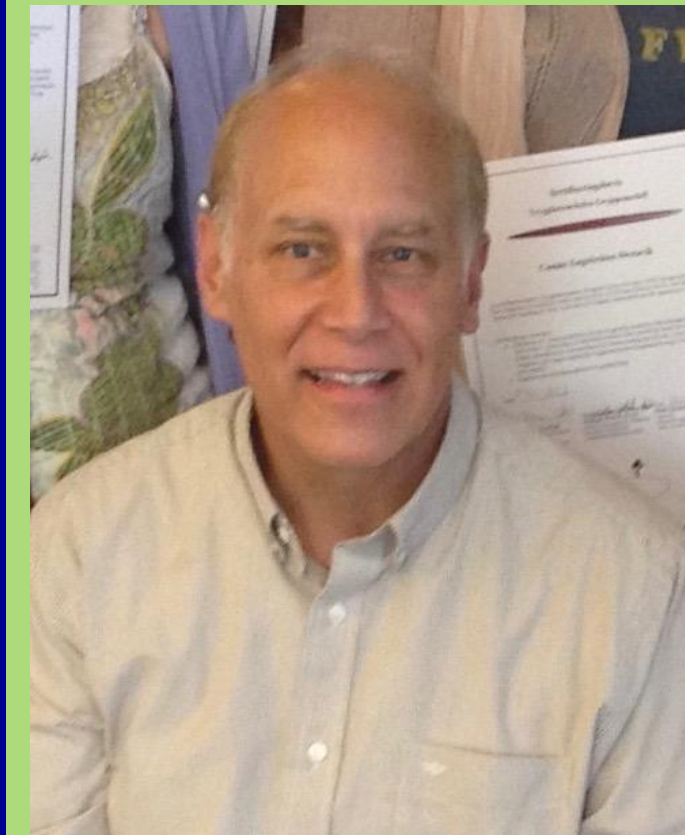


MACARTHUR PRESCHOOL ATTACHMENT CODING

CONDUCTED BY
WILLIAM WHELAN, PSY.D.



Dr. Whelan is Director of the Virginia Child & Family Attachment Center (formerly Co- Director of the Mary D. Ainsworth Child-Parent Attachment Clinic for 16 years) in Charlottesville, Virginia. Dr. Whelan provides training courses in the Preschool Attachment Coding system, the Attachment Security Intervention for treatment of high-risk attachment-caregiving patterns, experiential courses for caregivers, and helped develop and pilot the Virginia-based Circle of Security interventions. He has given invited lectures at national and international conferences, and has published articles and book chapters regarding attachment, development, and intervention.

**Institute of Infant and Early Childhood Mental
Health
Tulane University School of Medicine
February 21-25, 2016**

The Training:

Training in the MacArthur Preschool system for formal assessment of relationship behavior, including the five major attachment classifications in young children.

What You Will Learn:

A science-based system for observing child-caregiver interactions to evaluate attachment organization, including patterns of security, anxious-avoidance, anxious-ambivalence, and high-risk disorganized/controlling, and Insecure-Other patterns. Participants will also learn the structure and purpose of the Preschool Strange Situation Procedure.

May Be Used In:

Developing evidence-based treatment plans; Consultation with DCFS and courts; Basic developmental research, and intervention outcome research. Following the training, participants may choose to work toward reliability certification in use of the system.

Cost:

\$995

For More Information Contact:

Dr. Whelan at: whelan@virginia.edu phone: 434-242-2960

For registration help, contact Linzi Connors, phone: 504-988-4264

www.infantinstitute.org

MacArthur Preschool Attachment Coding

Conducted by:

William Whelan, Psy. D.

Institute of Infant and Early Childhood Mental Health

Tulane University School of Medicine

New Orleans, LA

February 21-25, 2016

PLEASE PRINT:

Name _____ Degree (s) _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Specialty _____

Email Address _____

Emergency Contact _____ Phone Number _____

REGISTRATION FEE: \$995.00 US Dollars

PAYMENT METHOD:

_____ VISA _____ MasterCard _____ Discover TOTAL: _____

Card# _____ Expiration Date _____ Security Code _____

Authorized Signature _____

Note: All payments will show up on your credit card statement as a charge from TMC Office/Continuing Ed.

Indicate any special needs as designated by the ADA: _____

Indicate dietary restrictions: _____

REGISTRATION FORM MUST BE FAXED TO 504-988-4264, ATTN: LINZI CONNERS.

YOU WILL RECEIVE A CONFIRMATION ONCE YOUR REGISTRATION HAS BEEN RECEIVED AND YOU ARE FULLY REGISTERED.

For internal use: Authorization Code: _____