

TÍTULO Gabriela Gipe Morales Argüello

FECHA

12.5

- ~~1. C) 1 mes~~
- ~~2. Trastorno dismórfico corporal~~
- ~~3. Hasta que la persona se desensibilice / exposición~~
- ~~x 4. V~~
- ~~5. Flashbacks, pesadillas, sueños que le recuerdan el antecedente~~
- ~~1/26. IORJC~~
- ~~7. F~~
- ~~x 8. A~~
- ~~9. B~~
- ~~10. A~~
- ~~x 11. C~~
- ~~12. C~~
- ~~13. B~~
- ~~14. F~~
- ~~15. V~~
- ~~x 16.~~

cat