ms. Matovelle, Isabella**

- ♦ Specialist in Clinical Psychology
- ♦ Integral Coaching at the Global Network of Human Development
- ♦ Master's Degree in Clinical and Health Psychology at the Superior Institute of Psychological Studies
- ♦ Master's Degree in Child and Adolescent Psychotherapy at Esneca
- ♦ Bachelor's Degree in Psychology from the University San Francisco de Quito
- ♦ Internship at ITA, an integrated network in mental health treatment in Barcelona

**Dr. Gómez Aguirre, Daniela**

- ♦ Director of a Private Eating Disorder Unit and a University Eating Disorder Unit in Chile
- ♦ President of the Chilean Society of Neurology, Psychiatry and Neurosurgery
- ♦ Academic at the Faculty of Medicine, University of Chile and Adolfo Ibáñez University
- ♦ Psychiatrist and supervisor accredited by the International Academy for Eating Disorders in Eating Disorders
- ♦ Master's Degree in Human Nutrition
- ♦ Member of the Academy for Eating Disorders

**Ms. Moreno Ching, Mae Verónica**

- ♦ Medical Specialist in Nutrition
- ♦ Master's Degree in Human Nutrition from the University of San Francisco de Quito
- ♦ Medical Specialist in Homotoxicology by the Homotoxicology Society of Pichincha
- ♦ International Expert in Energetic Nutrition in Physical Activity and Sports by the Latin American Association of Health and Physical Activity
- ♦ Medical Surgeon by the Central University of Ecuador





**Ms. Salazar Zea de Cajas, Ana Gabriela**

- ◆ Nutritionist at the Ministry of Education of Guatemala
- ◆ Nutritionist at the Child Health Department of the Community Homes Directorate
- ◆ Expert in Eating Disorders by the Institute of Graduate Studies and Sciences
- ◆ Expert in Conscious Eating and Body Kindness by the Institute of Postgraduate Studies and Sciences
- ◆ Bachelor's Degree in Nutrition from the Rafael Landívar University

**Ms. Saravia, Susana**

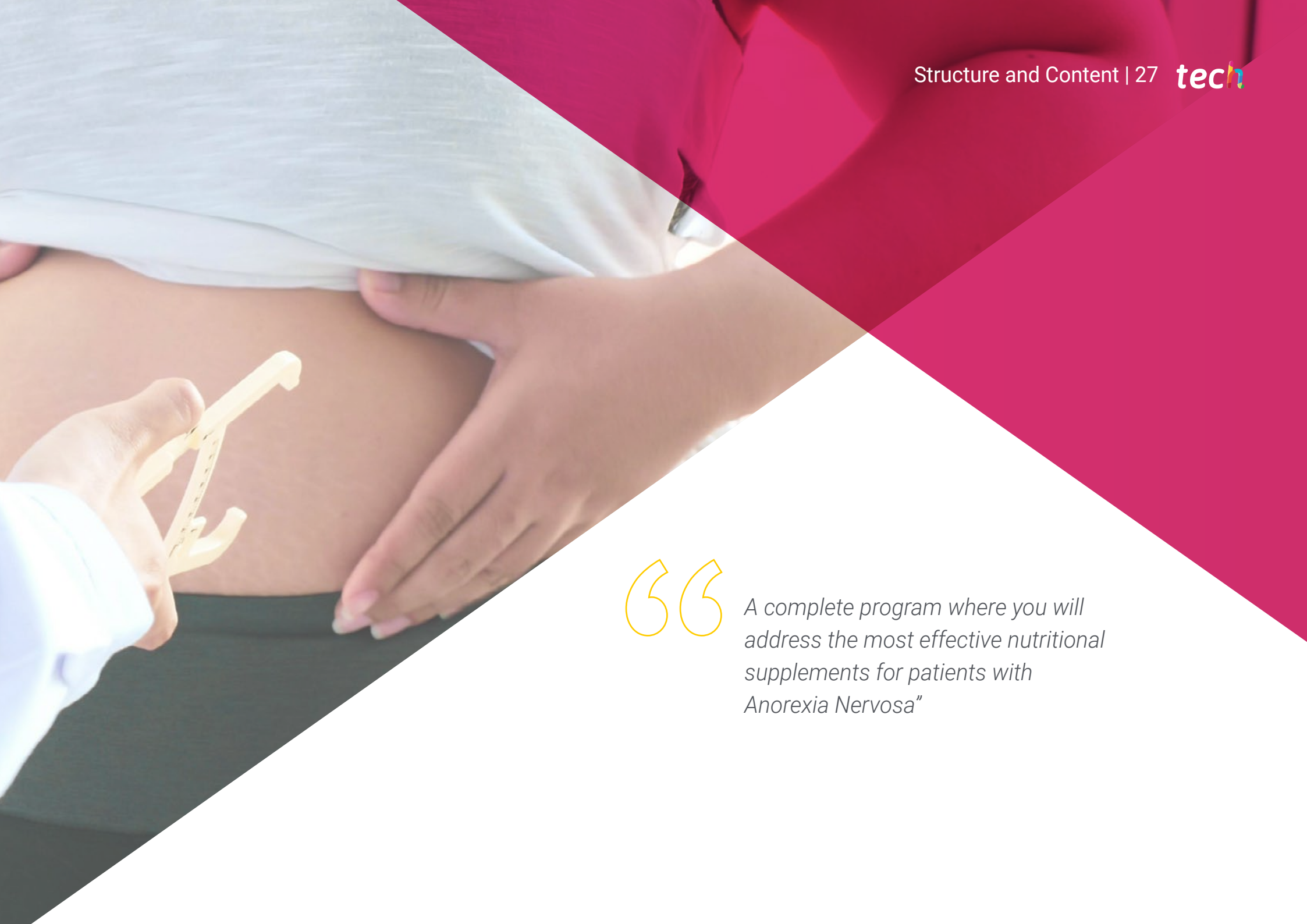
- ◆ Specialist in Eating Behavior Disorders and Obesity
- ◆ Researcher at the Center for the Study of Eating Behavior, Adolfo Ibáñez University
- ◆ Degree in Psychology from the Adolfo Ibáñez University
- ◆ Expert in Childhood Obesity, Traumatology and ARFID
- ◆ Expert in Treatment Models EFFT, FBT, DBT, CBT-AR
- ◆ Master's Degree in Clinical Psychology
- ◆ Diploma in Eating Problems from the Adolfo Ibáñez University
- ◆ Diploma in Child and Adolescent Family Therapy from the ICHTF
- ◆ Member of the Eating Disorders Unit of the Psychiatric Clinic of the University of Chile

# 05

## Structure and Content

With this program, TECH will provide its students with the most updated and exclusive scientific evidence that, from Psychology, deal with severe cases of Eating Disorders. Therefore, in this rigorous syllabus, professionals will delve into global statistics and the incidence of pathologies such as Bulimia or Anorexia, as well as analyze their impact on adolescence. They will also delve into therapeutic models such as Acceptance and Commitment, Systemic or Coaching to intervene in the most serious patients. In addition, the academic process will be distinguished by implementing a disruptive 100% online methodology and dissimilar multimedia resources.





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*A complete program where you will address the most effective nutritional supplements for patients with Anorexia Nervosa”*

## 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
  - 1.3.3. 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 the 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. Bibliographical References
- 1.6. 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. Bibliographical 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 Networks
  - 1.7.4. Intervention Strategies for Self-Esteem Problems
    - 1.7.4.1. Promotion of Resilience
    - 1.7.4.2. Types of Evidence-Based Therapy for Adolescents
  - 1.7.5. Bibliographical References

- 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. Bibliographical 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 to Your Child
    - 1.9.4. Bibliographical 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. Bibliographical 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. 1 ED-DMT1
      - 2.6.4.8. EDs in the 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

- 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 EDs: 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
  - 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 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 Features
- 4.3. Expanding the Classification of EDs
  - 4.3.1. Binge Eating Disorder: Diagnostic Criteria and Differentiation from Other EDs
  - 4.3.2. Atypical Anorexia: Characteristics and Diagnostic Considerations
  - 4.3.3. Other EDs: EDNOS (Eating 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

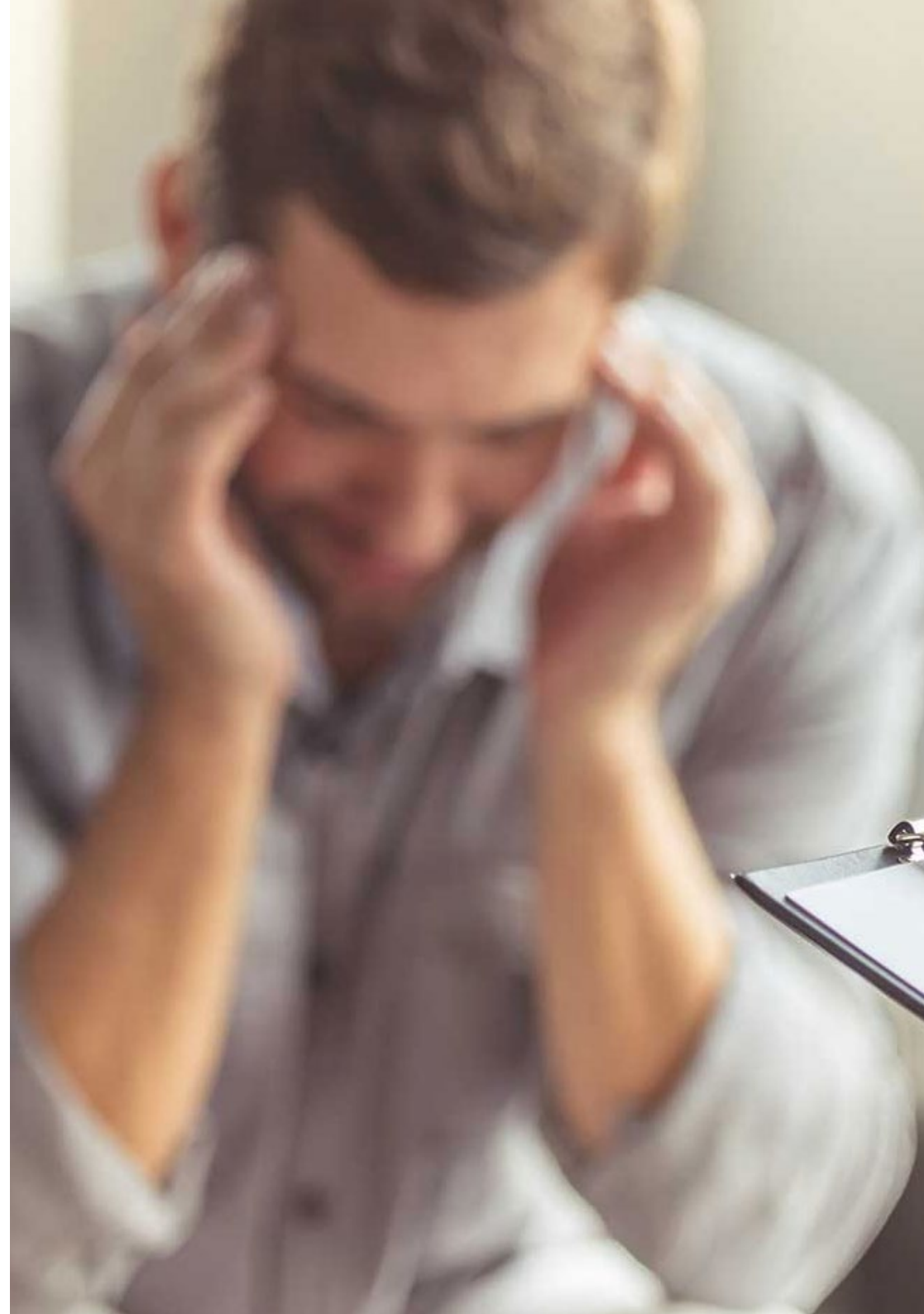
## Module 5. Medical and Emotional Complications of EDs– Organs and Systems Affected by EDs

- 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
  - 6.3.3. 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
- 6.5. Eating and Substance Abuse Disorders
  - 6.5.1. Relationship between Substance Abuse and EDs
  - 6.5.2. Risk Factors and Differences in Comorbidities
  - 6.5.3. Treatment Approaches for Patients with 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 EDD
- 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 Health Care Professionals in the Integral 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 Patient
  - 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 EDs

- 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 Ill ED Patient
  - 7.7.2. Risks Associated with the Critical Condition in EDs
  - 7.7.3. Importance of Immediate Assessment and Care in Critically Ill Patients
- 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 ED: 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. Indications and Considerations in the Prescription of Psychopharmaceuticals
    - 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
  - 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)
- 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 EDNOS
      - 9.2.1.1. 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. Strategies to Address the Dysfunctional Relationship with Food
  - 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



*Expand your skills in Eating Disorders with TECH. Don't miss this opportunity and enroll!*

?

# 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.



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*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

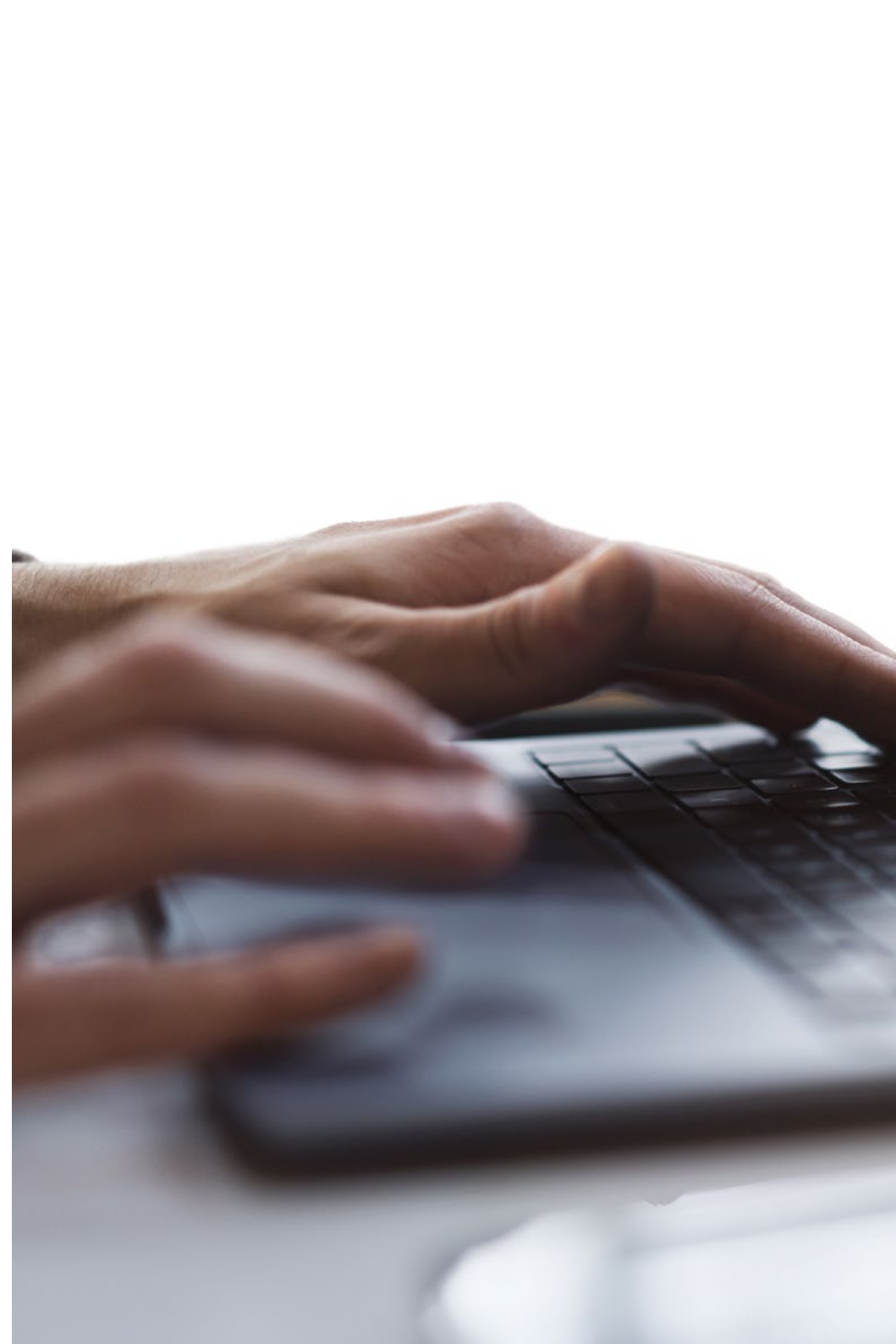
In TECH's study methodology, the student is the main protagonist.

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 quality of teaching, quality of materials, course structure and objectives is excellent. Not surprisingly, the institution became the best rated university by its students on the Trustpilot review platform, 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

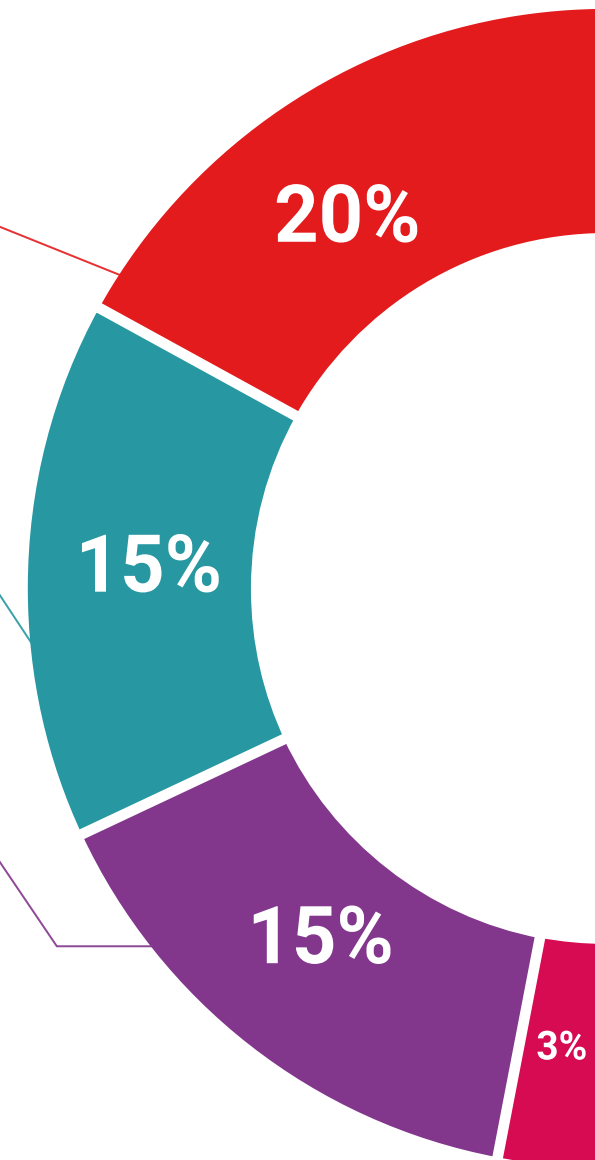
We present the contents attractively and dynamically in multimedia lessons that include audio, videos, images, diagrams, and concept maps in order to reinforce knowledge.

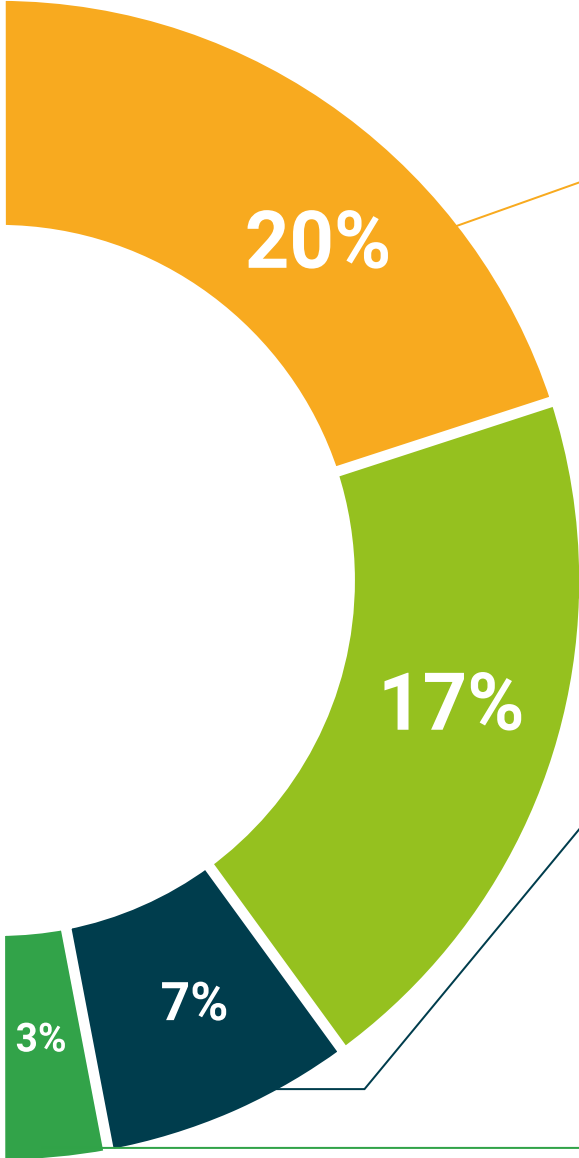
This exclusive educational system for presenting multimedia content was awarded by Microsoft as a "European Success Story".



#### Additional Reading

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





**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.



07

# Certificate

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





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*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 **Professional Master's Degree diploma in Psychological Intervention in in Eating Disorders** endorsed by **TECH Global University**, the world's largest online university.

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

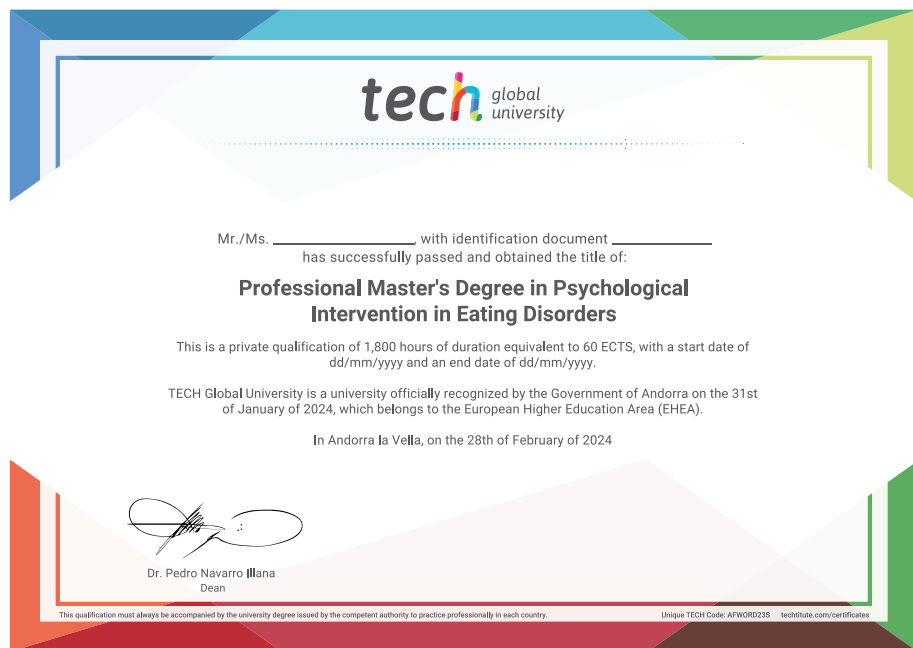
This **TECH Global University private qualification**, is a European program of continuing education and professional updating that guarantees the acquisition of competencies in its area of knowledge, providing a high curricular value to the student who completes the program.

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

Modality: **online**

Duration: **12 months**

Accreditation: **60 ECTS**



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

future

health confidence people

education information tutors

guarantee accreditation teaching

institutions technology learning

community commitment

**tech** global  
university

personalized service innovation

knowledge present quality

online training  
Psychological Intervention  
in Eating Disorders

development language

virtual classroom

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

# Professional Master's Degree

## Psychological Intervention in Eating Disorders

