

Hope for Healing:

One-day Intensive Attachment Training for Professionals and Parents
Thursday, November 5, 2015
8:30am-4:30pm

Hosted by Yellow Medicine County at

Prairie's Edge Casino 5616 Prairies Edge Lane Granite Falls , MN 56241

Join other inspired professionals and parents as they learn and train to improve the lives of children and families.

Outline of the Day:

- Attachment and attachment theory
- Attachment across generations
- Attachment, developmental trauma, and the brain
- Loss and grieving
- Behavioral outcomes of developmental trauma, neglect, and early separations
- · Attachment-focused parenting
- Supporting your child in the school system

Learning Objectives:

- 1) Define attachment both adult and child styles of attachment.
- 2) Describe the intergenerational relationship of attachment styles. Identify personal triggers for anger / fear / rejection.
- Describe Window of Tolerance and arousal levels associated with survival mechanisms in the brain.
- 4) Describe the losses felt by parents and children. Understand the relevance of grief in the lives of those affected by trauma and loss.
- 5) Describe the behaviors associated with attachment difficulties and developmental trauma.
- 6) List five strategies of attachment-focused parenting.
- 7) Identify five strategies that are helpful for schools.

Who Should Attend?

- ◆ Parents
- Adoptive parents
- ♦ Foster parents
- ♦ Kin-carers
- ◆ Therapists
- ♦ Social Workers
- **♦** Counselors
- Nurses
- Early Childhood
 Educators
- Child and Youth Workers
- Marriage and Family Therapists
- ♦ Pediatricians
- · Family doctors

To Register, email questions@attach.org or call 612-861-4222.

Additional Information

This is an intermediate training and the Target Audience has been identified as: parents, adoptive parents, foster parents, kin-carers, therapists, social workers, nurses, early childhood educators, child and youth workers, marriage and family therapists, counselors, pediatricians, and family doctors.

Agenda of the Day

8:00a	Registration, light breakfast and refreshments		
8:30a	Introductions		
8:45a	Relationship Blueprints and Parenting Roadmaps		
9:45a	Break, refreshments		
10:00a	Attachment, Trauma, and the Brain		
11:00a	Loss: The Hidden Trauma		
12:00p	Lunch (on your own)		
1:00p	Behavior Speaks Louder Than Words		
2:00p	Break, refreshments		
2:15p	Therapeutic Parenting: A New Roadmap		
3:15p	And off to school we go		
4:00p	Discussions and developing supports		
4:30p	Close		

Continuing Education Credit

Six Continuing Education (CE) credits are being offered for this workshop for a separate \$25 fee.

To receive CE Certification, you must complete the evaluation form and sign in and out on the attendance sheet. CE Certifications will be mailed out approximately 3-4 weeks after the conclusion of the workshop.



MARY M. McGowan, Attach Executive Director, is adoptive parent of five and an experienced trainer who teaches and consults across the country and worldwide. Mary completed her undergraduate degree in Psychology with minors in Community Violence Prevention and Child Development, and is currently completing her graduate work in Clinical Psychology and Counseling. Mary holds several National Certificates including Therapeutic Crisis Intervention for Family Based Placements (TCIF) from Cornell University, and is a Nationally Certified Family Group Decision Making Facilitator (FGDM). Mary has been hailed as a nationally-renowned speaker and delivers her vast experience in an engaging and practical manner.

If you have special needs, questions, concerns, or if you have a grievance, please contact Mary McGowan, ATTACh Executive Director, at 612-861-4222 or by email at questions@attach.org.

310 E 38th Street, Suite 215 Minneapolis, MN 55409 Local: 612-861-4222 www.attach.org Fax: 612-866-5499 attachorg@gmail.com

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Please complete the following and fax, mail, or email this form back to the ATTACh office (see contact information above.) You may also register by calling 612-861-4222.

Name				
Title:				
Professional Affiliation/Organ				
Street Address:		·		
City:	State:	Zip		
Work Phone: Home Phone:				
Fax: E-mail:				
Website:				
How did you hear about us?:		-		
☐ Yes, I am requesting CE credits (\$2	(5) License State:	License #		
☐ No, I am not requesting CE credits				
Method of Payment				
Check No or				
Credit Card: Visa Mast	erCard Amer	ican Express		
Card Number		Expiration Date	CV	
Signature		Date		