APA-Accredited Pre-Doctoral Psychology Internship

Texas Children’s Hospital Psychology Internship

Psychology Section
Department of Pediatrics
Baylor College of Medicine

Program Director: Liza Bonin, Ph.D.
www.bcm.edu/pediatrics/psychology

HOUSTON, TEXAS
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Introduction

The Section of Psychology within Pediatrics at Baylor College of Medicine offers an APA-accredited internship to pre-doctoral students in psychology – the Texas Children's Hospital Psychology Internship. Dr. M. Douglas Ris is Head of the Psychology Section, Department of Pediatrics, Baylor College of Medicine as well as Chief of the Texas Children's Hospital Psychology Service. Dr. Barbara Anderson is Associate Head of the Psychology Section, Department of Pediatrics, Baylor College of Medicine. The Texas Children's Hospital Psychology Internship Training Program is directed by Dr. Liza Bonin.

The purpose of the Texas Children's Hospital Psychology Internship is to provide training in individualized evidence-based practices of psychology with an emphasis in pediatric / child populations. The program offers doctoral students in clinical, counseling, and school psychology a one-year, full-time psychology internship. This internship is designed to prepare interns for productive and meaningful careers in a variety of contexts.

**Baylor College of Medicine / Department of Pediatrics:** Baylor College of Medicine (BCM) in Houston, the only private medical school in the Greater Southwest, is recognized as a premier academic health center and is known for excellence in education, research, and patient care. Located in the Texas Medical Center, the College has affiliations with eight teaching hospitals, each known for medical excellence. [Baylor College of Medicine’s Department of Pediatrics](https://www.bcm.edu/) ranks as one of the nation’s largest, most diverse, and most successful pediatric programs. Our Department of Pediatrics is committed to providing superior programs of instruction for students and residents; advancing specialty knowledge in the medical sciences, particularly as it relates to the health problems of children; and maintaining its role as a major contributor to research training and scientific activities that enhance the health of children everywhere.

**Texas Children's Hospital:** Texas Children's Hospital is the primary teaching/training center for Baylor College of Medicine’s Department of Pediatrics. Texas Children’s is comprised of four main facilities. The [Clinical Care Center](https://www.texaschildrens.org/) is the primary outpatient services facility, whereas the [West Tower](https://www.texaschildrens.org/) is the inpatient services facility. The [Feigin Center](https://www.texaschildrens.org/) houses research facilities, including labs, administrative, and faculty offices. The [Abercrombie Building](https://www.texaschildrens.org/) houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The [Pavilion for Women](https://www.texaschildrens.org/) houses the maternal-fetal medicine program and connects to the Clinical Care Center. The 2015-2016 ranking of Best Children’s Hospitals by [U.S. News and World Report](https://www.usnews.com/health/best-hospitals) once again placed Texas Children’s on Honor Roll status in pediatrics, ranking Texas Children’s as 4th overall in the nation.

We ranked among America's best (top five) in six out of the ten specialty areas (three of which were ranked second nationally). The Hospital is designed as a total children’s hospital, serving as both a primary community hospital and as a tertiary referral center for children and adolescents with an extensive range of conditions within primary and specialized pediatric medicine.

**Psychology Service:** Our Psychology Internship Training Program is housed within the Psychology Service at Texas Children’s Hospital. The Psychology Service is uniquely suited to provide broad-based clinical training in assessment and treatment of children, adolescents, and their families. Our Service provides the preponderance of Texas Children's psychological and neuropsychological clinical services with patients ranging in age from infancy through young adult. In addition to serving general pediatrics, the Psychology Service has collaborative working relationships with pediatric subspecialty departments throughout the hospital, including the Texas Children’s Cancer and Hematology Centers, Endocrinology, Neonatology, Genetics, Audiology, Gastroenterology, Psychiatry, Developmental Pediatrics, Neurology, Plastic Surgery, Adolescent Medicine, Renal/Urology, Center for Gene & Cell Therapy, Retrovirology, and Allergy & Immunology.
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. 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. Interns have access to the department’s extensive intervention resources including therapeutic toys and games, children’s books, child and parent treatment manuals/videos, and “bug-in-the-ear” devices. Available evaluation resources include an extensive selection of assessment tools, computerized assessment scoring programs, and access to a dictation system and a testing workroom.

**Internship Training Program Overview**

The mission of the Texas Children’s Hospital Psychology Internship is to advance the profession of psychology and maximize child health outcomes through exemplary training in individualized evidence-based practices of psychology with an emphasis in pediatric / child populations. Our psychology internship program provides broad-based clinical training that will prepare emerging psychologists for productive and meaningful careers in a variety of contexts. As part of our mission, we are committed to providing the foundations for successful post-doctoral specialization in the fields of pediatric psychology, clinical child and adolescent psychology, and pediatric neuropsychology.

Our faculty aspires to train highly competent professionals who will:

- Uphold a strong commitment to scientist practitioner values
- Demonstrate sensitivity and responsiveness to developmental considerations and individual differences
- Be effective at contextually-relevant care as well as interdisciplinary teamwork

The internship is regarded as an intensive clinical training year wherein interns use this final phase of their formal doctoral training to develop broad and general professional competencies with an emphasis in pediatric / child populations. The model of training employed is predominantly experiential with supporting didactics and supervision. Experiential training is provided through participation in a variety of clinical rotations including outpatient, inpatient, and consultation services. These rotations provide extensive experiential training using evidence-based approaches in core areas of psychological practice.

To the extent feasible, clinical rotations and training experiences are tailored to the unique training needs and interests of each intern. Each intern is assigned a primary mentor who will guide the intern in development of his or her individualized training plan, monitor progress, and support professional development. The primary mentor works collaboratively with the intern to ensure that both the intern and program through development, ongoing discussion, and sometimes refinement of the intern’s training plan. Training year is developmentally structured in terms of sequence and intensity with increased responsibility and independence as the year progresses.
The internship program has the following core training goals:

- To provide broad-based experiential training in psychology - with an emphasis in individualized evidence-based practices with pediatric / child populations - that will prepare interns for professional practice within a variety of contexts.

- To promote the professional development of emerging psychologists who will uphold a strong commitment to the scientist practitioner model and evidence-based practices.

**Internship Clinical Training Experiences**

Texas Children’s Hospital’s Psychology Service serves patients ranging in age from infancy to young adults. The patient population seen within the Psychology Service is racially, ethnically, and linguistically diverse, providing interns with experiential training in delivering services to families from a broad range of backgrounds. Service delivery and training experiences involve a contextually-relevant and interdisciplinary approach. Interns coordinate care with multiple systems impacting children, which include working with family systems, school personnel, and other providers of patient care. Interns serve as consultants to other departments at Texas Children’s and to ancillary service providers in the community.

The training year is divided into two six-month major rotations and two six-month minor rotations as well as some opportunity for year-long training experiences. The training rotations offered provide extensive experiential training in core areas of psychological practice with pediatric / child populations (i.e., assessment, consultation and intervention). Approximately 38 percent of an intern’s time is spent engaged in assessment and consultation activities, 35 percent in intervention, 16 percent in supervision/case consultation, and 11 percent in seminars, conferences, and staffings.

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<thead>
<tr>
<th>Major Rotations: (2 Majors, each for 6 months)</th>
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<tr>
<td>1) Pediatric Neuropsychology</td>
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<td>2) Pediatric Health Psychology</td>
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<td>3) Anxiety Disorders</td>
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<td>4) Disruptive Behavior Disorders</td>
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<td>5) Preschool</td>
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<td>6) Autism Center</td>
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<tr>
<th>Minor Rotations: (2 Minors, each for 6 months)</th>
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<tr>
<td>1) Brief Behavior Intervention (BBI)</td>
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<td>2) Family STARS Intervention</td>
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<tr>
<td>3) Primary Care Psychology</td>
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<td>4) Anxiety Disorders</td>
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<tr>
<td>5) Autism Center</td>
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<td>6) Pediatric Health Psychology</td>
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<td>7) Learning Disabilities Evaluation/Consultation</td>
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<td>8) Pediatric Neuropsychology</td>
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<td>9) Diagnostic Interviewing</td>
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<td>10) Research Rotation</td>
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<th>Year-long training activities include:</th>
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<tr>
<td>1) Ongoing Outpatient Therapy</td>
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<tr>
<td>2) Didactic seminars and conferences</td>
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<td>3) Clinical supervision/case consultation</td>
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Including supervision and rotation-specific conferences and staffings, roughly 60-65% of intern time is spent in their Major Rotation, 24-26% in their Minor Rotation, 5% in Ongoing Outpatient Therapy, and 5% in core (non-rotation specific) Internship Program didactics.

**Internship Training Tracks**

The Texas Children’s Hospital Psychology Internship currently has three training tracks:

- **Track I: Clinical Child / Pediatric Health Psychology**
- **Track II: Pediatric Neuropsychology / Autism Center**
- **Track III: Pediatric Neuropsychology**

The program currently maintains three psychology intern positions with an emphasis in clinical child / pediatric health psychology (Track I) and two positions with a pediatric neuropsychology focus. When an intern matches to a training track, the intern can expect to participate in the major rotations corresponding to the core training area(s) of the track. Remaining rotations of the intern’s training plan are based on general training needs and rotation availability. The details of the plan are determined via consultation and collaborative decision-making with primary mentor and training director. This training track structure provides for both depth and breadth of clinical training and allows the program to individualize an intern’s training year.

**Track I: Clinical Child Psychology & Pediatric Health Psychology**
Interns on this training track participate in a Clinical Child Psychology major rotation and the program’s Pediatric Health Psychology major rotation. Options for the Clinical Child Psychology major include: Anxiety Disorders, Disruptive Behavior Disorders, or Autism Center. Potential minors on this track include the full range of options available, taking into consideration training needs and availability.

**Track II & III: Pediatric Neuropsychology**
Interns on training tracks II and III will have a year long pediatric neuropsychology focus with Track II including an emphasis in evaluation of autism spectrum disorders. Track III interns complete two neuropsychology majors, whereas those on Track II complete one neuropsychology major and an Autism Center major with a focus on assessment informed by neuropsychology expertise. Potential minors for interns on these tracks typically include intervention focused options to round out the internship training year and provide strong preparation for practice as a neuropsychologist. Training tracks II and III are suitable for interns building upon a strong background in assessment and preparing for post-doctoral specialization in pediatric neuropsychology.

For example, an intern who matches to the Pediatric Neuropsychology / Autism Center Track would participate in Pediatric Neuropsychology and Autism Center major rotations and the minors typically would involve intervention.

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<thead>
<tr>
<th>Major Rotations</th>
<th>Pediatric Neuropsychology</th>
<th>Autism Center</th>
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<td>Minor Rotations</td>
<td>BBI</td>
<td>Anxiety Disorders</td>
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<td>Ongoing Outpatient Therapy</td>
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<td>Internship Didactics &amp; Supervision</td>
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Below find another example – this one wherein the intern is on the Clinical Child / Pediatric Health track:

<table>
<thead>
<tr>
<th>Major Rotations</th>
<th>Pediatric Health Psychology</th>
<th>Anxiety Disorders</th>
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<td>Minor Rotations</td>
<td>Primary Care</td>
<td>LD Evaluation</td>
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<td></td>
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<td>Ongoing Outpatient Therapy</td>
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<td>Internship Didactics &amp; Supervision</td>
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Descriptions of Major Rotations

Pediatric Neuropsychology Rotation: The patient population served through the Pediatric Neuropsychology Program is representative of the wide variety of conditions seen in primary and specialized pediatric medicine practice. Particular emphasis is placed on chronic medical illnesses, including leukemia, brain tumors, sickle cell disease, stroke, organ failure and transplantation, and cochlear implantation. Other typical referrals include neurodevelopmental delays, genetic disorders, diabetes, lupus, non-acute traumatic brain injury, epilepsy, and other neurological or systemic medical conditions. Evaluations occur primarily in the outpatient setting with occasional inpatient consultation.

Primary services in which interns engage include neuropsychological assessment, associated intervention planning, and consultation with families, schools, and referring physicians. The clinical populations served and specific services provided vary by specialty area(s) of the rotation supervisor. Interns may also participate in multidisciplinary clinics/staffings as well as rotation-specific clinical/didactic meetings (e.g., multi-disciplinary staffings for autism, cochlear implant patients, brain tumor patients, or long-term survivors of childhood cancer; Brain Tumor Boards, Bone-Marrow Transplant Boards, and Epilepsy Rounds). Interns will have the option (and expectation) of attending a variety of didactics, including Child Neuropsychology Conference, Neuropsychology Readings Group, Neurology Grand Rounds, and Pediatric Grand Rounds. This rotation is suitable for interns building upon a strong background in assessment and preparing for post-doctoral specialization in neuropsychology. Training experiences will be selected and scaffolded -- based on intern experience and previous training. Faculty supervisors for the Pediatric Neuropsychology rotations include: Lynnette Harris, Ph.D., Marsha Gragert, Ph.D., ABPP/CN, Leandra Berry, Ph.D., Douglas Bloom, Ph.D., Susan Caudle, Ph.D., ABPP/CN, Lynn Chapieski, Ph.D., Karen Evankovich, Ph.D., Lisa Noll, Ph.D., David Schwartz, Ph.D., ABPP, and Mary Reeni George, Ph.D., ABPP/CN.

Pediatric Health Psychology Rotation: The Pediatric Health Psychology Program serves children and their families who are having difficulties coping with chronic medical illnesses and treatment, and/or adhering to their 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 Trauma Service, and Transplant Services. Intervention modalities include inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting.

In this rotation, the intern will be provided with training in empirically supported practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. The intern will also receive mentoring in learning how to work with multidisciplinary teams comprised of physicians, nurses, and other medical staff. Interns will attend various rounds and multidisciplinary staffings, such as patient rounds on various hospital units (e.g., Renal, Sickle Cell), and Pediatric Grand Rounds. There is also the opportunity to participate in a program focused on infants and very young children, and in a multidisciplinary bariatric surgery clinic. Other clinical intervention programs are currently in development. Depending on interest and feasibility, interns have the opportunity to participate in on-going research projects. Faculty supervisors for this rotation include Ginger Depp Cline, Ph.D., ABPP, Gia Washington, Ph.D., ABPP, Lisa Noll, Ph.D., Marni Axelrad, Ph.D., ABPP, and Karin Price, Ph.D., ABPP.

Anxiety Disorders Rotation: The Anxiety Disorders Program (ADP) 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-Behavior Therapy (CBT). Interventions are either individual-focused with significant family involvement or conducted via a family-based approach.

In this rotation, interns will have the opportunity to develop expertise in: 1) conducting accurate and efficient assessment of anxiety and anxiety-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 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.

**Disruptive Behavior Disorders Rotation:** The Disruptive Behavior Disorders (DBD) Program is an outpatient evaluation and intervention program housed within the Psychology Service. 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, school, and social environment. The DBD program is committed to 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.

In this rotation, interns will have the opportunity to evaluate the psychosocial functioning of children with disordered attention and/or disruptive behavior problems as well as provide interventions such as parent training/behavior therapy, school consultation, ADHD psychoeducation, family therapy, and child self-regulation training in both group and individual formats. Interns on this rotation will develop competence in both child-centered/relational and behavioral/skills-based models of psychosocial treatment. Unique opportunities that exist within the DBD program include the Brief Behavior Intervention (BBI) and Family STARS Intervention. BBI involves provision of services to children aged 18 months through six years using a developmentally-based behavioral treatment model; whereas, Family STARS provides intervention to children 7-12 years of age using a behavioral-systems approach. Both interventions involve live, behind the mirror supervision and consultation. Research opportunities are available in both BBI and Family STARS as well as other services provided through the DBD program. Faculty supervisors include Marni Axelrad, Ph.D., ABPP and David Curtis, Ph.D.

**Preschool Rotation:** The Psychology Service provides specialty care for preschool populations. The preschool rotation provides interns with the opportunity to conduct diagnostic evaluation and conceptualization for preschool age children, intervention with preschool pediatric populations (e.g. pediatric cancer, epilepsy), and short-term preschool services for typically developing healthy children through the Brief Behavior Intervention. Children most commonly present with disruptive behaviors, sleep problems, mood concerns and/or problems at school. Our pediatric patients are typically referred through their primary medical team, and we are often called on to provide recommendations to the medical team. Families with typically developing children with behavior and/or mood concerns are self referred or referred to the BBI when they present to their pediatricians with these concerns. A preventative, developmentally-based behavioral treatment model is applied. Therapy focuses on short-term, goal-oriented techniques and parent training with live coaching of skills. Interns have the opportunity to participate in extensive training and receive live supervision while providing services. Within the Brief Behavioral Intervention component of
this rotation, interns and will have the opportunity to interact with members of multidisciplinary teams including preschool teachers and directors as well as medical residents in family medicine and developmental pediatrics. Within the pediatric component of this rotation, interns will have the opportunity to interact with physicians, nurses, and other medical professionals involved in the child’s medical care. Marni Axelrad, Ph.D., ABPP is the primary faculty supervisor for the preschool rotation.

**Autism Center Rotation:** The Autism Center offers diagnostic, psychological and neuropsychological evaluation for individuals suspected of having an autism spectrum disorder (ASD). The patient population includes children from a range of referral sources (e.g., school, physicians, and families) who may have pre-existing diagnoses (e.g., developmental delays or other neurodevelopmental disorders), and the child is also suspected of having an ASD. Our center also provides evaluation for those who have been diagnosed with ASD and are in need of a comprehensive evaluation to aid in development of treatment recommendations. The Autism Center faculty work in conjunction with faculty in a range of other disciplines and evaluate children in clinics ranging from a multidisciplinary format to an individual practitioner. In the multidisciplinary clinics, interns have the opportunity to work on teams that include faculty and staff from psychiatry, developmental pediatrics, neurology, social work, speech/language pathology, and occupational therapy.

Within this rotation, interns will have the opportunity to engage in psychological, behavioral, and/or neurocognitive assessment of individuals with (or suspected of having) ASD, including evaluations using gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2nd Edition (ADOS2). Interns will also have the opportunity to: (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems, including screening at risk populations; (2) participate in diagnostic differentiation and formulation of further assessment and treatment plans; and (3) participate in family consultations/feedback and provide recommendations for intervention services. Opportunities also exist for clinical research, particularly projects involving behavioral phenotyping of ASD. Leandra Berry, Ph.D. is the primary faculty supervisor. Additionally, Robin Kochel, Ph.D. provides ADOS/ADI-R training and research experiences.

**Descriptions of Minor Rotations**

**Brief Behavior Intervention Minor Rotation:** For interns who do not participate in DBD as a major rotation, this is an opportunity to participate in the Brief Behavior Intervention (BBI). The BBI 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 behavioral 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. Interns 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 multidisciplinary teams including preschool teachers and directors as well as medical residents in family medicine and developmental pediatrics. Interns participating in this minor rotation will also have opportunity to participate in the diagnostic intake process, including conceptualization, for preschool aged children. Marni Axelrad, Ph.D., ABPP is the primary faculty supervisor for the BBI.

**Family Skills Training for ADHD-Related Symptoms (Family STARS) Minor Rotation:** The Family STARS Intervention offers behavioral treatment and support for children with Attention-Deficit/Hyperactivity Disorder-Combined Type and their families. As part of the Psychology Service’s ADHD and Disruptive Behavior Disorders Program, 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. Both formats incorporate a complementary, child-focused intervention, where interns gain training and implementation experience for using direct child behavior management techniques.
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 objectives discussed are:

- 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

Interns participating in Family STARS receive didactic and experiential training to deliver manualized interventions as well as didactic training about the etiology, prevalence, and evidence-based interventions for disruptive behaviors. Clinical opportunities for interns include conducting clinical interviews, brief child evaluations, family consultations, and manualized child-focused and parent training interventions. Given the scope of possible clinical opportunities, a minor rotation likely will be comprised of a subset of the aforementioned activities. In addition to clinical and educational experiences, interns often take an active role in the training and supervision of advanced graduate students who are also a part of the Family STARS Intervention Team. Finally, interns assist faculty in gathering data at pre-treatment and post-treatment as well as in conducting process evaluation of intervention fidelity and performance progress. Additional opportunities include participating in data coding and entry, as well as data analyses that can be used for poster presentations and possible publication. David Curtis, Ph.D. is the primary faculty supervisor for Family STARS.

**Primary Care Psychology Minor Rotation:** The Pediatric 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 pediatricians’ clinic. Services at participating Texas Children's Pediatrics (TCP) clinics consist of diagnostic assessments and parent consultations, psycho-education and direct clinical consultation with pediatricians, and brief intervention and problem prevention.

In this rotation, interns will have the opportunity to learn about adapting evidence-based mental health assessment and treatment models to meet the needs of a pediatric community clinic setting. In addition to providing clinical services (primarily assessment and consultation) to meet more traditional mental health needs, interns will gain exposure to tailoring their services for child populations with emerging issues (who are in need of early identification, early intervention, and prevention). Co-facilitating physician psycho-educational seminars and dissemination of mental health resources will be another role within this rotation.

The Pediatric Primary Care Psychology Program provides continuing medical education (CME) workshops to our physician partners. Interns may participate in the development and delivery of CME’s for the series: Best Practices for Behavioral Health Services in Primary Care. Additionally, interns may have the opportunity to work with our physician partners to carry out universal screening practices for psychosocial problems. Finally, participation within the Primary Care Psychology Rotation’s program evaluation team will provide the intern with exposure to 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. Faculty supervisors include David Curtis, Ph.D., Doug Bloom, Ph.D., and Ginger Depp Cline, Ph.D., ABPP.

**Anxiety Disorders Minor Rotation:** For interns who do not participate in Anxiety Disorders as a major rotation, they have the option of participating in this program on a more limited basis as a minor rotation (See Major Rotation Description for details).
Autism Center Minor Rotation: For interns who do not participate in the Autism Center as a major rotation, they have the option of participating in this center on a more limited basis as a minor rotation (See Major Rotation Description for details).

Pediatric Health Psychology Minor Rotation: When central to an intern's overall training plan and professional trajectory, interns on Track I have the option to pursue an additional pediatric health psychology experience on a more limited basis as a minor rotation (typically implemented for interns intending to pursue a career as a pediatric psychologist; see Major Rotation Description for details).

Learning Disability Minor Rotation: In this rotation, the intern will gain a working knowledge of best practices related to the diagnosis, treatment, and developmental course of specific developmental learning disabilities. The intern will be able to differentiate the presence of specific learning disabilities from co-morbid conditions such as attention, emotional, or behavior disorders that similarly serve as obstacles to learning. There also will be an emphasis on the development of appropriate, evidence-based intervention strategies and the communication of intervention strategies to parents and relevant professionals through written reports, parent conferences, and communication with other professional providers. The intern will be expected to select appropriate assessment techniques, review current research related to neurocognitive causes of learning disabilities and the cognitive profiles associated with developmental learning disorders. In addition, the intern will develop a familiarity with the federal and state regulations governing school-based diagnosis and intervention for learning disabilities. Doug Bloom, Ph.D. is the primary faculty supervisor.

Pediatric Neuropsychology Minor Rotation: Interns on Track I have the option of participating in this clinical program on a more limited basis as a minor rotation. The rotation would be designed based on the intern's background, skill level, and goals (see Major Rotation Description for details).

Diagnostic Interviewing Minor Rotation: The Diagnostic Interviewing rotation provides opportunity for interns to participate in efficient clinical interviewing, behavioral assessment, and diagnostic consultation to inform intervention planning. This rotation can be implemented when the development of diagnostic skills is a priority and/or when there are gaps in diagnostic interviewing experience.

Research Minor Rotation: For interns who have demonstrated exceptional research competencies and solid preparation for clinical practice, a research minor rotation is a possible option. Participation in the Research Minor is an exception rather than a routinely implemented rotation (see below).

Ongoing Clinical Training Experiences

Ongoing Outpatient Therapy: All interns will carry several outpatient cases to complement their training year rotation selections and provide the opportunity for longer-term therapy. Outpatient therapy cases are available from the Pediatric Health Psychology Program, Anxiety Disorders Program, Disruptive Behavior Disorders Program, as well as Autism Center. To facilitate broad-based clinical training experience, interns have the option to carry cases that are outside of their major and minor rotations. Interns will be supervised by training faculty with expertise suited to each outpatient case. Potential supervisors include: Marni Axelrad, Ph.D., ABPP, Liza Bonin, Ph.D., Ginger Depp Cline, Ph.D., ABPP, David Curtis, Ph.D., Jill Fryar, LCSW, Suzanne Holm, Ph.D., Lisa Noll, Ph.D., Karin Price, Ph.D., ABPP, David Schwartz, Ph.D., ABPP, and Gia Washington, Ph.D., ABPP

Research

The internship year is designed to foster a research-minded approach to clinical work. Interns will develop their knowledge and skills in the clinical application of evidence-based assessment and intervention practices for a wide range of pediatric/child presenting problems.

While the internship is primarily a clinical training year, our training faculty adheres to a scientist practitioner model and research programs are ongoing. Protected time for research is possible through the program's
research minor; however, **most research involvement by interns is conducted as part of an intern’s clinical rotation** (e.g., Type 1 diabetes screenings, BBI, Family STARS) and/or entails supplemental or “extra” involvement beyond the requirements of a clinical rotation. Supplemental activities might include participation in poster preparation, development of manuscripts, and grant writing activities.

**Didactics and Supervision**

**DIDACTICS:** The broad range of clinical experiences afforded to interns is enhanced by both formal and informal didactics, clinical and professional conferences, and opportunities to attend various rounds and staffings.

**Training Program Seminar:** All interns attend the weekly Psychology Training Program Seminar. The order of seminars within this didactic series is structured to allow for an appropriate developmental sequence that facilitates intern learning and augments clinical experiences. Seminars are conducted by Psychology Section faculty and, on occasion, invited guest speakers from outside of the Section. The series of seminars include professional practice, developmental/neurocognitive, psychopathology, and psychosocial topic domains. Presentations are scholarly with an emphasis on best practice standards and current research. Ginger Depp Cline, Ph.D., ABPP coordinates the Training Program Seminar.

**Psychology Practice Conference:** This conference consists of case conceptualization presentations for cases in ongoing psychosocial intervention or, on occasion, recent evaluations/consultations. Attendees include interns and fellows involved in the following clinical programs: Pediatric Health Psychology, Anxiety Disorders, Disruptive Behavior, Primary Care, and Autism Center. Clinical cases from the aforementioned programs are rotated through the conference schedule to allow for a range of presenting problems, assessment methods, and treatment modalities; this format allows for all interns to benefit from the breadth of internship rotations/clinical programs. All case conceptualization presentations are expected to include discussion of evidence-based and developmentally appropriate practices, methods of individualizing assessment/intervention, and relevant ethical considerations and diversity issues. Research articles and/or scholarly reviews relevant to case presentations are expected. This conference is held ~ 3 times per month and is coordinated by Ginger Depp Cline, Ph.D., ABPP.

**Child Neuropsychology Conference:** This conference is attended by neuropsychology faculty and interns while on a Pediatric Neuropsychology rotation. Postdoctoral fellows in pediatric neuropsychology and graduate students conducting a neuropsychology practicum also attend and participate in this conference. All Psychology Section faculty and trainees are welcome to attend. The conference format is one of didactic and actual case presentation as well as periodic modeling of ABPP-CN fact finding by faculty and post-doctoral fellows. Didactic presentations by program and guest faculty and, to a lesser extent, postdoctoral fellows cover a selection of core topics in pediatric and life span neuropsychology. Cases for case presentations are selected from recent evaluations in the Psychology Service to illustrate basic concepts in child neuropsychology. The structure of case presentations involves development and revision of differential diagnoses through statement of reason for referral, review of background information, description of behavioral observations, presentation of test data, interpretation of information, and elucidation of recommendations. In addition to providing interns with modeling of case conceptualization and experience in presenting case information to colleagues, this conference allows for exposure to a variety of presenting problems and peer consultation on current challenging cases. This weekly conference is coordinated by Marsha Gragert, Ph.D., ABPP/CN and Doug Bloom, Ph.D.

**Neuropsychology Readings Group:** This seminar is intended for postdoctoral fellows, neuropsychology interns, and select graduate student externs. Junior and other faculty preparing for the written examination for ABCN certification may also regularly attend, and there is faculty representation at every scheduled (biweekly) readings group. The selection of readings and topics is based upon a two-year curriculum in
support of our postdoctoral training program. The selection of readings includes topics from 5 main domains that span the developmental spectrum through adulthood, including neuropsychological assessment, clinical neuropsychology, basic and clinical neurosciences, behavioral (clinical) neurology, and general clinical psychology. The purpose of this readings group is to provide 1) a broad range of foundational topics in neuropsychology and 2) specific preparation for the ABCN written examination. This didactic is coordinated by Marsha Gragert, Ph.D., ABPP/CN.

**Research/Professional Development Series:** This seminar series meets monthly and focuses on scholarly professional development. This meeting provides an opportunity to model and discuss the integration of science and practice. The faculty/interns discuss practical guidelines for developing programs of research and methods to integrate clinical and research activity. Other topics include pursuing grant funding, licensure, and post-internship opportunities such as postdoctoral training and potential career trajectories in pediatric psychology, child and adolescent clinical psychology, research/academia, and clinical neuropsychology. Susan Caudle, Ph.D, ABPP/CN coordinates this didactic series.

**Council of Houston Area Training Sites (CHATS):** Approximately once per month interns participate in a didactic seminar/networking opportunity sponsored by the Council of Houston Area Training Sites (CHATS). CHATS is comprised of all APA-accredited predoctoral psychology internship programs in the Houston area. CHATS member programs collaborate each year to provide participating interns with professional development activities and peer networking opportunities beyond those offered within the individual internship programs.

**Psychology Grand Rounds:** The Psychology Grand Rounds series is the primary forum for the Department of Pediatrics Psychology Section Continuing Education (CE) programming. Our Psychology Section is approved by the American Psychological Association to sponsor continuing education for psychologists. Our Grand Rounds CE programs are held approximately once per month. The aim of this educational series is to provide up-to-date knowledge and skills relevant to: (1) evidence-based assessment and intervention practices; (2) psychological disorders as well as behavioral, developmental, and neurocognitive functioning in children and adolescents; (3) standards of care, quality improvement methods, research methods and professional issues pertinent to psychological practice in a medical center and children’s hospital, and (4) ethical standards and legal issues pertinent to the care of children in a pediatric medical environment. Dr. Bonin is the Psychology Section’s APA CE Director and Dr. Cline coordinates the Section’s CE committee and Psychology Grand Rounds didactic programming.

**Texas Children’s Hospital Pediatric Grand Rounds:** Weekly TCH Pediatric Grand Rounds are sponsored by the Baylor College of Medicine Department of Pediatrics and feature both research and clinical presentations by BCM faculty and invited lecturers.

In addition to the aforementioned core Internship Program seminars and conferences, specific rotations will include their own didactics, research meetings, and/or clinical staffings. Additionally, all interns are welcome to participate in the following activities as time allows (and depending on their rotations, might be expected to attend):

1. Hematology Rounds
2. Solid Tumor Rounds
3. Bone Marrow Transplant (BMT) Rounds
4. BMT Psychosocial Rounds
5. Brain Tumor Boards
6. Hematology/Oncology Research Seminar
7. ALL Long-Term Survivors Research
8. Cochlear Implant Rounds
9. Neurology Rounds
10. CNS Toxicity Seminar
11. Epilepsy Grand Rounds

**Psychology Peer Review:** This monthly meeting is a forum in which both clinical and research faculty from the Psychology Section present work-in-progress (e.g., grant proposals, manuscripts, resubmissions, clinical protocols, etc.) for which they are seeking feedback from peers. This is a forum in which faculty
can benefit from honest, constructive feedback from peers in order to optimize chances of success in the larger grant funding and journal publication arenas. Interns may attend as participants in order to learn more about the ongoing research programs in the Section, to see the process of constructive scientific peer review at work, and to further develop their own research skills and knowledge, but only faculty are eligible to present their work in this forum.

Over the course of the training year, interns will conduct several scholarly presentations within clinical program meetings. Moreover, interns will conduct case conceptualization presentations and participate in peer consultation during Psychology Practice Conference. Case conceptualization presentations will be expected to include discussion of evidence-based and developmentally appropriate practices, methods of individualizing intervention, and relevant ethical considerations and diversity issues. At the end of the academic year, interns also participate in a Mock Psychology Licensure Oral examination.

**SUPERVISION:** Individual and group supervision is provided for major and minor rotations as well as ongoing training experiences. Interns can expect to receive at least 3 hours of individual supervision each week and supplementary group supervision/consultation within the context of staffings, conferences, and program-specific meetings. Rotations include opportunities for live supervision and role modeling using a vertical team approach. The facility includes observation rooms, one-way mirrors, and digital and VHS video capacity with microphones that are utilized for supervision purposes.

Early supervision and consultation with primary mentor includes self-assessments to identify strengths and targeted domains for development. In consultation with primary mentor and training director, the intern develops an individualized training plan (see Program Overview) within the first weeks of the training program. This plan will be refined as the year progresses and used as a method to ensure both program and individualized intern training goals are met.

**Intern Meeting:** Interns meet as a group with the Training Director every other week. This time is provided for interns to ask questions, raise issues, and provide feedback and suggestions. It affords an opportunity to discuss the training program, clarify expectation and procedural issues, and maintain open lines of communication.

**Evaluation Process**

Evaluation and feedback are regarded as ongoing processes that occur through both formal and informal means. All supervising faculty and interns are encouraged to share feedback with each other throughout training rotations and the training year. Evaluation provides the opportunity to further individualize an intern’s training program as well as improve the overall Internship Program.

**Expectations and Procedures:** At the start of the internship training year, all interns are provided with an Intern Handbook that delineates program requirements and competency expectations as well as policies and procedures that outline steps to be followed if an intern is not fulfilling program requirements or performing at the expected level of competence.

**Intern Evaluation:** Evaluations are conducted by major rotation, minor rotation, and ongoing clinical training supervisors. Evaluations are conducted three times per year (at 4, 6, and 12 months). Each supervisor is responsible for reviewing evaluation feedback with the intern during supervision and providing a copy of the evaluation form to the Director of Training.

**Supervisor/Program Evaluation:** Interns are provided with a venue for feedback on an ongoing basis through the Intern Meeting with the Director of Training. Additionally, interns complete supervisor evaluation/program feedback forms at 6 and 12 months.
Stipend and Benefits

The current intern stipend, provided by Baylor College of Medicine/Texas Children’s Hospital, is $27,000. Malpractice insurance is provided. Interns have the option to purchase full medical, dental and vision benefits for themselves, with the option of adding family members at a standard price. Interns are also entitled to participate in the medical school’s 403B plan. In addition to 11 paid BCM holidays and sick time, interns are given 15 days of paid time off to be used for vacation, personal days, and professional/dissertation release time. Finally, up to $450 per year is available for travel to professional conferences if the Intern is the primary author responsible for a presentation at the conference.

Administrative Resources

Interns are provided with designated office space to conduct their clinical administrative work. Interns are provided with an individually assigned computer (with internet connection and email), private telephone line with voicemail, and designated storage area for books, articles, etc. Each computer is connected to the Texas Children’s Hospital intranet system with access to electronic medical records. Each computer is also part of the Baylor College of Medicine network with access to the Houston Academy of Medicine-Texas Medical Center (HAM-TMC) Library. The HAM-TMC Library contains extensive databases, including Pub-Med and Psych-Info, as well as a vast catalog of electronic medical and allied health journals. Additionally, the HAM-TMC Library has numerous consortia memberships that afford interns library access to the Houston Public Library and numerous university library systems. Interns also have online access to PsychARTICES database of full-text APA, EPF, CPA, and Hogrefe & Huber journals from 1987 to present. Within the Psychology Service suite, interns have access to computers with programs for statistical analysis and research, including SPSS, SAS, LISREL, and Reference Manager. Interns benefit from the administrative support provided by the departmental secretaries, appointment/referral/clinic coordinators, administrative assistant, and business manager as well as the hospital’s information services, scheduling, admissions, and billing department personnel.

Application Procedures and Selection Process

The Texas Children’s Hospital Psychology Internship recruits for five full time interns. Graduate students in clinical, counseling, and school psychology are considered for admission to the Internship Program. Requirements for admission include: 1) completion of at least three years of graduate coursework at an APA-accredited doctoral training program; 2) completion of 1000 hours of supervised clinical experience (overall quality of supervised experience is substantially more important than number of hours conducted); 3) practicum training in assessment and treatment of pediatric / child populations; and 4) completion of dissertation proposal defense and initiation of data collection at the time of internship application submission. The completed application deadline is November 2, 2015.

In order to apply, prospective interns should submit their completed application via the AAPI Online Applicant Portal by November 2, 2015.

The AAPI Online Portal is accessed through the Association of Psychology Postdoctoral and Internship Center’s (APPIC) online application service. http://www.appic.org.
To be considered, the following materials must be submitted through the APPIC’s Online Service by November 2nd:

- Cover Letter (letter of intent)
  - Please include statement of career goals and interest in the Texas Children’s Hospital Psychology Internship through the Department of Pediatrics at Baylor College of Medicine.
  - Please clearly specify within your cover letter the name of the training track(s) for which you are applying (see page 6 for names of training tracks).

- Curriculum Vitae

- APPIC Application for Psychology Internship (AAPI)

- Official copy of all Graduate transcripts

- Three letters of recommendation (preferably one from applicant’s academic advisor and two others from clinical supervisors).

After all application materials have been reviewed by the Psychology Internship Selection Committee, personal interviews or telephone interviews (if an onsite visit is not feasible) will be arranged for those applicants still under consideration. If feasible, personal interviews are preferred. Please feel free to contact us for more information at any time at PsychologyInternship@TexasChildrens.org.

The Texas Children’s Hospital Psychology Internship Program adheres to the Baylor College of Medicine (BCM) policy for equal opportunity employment as well as other applicable BCM employment policies. The internship program also supports and agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to the Internship Match. The internship follows APPIC Match Policies; applicants should register for the match. Please directly contact the APPIC office with any policy issues: APPIC Central Office 10 G Street, NE Suite 750 Washington DC 20002 Appic@aol.com Phone: 202-589-0600 Fax: 202-589-0603.

Psychology intern selection is based on factors deemed directly relevant to prospective interns’ potential success in the profession of psychology, including pediatric / clinical child psychology and pediatric neuropsychology. Relevant factors in this decision process include: prospective intern clinical/research experiences; education; internship training objectives; and long-term professional goals. We endeavor to accept interns from a broad range of graduate training programs as this enriches the Internship Program.

Our Psychology Section is committed to the recruitment of bicultural / bilingual trainees, staff, and faculty at all levels to better meet the needs of our patients, their families, and the greater Houston community. Applications from bicultural / bilingual students and those underrepresented in psychology are especially welcome.

Following receipt of the computerized match results, matched candidates will be contacted via telephone. Applicants will be required to complete BCM’s credentialing process before a formal internship offer can be extended. Per BCM policy, the credentialing process involves a criminal history check, health screening, and a reference check.

The TCH Psychology Internship Training Program requires a full-time commitment. Accordingly, any additional outside employment/coursework is discouraged, and rarely permitted. If permitted, it must be pre-approved by the Director of Training.
Future Opportunities

The Psychology Section also offers post-doctoral fellowship training. Postdoctoral training typically involves focused training within one of the Psychology Service clinical programs, with opportunities for adjunct clinical experiences in other programs. Potential postdoctoral options include specialization through the following programs: 1) Pediatric Neuropsychology; 2) Pediatric Health Psychology; 3) Anxiety Disorders; 4) Disruptive Behavior Disorders; and 5) Autism Center.

Postdoctoral training in Pediatric Neuropsychology is a two-year residency, with the program being a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN).

The Pediatric Neuropsychology and Clinical Child Psychology Post-Doctoral Fellowships are academic programs offered through Baylor College of Medicine’s Psychology Section within the Department of Pediatrics. [www.bcm.edu/pediatrics/psychology](http://www.bcm.edu/pediatrics/psychology)

The majority of our intern graduates go on to pursue post-doctoral fellowship training in university medical centers and children’s hospitals including: Baylor College of Medicine/Texas Children’s Hospital, Boston Children’s Hospital, Children’s Hospital of Philadelphia, Kennedy Krieger Institute, Cincinnati Children’s, Children’s National Medical Center, UCLA, Children’s Hospital of Orange County, Children’s Healthcare of Atlanta Pediatric Hospital, St. Louis Children’s Hospital, Children’s Medical Center Dallas, Dell Children’s Hospital, McLean OCI, Medical College of Wisconsin, University of Miami, Oregon Health Sciences Center, University of Oklahoma Health Sciences Center. Additionally, some of our intern graduates have pursued post-doctoral research fellowships in university settings (e.g., Harvard University, Temple University) or transitioned from internship directly into faculty positions (e.g., University of New Orleans).
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 5.5 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 19 and 38 percent below the average for areas with more than 2 million people, respectively.

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 – 3rd largest Hispanic and 3rd 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
Internship Program Training Faculty

Barbara J. Anderson, Ph.D. (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.

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.

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, professional development/clinical training, and quality improvement.

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.

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

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.
Lynn Chapieski, PhD (University of Houston) Associate Professor of Pediatrics. Neuropsychological assessment of pediatric neurological disorders with a special interest in the cognitive and behavioral consequences of epilepsy and its treatments.

Stephanie Chapman, Ph.D. (University of Houston), Assistant Professor of Pediatrics, Clinical Team Lead – TCHP’s The Center for Women and Children. Clinical interests: preschool and school-age disruptive behaviors, primary care psychology, pediatric health psychology, maternal behavioral health, and improving access of behavioral health 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), Associate 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.

Karen D. Evankovich, PhD (University of Houston), Assistant Professor of Pediatrics. Pediatric Neuropsychology; Neuropsychological evaluation of children with a wide variety of neurological and neurodevelopmental disorders, ranging in age from early childhood through late adolescence. Special interests include pediatric epilepsy and pediatric demyelinating disorders.

Mary Reeni George, PhD, ABPP/CN (National Institute of Mental Health and Neurosciences, India), Assistant Professor of Pediatrics. Neuropsychological evaluation of children with sickle cell disease, pediatric stroke, complex AD/HD, pediatric brain tumors, leukemia, 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), Associate Professor of Pediatrics. 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 storage diseases, sickle cell disease, genetic disorders, and HIV/AIDS or other immune dysfunction.

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 – Research interests include: neurocognitive late effects and functional outcomes in pediatric cancer survivors, treatment-related differences in neurocognitive and quality of life outcomes for pediatric brain tumor patients and survivors.

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.

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.

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), Associate Professor of Pediatrics, Coordinator of Pediatric Neuropsychology Psychology Program. Neuropsychology and pediatric health psychology; psychosocial screening of children with diabetes, solid organ transplant, 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.

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.

**Additional Program Supervisors / Contributors**

Robin Kochel, Ph.D.
Jill Fryar, LCSW
Kristin Adkins, MA, LPA
Laura Yaffee, MA, LPA
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