

NANCY ADAMS MEMORIAL LECTURE

THE LEGACY OF EARLY DEVELOPMENT AS SEEN FROM THE MINNESOTA LONGITUDINAL STUDY OF RISK AND ADAPTATION WITH ALAN SROUFE, PHD, (*LECTURE*) AND HOW THE BODY OF ATTACHMENT AND DEVELOPMENTAL RESEARCH CAN BE USED TO HELP PSYCHOTHERAPY PATIENTS (*CONFERENCE*)

MARCH 16, 2012, FRIDAY, 7:00 – 9:00PM

MARCH 17, 2012, SATURDAY, 9:00 AM – 5:15 PM

THE LEGACY OF EARLY DEVELOPMENT AS SEEN FROM THE MINNESOTA LONGITUDINAL STUDY OF RISK AND ADAPTATION WITH ALAN SROUFE, PHD FRIDAY, MARCH 16, 2012

The lecture will be given by L. Alan Sroufe, PhD, an emeritus professor, Department of Psychology at the University of Minnesota. He also directs the Minnesota Longitudinal Study of Risk and Adaptation at the Institute of Child Development.

Dr. Sroufe is internationally recognized as one of the foremost contributors to our understanding of how attachment relationships and developmental processes influence normal and pathological development through the life span. The lecture's focus is on the effects of early attachment relations on development and is rooted in the rich data collected by the Minnesota Longitudinal Study.

HOW THE BODY OF ATTACHMENT AND DEVELOPMENTAL RESEARCH CAN BE USED TO HELP PSYCHOTHERAPY PATIENTS SATURDAY, MARCH 17, 2012

The Saturday conference will focus on the how attachment and developmental research can influence the therapist's clinical responsiveness and facilitate growth.

WHO SHOULD ATTEND

The workshop is intended for psychologists, psychiatrists, social workers, psychiatric nurses, licensed professional counselors, physicians, medical students, and other graduate students.

LEARNING OBJECTIVES

Participants will be able to:

1. Discuss the breadth and depth of the Minnesota Longitudinal Study of Risk and Adaptation.
2. Discuss the clinical relevance of the findings of the Minnesota Longitudinal Study of Risk and Adaptation to better patient care.
3. Describe the use of de-activating and hyper-activating affect regulation strategies, originally used by babies, to improve clinical responsiveness.
4. Discuss how research on the Adult Attachment Interview can influence clinical listening.
5. Explain how early attachment relations have a special role in development and frame subsequent developmental experience.
6. State that, "I had the opportunity to ask questions about the presented material."



PRESENTERS

Elizabeth Carr APRN, MSN, BC is Director Emeritus, Faculty Member, and Supervising and Training Analyst, Institute of Contemporary Psychotherapy and Psychoanalysis (ICP&P). Associate Editor, *Psychoanalytic Inquiry*.

Mauricio Cortina, MD is Director, Attachment and Human Development Center at the Washington School of Psychiatry (WSP), and Faculty Member WSP and ICP&P.

Marie Hellinger, MSW is Faculty Member at the WSP and also a Faculty Member and Supervising and Training Analyst, ICP&P.

Georgia DeGangi, PhD, OTR, FAOTA is a clinical psychologist and an occupational therapist in private practice at the Integrated Therapy Services: Psychological and Learning Support Services (ITS:PALSS) in Kensington, MD. She is a faculty member of the Seminar on Developmental Psychotherapy, WSP.

Alan Sroufe, PhD is Professor Emeritus, Department of Psychology at the University of Minnesota and Director, the Minnesota Longitudinal Study of Risk and Adaptation at the Institute of Child Development. He (with his colleagues) is author of *The Development of the Person* published by Guilford Press.

June Sroufe, PhD is a psychodynamic psychotherapist. She has been a certified trainer and scorer of the Adult Attachment Interview (AAI) since 1996. She has published a number of articles in the areas of relationship theory, family functioning, and clinical uses of the AAI. Board Member, Minnesota ICP&P.

LOCATION

The **Friday** lecture will be held at Suburban Hospital Auditorium, 8600 Old Georgetown Road, Bethesda, MD 20814.

The **Saturday** conference will take place at the Washington School of Psychiatry, 5028 Wisconsin Ave NW #400, Washington DC 20016.

FEES AND CE AWARD

6 CE credits for Saturday conference.

Friday lecture: Free
Saturday conference:

General Public, **\$180**
ICP&P and WSP members, **\$120**
ICP&P and WSP students, **\$60**

TO REGISTER

Please complete the form below or, you may call the School at 202-237-2700 or email head@wspdc.org to register as soon as possible. Deadline February 10, 2012.

CANCELLATIONS AND REFUNDS

Refunds will be made for cancellations received at the School office in writing at least 10 days before the conference date and are subject to a non-refundable administrative fee of \$50.

CONTINUING EDUCATION

THE WASHINGTON SCHOOL OF PSYCHIATRY IS APPROVED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION TO PROVIDE CONTINUING EDUCATION FOR **PSYCHOLOGISTS**. THE WASHINGTON SCHOOL MAINTAINS RESPONSIBILITY FOR THIS PROGRAM AND ITS CONTENTS. THE SCHOOL IS APPROVED BY THE SOCIAL WORK BOARD OF THE STATE OF MARYLAND AS A PROVIDER OF CONTINUING EDUCATION FOR **SOCIAL WORKERS** IN DC, MD, VA AND WV. THE SCHOOL IS RECOGNIZED BY THE NATIONAL BOARD FOR CERTIFIED COUNSELORS TO OFFER CONTINUING EDUCATION FOR **NATIONAL CERTIFIED COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS**. WE ADHERE TO THE NBCC CONTINUING EDUCATION GUIDELINES PROVIDER #6388. THE SCHOOL IS ACCREDITED BY MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY TO PROVIDE CONTINUING MEDICAL EDUCATION FOR **PHYSICIANS**.

DISCLOSURE OF COMMERCIAL SUPPORT AND THE UNLABELED USE OF A COMMERCIAL PRODUCT. NO MEMBER OF THE PLANNING COMMITTEE AND NO MEMBER OF THE FACULTY FOR THIS EVENT HAVE A FINANCIAL INTEREST OR OTHER RELATIONSHIP WITH ANY COMMERCIAL PRODUCT.

REGISTRATION

LECTURE & CONFERENCE

MAR. 16, FRIDAY, 7:00 – 9:00PM

MAR. 17, SATURDAY, 9:00AM – 5:15PM

NAME _____

DEGREE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (o) _____ (h) _____

EMAIL _____

FEE:

FRIDAY FREE

SATURDAY

\$180 GENERAL PUBLIC

\$120 MEMBERS OF WSP OR ICP&P

\$60 STUDENTS OF WSP OR ICP&P

TOTAL AMOUNT ENCLOSED \$ _____

PLEASE SEND THIS COMPLETED REGISTRATION FORM AND CHECK TO:

Washington School of Psychiatry
5028 Wisconsin Avenue, NW , Suite 400
Washington, DC 20016

YOU MAY FAX THE COMPLETED FORM ALONG WITH CREDIT CARD INFORMATION TO 202-237-2730 IF CHARGING FEE.

___ MASTERCARD ___ VISA

CARD NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____ DATE _____