

# POSTDOCTORAL FELLOWSHIP IN PEDIATRIC/CLINICAL CHILD PSYCHOLOGY

Psychology Section  
Department of Pediatrics  
Baylor College of Medicine



Texas Children's Hospital



Director, Post-doctoral Programs: Gia Washington, Ph.D., ABPP  
<http://www.bcm.edu/pediatrics/psychology>  
HOUSTON, TEXAS  
2015-2017

## Setting and Program Overview

The Psychology Section of Baylor College of Medicine's Department of Pediatrics announces the availability of two year, postdoctoral fellowships designed to train scientist-practitioners in Pediatric/Child Clinical Psychology. The Pediatric/Clinical Child Psychology Fellowship offers specialized focus in one of two areas: Clinical Child and Pediatric Health Psychology. The Clinical Child and Pediatric Health Psychology tracks are part of a comprehensive fellowship program that also includes specialty training in Pediatric Neuropsychology (Director: Marsha Gragert, Ph.D., ABPP-CN). . **The mission of the overall fellowship program is to advance the profession of psychology and maximize child health outcomes through exemplary post-doctoral training that launches the independent careers of psychologists who are effectively prepared to balance and integrate clinical practice, research, and teaching within their subspecialty field of child and pediatric psychology. We will achieve this through direct teaching of advanced competencies, informed professional development, and an emphasis on individualized and contextually-relevant evidence-based care achieved through scholarly inquiry, commitment to a scientist-practitioner model, and a mutually-informative collaboration between multidisciplinary researchers and clinicians.**

The primary site for this fellowship is the [Psychology Service](#) of [Texas Children's Hospital \(TCH\)](#), which is the largest children's hospital in the United States and the primary teaching/training center for the [Baylor College of Medicine's Department of Pediatrics](#). [Baylor College of Medicine](#) (BCM) and TCH are located on the grounds of the Texas Medical Center, the largest medical center in the world. TCH was one of only ten hospitals nationally designated by [U.S. News and World Report](#) in 2013-2014 for Honor Roll status in pediatrics, ranking 4<sup>th</sup> overall. We ranked among America's best in all ten specialty areas evaluated. TCH is a 491-bed institution comprised of four main facilities. The [Clinical Care Center](#) is the primary outpatient services facility, whereas the [West Tower](#) is the inpatient services facility. The [Feigin Center](#) houses research facilities, including labs, administrative,

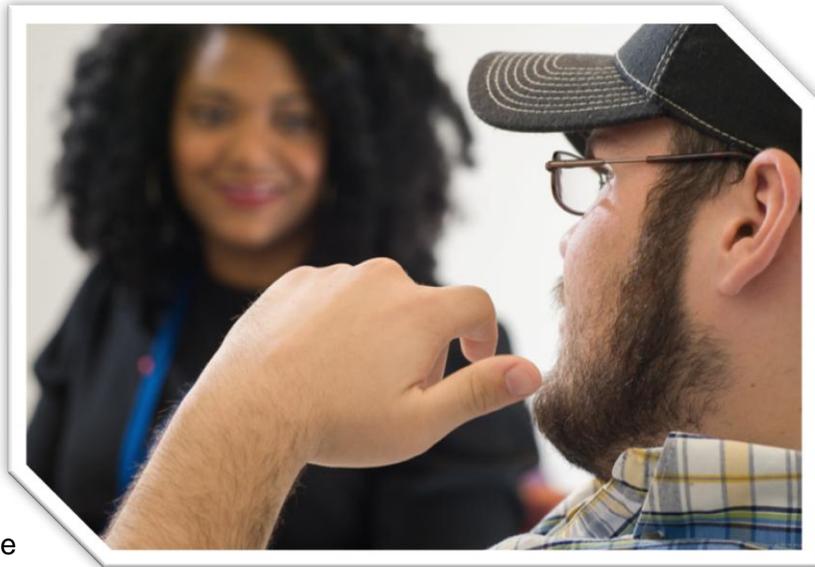


and faculty offices. The [Abercrombie Building](#) houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The physical space of the Psychology Service occupies 13,000 square feet in the Clinical Care Center, which is adjacent and connected to both the West Tower and the Feigin Center. The new [Pavilion for Women](#) houses the maternal-fetal medicine program and also connects to the Clinical Care Center. Space designated for the Psychology Service's patient care includes: ten neuropsychological testing/interview rooms; several group therapy

rooms, four child therapy rooms, four family therapy rooms, and an indoor playground. Clinical space is equipped with observation rooms, one-way mirrors, and digital and VHS video capacity with microphones for supervision and consultation purposes.

The Psychology Section maintains a large number of trainees at various levels, offering significant opportunity for collegial interaction with peers. Current departmental trainees include: 7 postdoctoral fellows (4 in pediatric neuropsychology, 3 in clinical child psychology), 5 interns in our APA-accredited Predoctoral Psychology Internship training program, and numerous graduate practicum students. At the fellowship level, a firm foundation is provided for those pursuing careers in academic medical centers, hospitals, or in private practice. The majority of our graduates entered directly into positions within academic medical centers. A small minority have entered hospital-based practice, or a university placement.

With accomplished faculty, including pediatric psychologists, neuropsychologists and psychologists involved primarily in funded research activities, that span a variety of specialties within the field of pediatric and, to a lesser extent, adult psychology, our program provides fellows with many professional role models. The client population served through TCH represents a wide range of conditions within primary and specialized pediatric medicine. The caseload of fellows is based upon their educational needs and training goals. Fellows have the opportunity to participate in evaluations and therapy with children with a variety of physical disorders and diseases as well other mental health disorders. Primary services in which the fellows engage include diagnostic evaluation, individual and parent-child dyad based therapy, consultation and liaison with inpatients, and consultation with families, schools, and referring physicians.



## Fellowship Activities

The fellowship is organized such that fellows are accepted into one of the following tracks: **Clinical Child** or **Pediatric Health**. Each track has prescribed major and minor rotations (see below for more detailed program descriptions).

The Child Clinical and Pediatric Health fellows spend 70-75% time in clinical service (divided across major and minor rotations including supervision), 5-7% time in professional preparation and development, 10% in research and 10% time in didactic coursework. Professional preparation includes time allotment and financial support toward EPPP and provisional licensure in Texas during fellowship year 1 and time allotment and mentorship toward full licensure in Texas and American Board of Professional Psychology (ABPP) specialization in Clinical Child and Adolescent Psychology during the fellowship year 2. Fellows are required to be provisionally licensed prior to the commencement of their second year of fellowship. Fellows are also expected to present at regional or national conferences and submit at least one manuscript for peer-review.

Fellows in their 2<sup>nd</sup> year of clinical training may choose to target their training on a **Special Emphasis Area**. Areas for Special Emphasis may include but are not limited to: particular medical populations, underserved populations, cases with diagnostic complexity or a training emphasis in Supervision, Research or Quality Improvement. Special Emphasis Areas are negotiated by the fellows with their supervisors and professional development mentors and are relevant to the ascribed career goals of each fellow.

The tables that follow are examples of the tracks and structure:

**Clinical Child Track**

Experience	Year 1	Year 2
Major Rotation* (52-55%)	Disruptive Behavior Disorders	Anxiety Disorders (with Special Focus)
Minor Rotation (18-20%)	Anxiety Disorders	Disruptive Behavior Disorders (with Special Focus)
Didactics (10%)	DBD Staffing, ADP Staffing, Psychology Practice Conference, Psychology Grand Rounds Training Program Seminar, Research & Prof Dev. Seminar	DBD Staffing, ADP Staffing, Psychology Practice Seminar, Psychology Grand Rounds, Training Program Seminar, Research & Prof Dev. Seminar (with Special Focus)
Professional Preparation (5-7%)	EPPP, Texas Jurisprudence, Completion of Provisional License, Professional development mentorship, etc.	Texas State Orals/Completion of Full Licensure (if desired), ABPP application, Professional Development Mentorship, Employment preparation, etc.
Research (10%)	Research Study Presentation at National or Regional Conf.	Research Study Manuscript submission (with Special Focus)

\*Please note: the Clinical Child Track Fellow may elect to continue with either the DBD or ADP rotation as a Major rotation across 2 years.

**Pediatric Health Track**

Experience	Year 1	Year 2
Major Rotation (52-55%)	Pediatric Health Psychology	Pediatric Health Psychology (with Special Focus)
Minor Rotation (18-20%)	Primary Care	Primary Care (with Special Focus)
Didactics (10%)	PHPP Staffing, Psychology Practice Conference, Psychology Grand Rounds, Training Program Seminar, Research & Prof Dev Seminar	DBD Staffing, ADP Staffing, Psychology Practice Conference, Psychology Grand Rounds Training Program Seminar, Research & Prof Dev Seminar
Professional Preparation (5-7%)	EPPP, Texas Jurisprudence, Completion of Provisional License, Professional development mentorship, etc.	Texas State Orals/Completion of Full Licensure (if desired), ABPP application, Professional Development Mentorship, Employment preparation, etc.
Research (10%)	Research Study Presentation at National or Regional Conf.	Research Study Manuscript submission (with Special Focus)

## Clinical Service

### Clinical Child Track: Experiences Available for Major and Minor Rotations

#### Disruptive Behavior Disorders (DBD) Program:

The Disruptive Behavior Disorders (DBD) program is an outpatient evaluation and intervention program. The DBD program serves children and families who present with behavioral and emotional symptoms characteristic of common externalizing disorders of

childhood such as ADHD, Oppositional Defiant Disorder, and other disorders that affect social, emotional, cognitive and behavioral functioning in the home and school environment. The DBD program is committed to individualized evidence-based practices for both evaluation and intervention, which include using empirically supported assessment practices and interventions and implementing systematic treatment selection to best serve referred children and families. Unique opportunities that exist within the DBD program include the Brief Behavioral Intervention (BBI) for children aged 1-6, a unique parent management training program utilizing behind the mirror supervision and consultation and Family Skills Training for ADHD Related Symptoms (Family STARS) for children aged 7-12. In the Family STARS program, fellows will have the opportunity to evaluate behavioral and social functioning of children with disordered attention and/or disruptive behavior problems as well as provide interventions such as parent training/behavior therapy, school observation and consultation, ADHD psychoeducation, family therapy, and social skills training in both group and individual formats. Fellows in this program will develop competence in both child-centered/relational and behavioral/skills-based models of psychosocial treatment. Fellows will work collaboratively with providers in the Child Neuropsychology Program, and other related services within the Psychology Service. Research opportunities are available in BBI, Family STARS as well as other interventions provided through the DBD program. Faculty supervisors for the DBD program are Marni Axelrad, Ph.D., ABPP and David Curtis, Ph.D.



Brief Behavioral Intervention (BBI): The BBI program is designed to provide short-term services for parents and children, ages one to six years, for a wide range of behavioral and developmental concerns, such as temper tantrums, noncompliance, aggression, sleep problems, and daycare difficulties. Families are referred to the BBI when they present to their pediatricians with these concerns. A preventative, developmentally-based treatment model is applied. Therapy focuses on short-term, goal-oriented techniques and parent training with live coaching of skills. The intervention is most similar to Parent Child Interaction Therapy (PCIT), using many of the same live training opportunities for parents, as well as similar intervention techniques. Fellows have the opportunity to participate in an extensive training, receive live supervision while providing services, and will have the opportunity to interact with members of multi-disciplinary teams, including preschool teachers and directors as well as medical residents in family medicine and psychiatry. Fellows participating in this rotation will have the opportunity to participate in the diagnostic intake process, including conceptualization, for preschool aged children. They will also have the opportunity to be trained in supervision of practicum students and interns who are completing a rotation in BBI. Marni Axelrad, Ph.D., ABPP is the primary faculty supervisor for the BBI.

**Family Skills Training for ADHD-Related Symptoms (Family STARS):** The Family STARS Intervention offers behavioral treatment and support for children with Attention-Deficit/Hyperactivity Disorder-Combined Type and their families. Family STARS utilizes empirically-based practices and applies a behavioral-systems approach to parent and child intervention. The delivery of this intervention is carried out within 2 formats: (1) an individualized family intervention modality and (2) a multi-family, group intervention modality. The goals for the intervention are to provide parents with support and new skills for managing challenging child behaviors and to facilitate children's rehearsal of self-regulation strategies that match the techniques taught to parents. Specific targets include:

- ADHD Information and Education
- Improving Behavioral Attending Skills
- Improving Family Structure and Routines
- Positive Reinforcement Strategies
- Behavioral Goal Setting
- Emotion Regulation Skills
- Effective Punishment Strategies
- Negative Reinforcement Strategies

Fellow participation includes education/training, direct provision of child and parent, interventions and indirect and direct/live supervision. Fellows also assist faculty in gathering data at pre-treatment and post-treatment as well as in conducting process evaluation of intervention fidelity and performance progress. David Curtis, Ph.D. is the primary faculty supervisor for Family STARS.



**Anxiety Disorders Program (ADP):** The Anxiety Disorders Program (ADP) program serves outpatient children and adolescents whose primary presentation involves an anxiety disorder as well as some children and adolescents with depressive disorders. The various diagnostic presentations seen for assessment and treatment within the program include Generalized Anxiety Disorder, Obsessive Compulsive Disorder, Social Phobia, Specific Phobias, Separation Anxiety, Selective Mutism, Panic Disorder, Health Anxiety, Depression, and Dysthymia. In addition, patients may have comorbid medical diagnoses that are treated by the pediatric medical specialists at Texas Children's Hospital. The ADP treatment approach is strongly evidence-based, with most interventions based in Cognitive-Behavioral Therapy (CBT). Interventions are either individual-focused with significant family involvement or conducted via a family-based approach.

In this rotation, fellows have the opportunity to develop expertise in: 1) conducting accurate and comprehensive assessment of anxiety and mood-related issues in children and adolescents, including ongoing assessment to determine progress in treatment and identify appropriate timing of termination of services; and 2) providing empirically-supported interventions that are data-driven and research-based. Collaboration with families, schools, and other treating professionals often is integral to all intervention. Supervision is provided by clinical psychologists trained in cognitive-behavioral, interpersonal, and family-based approaches to treatment. Faculty supervisors include Karin Price, Ph.D., ABPP and Liza Bonin, Ph.D.

## **Pediatric Health Track:**

### **Major - Pediatric Health Psychology (PHP)**

**Program:** The Pediatric Health Psychology Program (PHP) serves children and their families who are having difficulty coping with chronic medical illnesses or adhering to a medical regimen. At this time, the majority of referrals come from the departments of Diabetes/Endocrine and Hematology-Oncology, with additional referrals coming from the Fetal Center/NICU, Renal, Bariatric Surgery, Retrovirology, Plastic Surgery, Gynecology, Gender Medicine, the ER/Trauma Service, and Transplant Services.

In this rotation, fellows will be provided with training in empirically-supported practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Intervention modalities include inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting. Fellows will attend various rounds and multidisciplinary staffings, such as patient rounds on various hospital units (e.g., Renal, Sickle Cell) and Pediatric Grand Rounds. They will receive mentoring in learning how to work with multidisciplinary teams comprised of physicians, nurses, and other medical staff. Fellows will have opportunities ranging from participation in a psychosocial screening program for children with new-onset Type 1 diabetes, participation in a program focused on infants and very young children, and involvement in a multidisciplinary bariatric surgery clinic. Other clinical intervention programs are currently in development. Opportunities also exist for gaining experience in supervision of interns (e.g., on screenings). Faculty supervisors for this rotation include David Schwartz, Ph.D., ABPP, Gia Washington, Ph.D., ABPP, Lisa Noll, Ph.D., Suzanne Holm, Ph.D., Ginger Depp Cline, Ph.D., ABPP and Marni Axelrad, Ph.D., ABPP.



**Minor - Pediatric Primary Care Psychology (PPCP):** The Primary Care Psychology Program is an innovative hospital-community partnership that extends the mental health services of the Psychology Service to patients and families within their pediatrician's clinic. Services at Texas Children's Center for Women and Children at Greenspoint, a project medical home, consists of diagnostic assessments, psycho-education and direct clinical consultation with obstetric providers and patient populations, pediatricians, parent consultation, and brief intervention and problem prevention. Fellows have the opportunity to learn about adapting evidenced-based mental health assessment and treatment models to meet the needs of a pediatric community clinic setting. In addition to providing clinical services to meet more traditional mental health needs, fellows also will experience the chance to tailor their services toward child clinical populations with emerging issues who are in need of early identification, early intervention, and prevention. Co-facilitating physician psycho-educational seminars and dissemination of behavioral health resources will be another role within this rotation. Opportunities for tiered supervision are also built into the fellowship program, as fellows act as supervisor/trainors for externs within this particular clinic. Finally, participation within the Primary Care Psychology Rotation's program evaluation team will provide the fellow with system-level data collection and monitoring to further contribute to the effectiveness and portability of evidenced-based interventions within a primary care/community treatment model. The faculty supervisor for this rotation is Stephanie Chapman, Ph.D.

## Seminars/Didactics



A variety of didactic experiences are included in the fellowship experience itself. Some of these experiences are mandatory and some are strongly encouraged or optional depending on the specific rotations selected by a given fellow. Mandatory didactics throughout the training experience include Psychology Practice Conference, Psychology Grand Rounds/Continuing Education Series (approximately monthly), Research and Professional Development Seminar (monthly), and Training Program Seminar (weekly). Attendance at TCH/BCM's Pediatric Grand Rounds (for pertinent topics) is strongly encouraged unless it conflicts with a fellow's current clinical rotation schedule. Individual rotations may involve participation in rotation-specific didactics or conferences and multidisciplinary rounds. A large number of optional, didactic opportunities are also available throughout the TCH, BCM, Texas Medical Center, and Houston communities (e.g., Psychiatry Grand Rounds, Psychopharmacology Seminar, Houston Neuropsychological Society Continuing Education).

## Teaching/Supervision

All faculty involved in the training program have staff appointments at TCH and academic appointments in the BCM Department of Pediatrics. Fellows will work with a variety of faculty members on clinical activities throughout the fellowship. Fellows will also select one research mentor with whom they will focus their research. Both clinical and research supervision will occur during individual meetings with the identified supervisor(s) on a regular basis. On occasion, group supervision supplements individual supervision. Some rotations also involve "live" supervision during sessions with children and families.

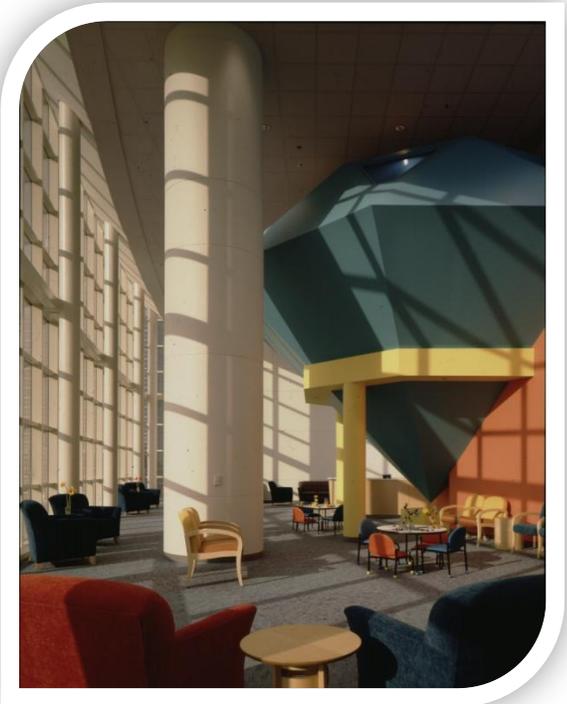


In addition to their clinical and research supervision, fellows will have regular group meetings as well as periodic individual meetings with the fellowship director(s) to discuss issues related to the fellowship experience and professional development. Fellows will also select a professional development mentor within 3-6 months after beginning fellowship. Individual meetings with this mentor will occur at least monthly. Primary goals of this professional development mentoring process include supporting the fellows' successful navigation of their fellowship experience, provision of mentoring around the fellows' individual professional development goals, and coaching the fellows' timely completion of tasks instrumental to successful completion of fellowship and successful transition into their next professional endeavor. Particular emphasis is placed on the fellows' role and responsibility in directing their own professional development in preparation for their post-graduation status as independent professionals.

## Salary/Benefits

Fellows receive a staff appointment and a full salary through BCM. The fellowship positions are funded through the Section's budget. The current salary for fellowship year 1 is approximately \$38,584, and the current salary for fellowship year 2 is

\$40,684. Fellows have the option to purchase full medical, dental and vision benefits for themselves, with the additional option of adding family members at a standard price. Fellows are also entitled to participate in the medical school's 403B plan. In addition to 11 paid BCM holidays and sick time, fellows are given 15 days of paid time off to be used for vacation, personal days, and professional/dissertation release time. During their second year per current BCM policy, fellows can access up to \$2,500 for tuition and required books when taking formal, approved graduate courses at BCM, Rice, or the University of Houston. Up to \$750 per year in travel to professional conferences is available to fellows who are the primary author and responsible for a presentation at a national conference of BCM-supported research.



As part of our commitment to professional development, fellows who successfully pass the EPPP examination during fellowship year 1 will receive financial support/reimbursement to be used toward EPPP and provisional licensure fees in the state of TX. Protected time for professional development includes a recommended focus for EPPP preparation in December and January of fellowship year 1.

Fellows have office space, their own computer, a private telephone line, pagers, and dictation equipment provided by TCH. Each computer is connected to the BCM and TCH intranet systems, with access to electronic medical records and electronic MRIs, and allowing access to the Houston Academy of Medicine Library with its vast catalog of electronic journals (over 3,500 online journals), Pub-med access, and Psych-Info databases. Fellows will have access to the Houston library system via their Hospital/University ID's. Within the Psychology Service suite, fellows have access to computers with programs for statistical analysis and research, including SPSS, SAS, LISREL, and Reference Manager. Fellows benefit from the administrative support provided by the departmental secretaries, appointment/referral/clinic coordinators, administrative assistants, and business manager as well as the hospital's information services, scheduling, admissions, and billing department personnel.

## Application Procedures

There are 2 anticipated positions for the 2015-2017 training cycle (pending budget approval). The estimated start date will be at the beginning of **September 1, 2015**. Applicants are required to have completed their doctoral degree from an APA approved program prior to beginning the fellowship program. A diploma or a letter from the doctoral program Department Chair is required prior to official appointment. Since stipends are provided by BCM, appointment is also contingent upon a criminal background check.

Applicants who are graduates of APA- and CPA-accredited clinical programs and internships are preferred, and prior training with children is required. Application requires submission of a letter of intent/cover letter, curriculum vita, *official* graduate transcripts and three letters of recommendation. Applicants must also submit a personal statement that addresses the following:

1. *An autobiographical summary.* Please answer this question as if someone requested, "Tell me about yourself."
2. *Description of theoretical orientation.* Please include how this influences your approach to case conceptualization and intervention.

**Please specify in your cover letter the clinical track (*Clinical Child, or Pediatric Health Psychology*) of your primary interest.**

Our program also adheres to the BCM policy for equal opportunity employment as well as other applicable BCM employment policies. Fellow selection is based on factors deemed directly relevant to prospective fellows' potential success in the profession of pediatric/child clinical psychology. Relevant factors in this decision process include: clinical/research experiences; education; references from past supervisors as they relate to past training/work performance; fellowship training objectives; and long-term professional goals. Our Section values diversity and is committed to inclusion. We are committed to the recruitment, retention, development and promotion of psychologists of all backgrounds and experiences. We believe this inclusion reflects the multicultural values and experiences of our patients, families and broader community. Applications from bicultural/bilingual students and those underrepresented in psychology are thus especially welcome.

❖ **Application deadline for the Pediatric/Child Clinical Psychology Fellowship: *January 2, 2015***

**Interviews:**

On-site interviews at Texas Children's Hospital are expected and will be extended to qualified applicants. Anticipated interview dates: Friday, January 30<sup>th</sup> , Monday, February 2<sup>nd</sup> and Friday 6<sup>th</sup> 2014. Initial offers for fellowship positions will closely follow the noted interview dates.

Address application materials or queries to:

[psycfellowship@texaschildrenshospital.org](mailto:psycfellowship@texaschildrenshospital.org)

Post-doctoral Fellowship Training Program (Pediatric/Child Clinical Psychology)  
Department of Pediatrics, Psychology Section  
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Texas Children's Hospital  
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# Houston and the Texas Medical Center (TMC) Community



The [TMC](#) is a 1,000-acre complex comprised of 47 independent institutions, including 14 renowned hospitals and two specialty institutions, three medical schools, six nursing schools, and schools of dentistry, public health, pharmacy, and virtually all health-related careers. The TMC institutions are joined in their common dedication to the highest standards of patient and preventative care, research, and education as well as local, national, and international community well being.

Recent census data show that the greater [Houston](#) area contains over 5.9 million inhabitants, making

Houston the 4th largest U.S. city. This population base includes a wide variety of racial and ethnic groups that give Houston a rich diversity and cosmopolitan feel. Houston is an international city that is a leader in the arts, education, and health care. Unlike most big cities, Houston offers a very affordable cost of living. The cost of living and housing costs in Houston are respectively 9 and 21 percent below the nationwide average.

Houston offers a wide range of cultural and recreational activities. Cultural attractions in the city include numerous museums and a thriving theater district. In fact, Houston is one of only a few U.S. cities with permanent ballet, opera, symphony, and theater companies performing year-round, and Houston is second only to New York's Broadway theater district for number of theater seats (nearly 10,000) in a concentrated downtown area.

Nightlife is alive and well in downtown Houston and in many other areas of town. If you're into sports, Houston is home to numerous professional teams including the Texans, Astros, Rockets, Comets, Aeros, and the Dynamo soccer team. If you want to play, the greater Houston



area offers almost all sporting and hobby interests, including tennis, golf, water sports, cycling, and running. The city maintains more than 308 municipal parks and 200 open spaces. There are 53 parks and public spaces located in downtown alone! In addition, the city provides seven golf courses and operates a modern zoological garden for public use.

So what about that heat? Yes, the summers are hot, but there's plenty of air conditioning, and there are water activities to beat the heat. And the upside is that winters are mild and virtually carefree, since snowfall and ice are rare. Temperatures range between a low of 32 degrees (20 days per year) and a high of 90 degrees (95 days per year).

## Houston Highlights

- Ranks among Kiplinger's 10 Best Cities for Young Adults (2010)
- Low cost of living and affordable housing
- No state or local income taxes
- Multicultural population of more than 5.5 million in the metropolitan area – 3<sup>rd</sup> largest Hispanic and 3<sup>rd</sup> largest Mexican populations in the US
- More than 40 colleges, universities, and institutes
- Average temperature of 68 degrees
- Permanent [ballet](#), [opera](#), [symphony](#), and [theater](#) companies
- An "urban forest" with 350 [parks](#) and more than 200 green spaces
- [NASA's Johnson Space Center](#)
- 11,000 [restaurants](#) serving every type of cuisine and shopping galore
- Professional and college sports
- Nearby beaches and lakes

# Core Training Faculty

## Pediatric/Child Clinical Psychology



Barbara Anderson, PhD (Vanderbilt University), Professor of Pediatrics, Pediatric Psychologist and Associate Head of Psychology Section. Impact of normal developmental tasks and family functioning on the self-management behavior and health outcomes of youth with diabetes; translating basic psychosocial research findings into interventions integrated into routine diabetes health care to optimize adherence to medical treatment regimen in pediatric patients; passionate advocate about the global burden of diabetes in childhood.

Marni E. Axelrad, PhD, ABPP (SUNY Binghamton), Associate Professor of Pediatrics, Clinical Child Psychologist; Coordinator of Disruptive Behavior Disorders Program. Prevention of disruptive behavior disorders in young children; short term relationship/behavior consultation with families with young children; behavioral intervention for preschoolers treated in the Cancer Center; ADHD assessment, psychosocial assessment and treatment of children with Disorders of Sexual Differentiation; and assessment in Costello Syndrome.



Liza Bonin, PhD (University of Texas at Austin), Associate Professor of Pediatrics, Clinical Psychologist; Director of Psychology Internship Training Program. Assessment and treatment of anxiety disorders via evidence-based practices, with focus on evaluation and treatment of pediatric obsessive compulsive disorder and health anxiety. Foci also include AD/HD assessment and professional development/clinical training.

Ashley Butler, PhD (University of Florida), Assistant Professor of Pediatrics. Clinical interests: assessment and treatment of preschool- and school-age disruptive behavior disorders and ADHD; integrated behavioral health care in primary care settings. Research interests: outcomes of behavioral health care in non-specialty settings; racial/ethnic minority parent access to and engagement in young child behavioral health care; interventions to improve outcomes of behavioral health care among minority children and families.



Stephanie Chapman, PhD (University of Houston), Assistant Professor of Pediatrics. Clinical Team Lead – TCHP's The Center for Women and Children. Clinical interests: preschool and school-aged disruptive behaviors, primary care psychology, pediatric health psychology, maternal behavioral health, and improving access to behavioral healthcare for historically underserved communities.

Ginger Depp Cline, PhD, ABPP (University of Kentucky), Assistant Professor of Pediatrics. Pediatric Health Psychology and Primary Care Psychology; psychosocial adjustment and CBT for children/adolescents with health conditions (injuries, diabetes,



cancer, HIV/AIDS, etc.); pediatric medical traumatic stress and injuries; primary care diagnostic evaluations.



David F. Curtis, PhD (University of Houston), Assistant Professor of Pediatrics, Coordinator of Pediatric Primary Care Program. Assessment and treatment of AD/HD; disruptive behavior; emotion regulation skills training; school-based prevention, intervention and consultation; parent and family skills training; intervention research; and program evaluation.



Suzanne Holm, PhD (University of Tennessee-Knoxville). Assistant Professor of Pediatrics. Pediatric Health Psychology; pediatric consultation and liaison; psychological assessment and treatment of children, adolescents, and young adults with cancer; bone marrow transplant; long term survivors. Special interest in death and dying/palliative care.



Marisa E Hilliard PhD (The Catholic University of America) Assistant Professor of Pediatrics, Pediatric Psychologist; Research interests: Assessing and understanding the role of modifiable risk factors and resilience-promoting processes on the health and well-being of children, adolescents, and emerging adults with type 1 and type 2 diabetes; Developing and disseminating practical clinical interventions to promote optimal diabetes management and control and to foster good quality of life for families and youth with diabetes.



Lisa S. Kahalley, PhD (University of Memphis). Assistant Professor of Pediatrics. Clinical interests include: pediatric health psychology with pediatric cancer patients and survivors. Research interests include: neurocognitive late effects, functional outcomes, and health behavior decisions following treatment for pediatric leukemia and brain tumor.



Robin P. Kochel, PhD (Virginia Commonwealth University), Assistant Professor of Pediatrics. Autism spectrum disorders, including genetic and environmental risk factors for clinical/neuropsychiatric phenotypes; Autism diagnostic training with the *Autism Diagnostic Interview—Revised* (ADI-R) and the *Autism Diagnostic Observation Schedule* (ADOS).



Karin Price, PhD, ABPP (University of Connecticut), Associate Professor of Pediatrics; Clinical Psychologist; Clinic Chief; Coordinator of Anxiety Disorders Program. Evidence-based assessment and treatment of anxiety and mood disorders in children and adolescents; evaluation of ADHD and comorbid conditions; evaluation of adolescent candidates for bariatric surgery; clinical outcome research; research in organizational factors that impact implementation of evidence-based practice.



Gia Washington, PhD, ABPP (Saint Louis University), Assistant Professor of Pediatrics, Director of Post-doctoral Fellowship Training Programs, Clinical Psychologist. Pediatric health psychology; psychosocial adjustment related to sickle cell anemia, gastric bypass, and HIV/AIDS; cultural competence in clinical practice; psychotherapy with adolescents.

## Neuropsychology



Leandra Berry, Ph.D. (University of Connecticut), Assistant Professor of Pediatrics, Pediatric Neuropsychologist; Associate Director of Clinical Services for the Autism Center. Evidence-based diagnostic, developmental, and neuropsychological assessment of children at risk for or diagnosed with Autism Spectrum Disorder (ASD); provision of general outpatient neuropsychological services; evidence-based treatment of ASD and commonly occurring comorbidities. Research interests include early identification and diagnosis of ASD, clinical phenotyping, evidence-based treatment, and factors associated with treatment outcome.

Douglas Bloom, PhD (University of Houston), Assistant Professor of Pediatrics. Neuropsychological assessment and consultation of pediatric brain dysfunction; assessment and treatment of learning disorders; AD/HD; systemic lupus erythematosus, traumatic brain injury, neurofibromatosis, hydrocephalus.



Susan Caudle, PhD, ABPP/CN (University of Houston), Associate Professor of Pediatrics, Pediatric Neuropsychologist. Neuropsychological assessment of pediatric brain dysfunction with focus on neurocognitive outcome of medical intervention including cochlear implantation and solid organ transplantation; cognitive outcome of children with chronic liver or heart disease; early childhood; and hearing loss.

Mary Reeni George, PhD, ABPP/CN (National Institute of Mental Health and Neurosciences, India), Assistant Professor of Pediatrics. Neuropsychological assessment of children with sickle cell disease, pediatric stroke, complex AD/HD, pediatric brain tumors, hydrocephalus, and other neuropsychiatric disorders.



Marsha Nortz Gragert, PhD, ABPP/CN (Washington University in St. Louis), Associate Professor of Pediatrics, Director of the Postdoctoral Fellowship in Pediatric Neuropsychology. Neuropsychological evaluation and intervention in pediatric brain tumor patients and other pediatric cancer survivors; school re-entry and educational intervention for children with cancer and other chronic health conditions.



Lynnette L. Harris, PhD (Southern Illinois University at Carbondale), Assistant Professor of Pediatrics, Coordinator Child Neuropsychology Program. Neuropsychological evaluation of chronic medical conditions and their treatments, primarily including patients from neuro-oncology, hematology, and bone marrow transplant, as well as patients with metabolic stograde diseases, sickle cell disease, genetic disorders, and HIV/AIDS or other immune dysfunction.



Lisa Noll, PhD (Loyola University). Assistant Professor of Pediatrics. Pediatric health psychology; neuropsychological assessment and consultation; infant consultation and support; intervention with children with chronic illness.

M. Douglas Ris, PhD, ABPP-CN, (Wayne State University), Professor of Pediatrics, Head of Psychology Section and Chief of Psychology Service. Late effects of pediatric brain tumors; neurodevelopmental effects of environmental lead exposure; neurobehavioral risk in spina bifida.



David Schwartz, PhD, ABPP (University of Delaware), Assistant Professor of Pediatrics, Coordinator of Pediatric Health Psychology Program. Neuropsychology and pediatric health psychology; psychosocial screening of children with diabetes and other chronic illnesses; adherence to medical regimens; neuropsychological assessment of pediatric cancer (brain tumors, leukemia), diabetes, thyroid disorder, other endocrine disorders, congenital heart disease, renal disease.

Other Faculty Contributors:

Lynn Chapieski (Neuropsychology; Blue Bird Circle Clinic for Pediatric Neurology)

Karen D. Evankovich (Neuropsychology; Blue Bird Circle Clinic for Pediatric Neurology)

Isabella R. Iovino (Neuropsychology; Psychology Service)

Jack Dempsey (Psychology; Autism Center)