POSTDOCTORAL FELLOWSHIP
IN PEDIATRIC/CLINICAL CHILD PSYCHOLOGY

Psychology Section
Department of Pediatrics
Baylor College of Medicine

BCM
Baylor College of Medicine

Texas Children's Hospital

Training Director: Mariella M. Self, Ph.D., ABPP
http://www.bcm.edu/pediatrics/psychology
HOUSTON, TEXAS

2020-2021
Program Overview & Setting

The Psychology Section of Baylor College of Medicine’s Department of Pediatrics is proud to offer an APPIC-member postdoctoral fellowship program designed to train scientist-practitioners in Pediatric/Clinical Child Psychology. The program offers specialized training structured according to four tracks: (1) Pediatric Psychology, (2) Obsessive Compulsive & Anxiety Disorders, (3) Preschool, and (4) Trauma & Grief. The fellowship is a one-year program, with potential opportunity to extend for a second year.

The mission of the Pediatric/Clinical Child Psychology Fellowship program is to advance the profession of psychology and maximize child health outcomes through exemplary postdoctoral training that launches the independent careers of psychologists who are effectively prepared to balance and integrate clinical practice, research, teaching, and other professional activities within their subspecialty field. We achieve this through facilitating advanced competencies, informed professional development, an emphasis on individualized and contextually-relevant evidence-based care, mutually-informative multidisciplinary collaboration, and scholarly inquiry. Our program seeks to develop fellows with advanced competencies in pediatric/clinical child psychology, including: diagnosis and assessment, psychotherapeutic intervention, professional consultation, scholarly inquiry/integration of science and practice, individual and cultural diversity, supervision, and ethics/professionalism. The program is designed to fulfill the requirements for licensure as a psychologist by the Texas State Board of Examiners of Psychologists, as well as other jurisdictions.

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 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 2019-2020 for Honor Roll status in pediatrics, ranking 4th overall and ranking among America’s best in many specialty areas (Cardiology & Heart Surgery #1, Pulmonology #1, Neurology & Neurosurgery #3, Nephrology #3, GI & GI Surgery #2, Urology #6, Diabetes/Endocrinology #8, Cancer #3). TCH Main Campus is a 656-bed institution comprised of five main facilities and additional satellite facilities in central Houston or surrounding suburbs. Of the five main facilities, Wallace Tower is the primary outpatient services facility, whereas 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 Pavilion for Women houses the maternal-fetal medicine program and also connects to Wallace Tower. TCH also encompasses Texas Children’s Pediatrics (TCP) primary care clinics in various locations across the city.

For a 3.5-minute video highlighting some of what TCH has to offer, please view: https://www.youtube.com/watch?v=fDzvh4wBlsw&feature=youtu.be
With accomplished faculty including pediatric psychologists, clinical child psychologists, neuropsychologists and psychologists involved primarily in funded research that spans a variety of areas, our program provides fellows with many professional role models. The patient population served through TCH encompasses a wide range of conditions within primary and specialized pediatric medicine. Fellow caseloads are informed by their educational needs and training goals. With experiences that vary by track, fellows have opportunity to participate in evaluations and therapy with children/adolescents with mental health symptoms and disorders that may occur along with or in the absence of medical diagnoses or physical symptoms. Primary services in which fellows engage include diagnostic evaluation, individual and parent-child dyad based therapy, consultation and liaison with inpatients, multidisciplinary team-based care, and consultation with families, schools, and referring physicians.

The physical space of the Psychology Service occupies 13,000 square feet in Wallace Tower, which is adjacent and connected to both the West Tower and the Feigin Center. Space designated for the Psychology Service’s outpatient care in Wallace Tower includes therapy rooms, neuropsychological testing/interview rooms, and an indoor play area. Clinical space is equipped with observation rooms, one-way mirrors, and recording/audio capability for supervision and consultation purposes.

The Psychology Section maintains numerous trainees at various levels, offering ample opportunity for collegial interaction with peers, as well as potential for supervisory experiences. The Pediatric/ Clinical Child Psychology fellowship program exists alongside a separate Pediatric Neuropsychology fellowship program (Training Director: Marsha Gragert, Ph.D., ABPP-CN). Other current departmental trainees include 5 psychology interns in our APA-accredited psychology internship program and numerous graduate practicum students.

Our program provides a firm foundation for emerging psychologists pursuing careers in academic medical centers and children’s hospital settings. The majority of our graduates enter directly into positions within academic medical centers, though a range of career settings is represented. Graduates of our program typically engage in multiple professional activities in their careers, often including psychological intervention, psychological assessment, consultation, teaching, supervision, research, and program development/evaluation.

**Fellowship Activities**

The fellowship is organized such that fellows are accepted into one of four tracks: 1) Pediatric Psychology, 2) Obsessive Compulsive & Anxiety Disorders, 3) Preschool, or 4) Trauma & Grief (see below for more detailed track descriptions). Each track corresponds with training in the identified major training area, and fellows in each track also expand competencies through a minor training experience (may be a clinical or clinical research experience), a research/scholarship experience, and structured didactic/professional development activities. For those with a minor clinical training experience, fellows spend approximately 80% time in activities related to clinical service provision (60% in the major training area and 20% in the minor clinical experience, including supervision), 10% in research/scholarship, and 10% in didactics/professional development. Fellows with a research minor spend approximately 60% in activities related to service provision in the major training area, 30% in research, and 10% in didactics/professional development.
The tables below illustrate the tracks and structure; descriptions of training experiences follow:

<table>
<thead>
<tr>
<th>Pediatric Psychology Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Training Area (60%)</td>
</tr>
<tr>
<td>Minor Clinical Training Experience (20%)</td>
</tr>
<tr>
<td>Research/Scholarship (10%)</td>
</tr>
<tr>
<td>Didactics &amp; Professional Development (10%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obsessive Compulsive &amp; Anxiety Disorders Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Training Area (60%)</td>
</tr>
<tr>
<td>Minor Clinical Training Experience (20%)</td>
</tr>
<tr>
<td>Research/Scholarship (10%)</td>
</tr>
<tr>
<td>Didactics &amp; Professional Development (10%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preschool Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Training Area (60%)</td>
</tr>
<tr>
<td>Minor Clinical Training Experience (20%)</td>
</tr>
<tr>
<td>Research/Scholarship (10%)</td>
</tr>
<tr>
<td>Didactics &amp; Professional Development (10%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma &amp; Grief Track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Training Area (60%)</td>
</tr>
<tr>
<td>Research Minor (30%)</td>
</tr>
<tr>
<td>Didactics &amp; Professional Development (10%)</td>
</tr>
</tbody>
</table>
Major Training Areas/Tracks

OCD and Anxiety Disorders Program (OC-ADP): The OCD and Anxiety Disorders Program provides specialized assessment and intervention services to children and adolescents with anxiety and obsessive-compulsive related disorders, including Obsessive-Compulsive Disorder, Health Anxiety/Panic Disorder, Selective Mutism/Social Phobia, and medically-related Specific Phobias. Patients may also have medically unexplained symptoms or co-morbid medical conditions that are treated by the pediatric medical specialists at Texas Children’s Hospital. The OC-ADP assessment and treatment approach is strongly evidence-based, with interventions placing significant emphasis on exposure based Cognitive-Behavioral Therapy (CBT). Interventions are either individual-focused with significant family involvement or conducted via a family-based approach. Continuous outcome assessment and judicious use of data to guide treatment are incorporated.

Fellows in the OCD and Anxiety Disorders Program have opportunity to develop clinical expertise in: 1) conducting accurate and efficient assessment of OCD, anxiety, and related issues in children and adolescents; 2) identifying and using ongoing outcome assessment to measure progress in treatment and inform treatment decisions; 3) providing modular, evidence-based interventions that are data-driven and research-based; 4) collaborating with school personnel, psychiatrists, pediatricians, and medical subspecialists; and 5) providing training/supervision of interns. Opportunities for clinical research, program development, quality improvement, and community outreach are also available as a component of the program. Supervision is provided by clinical psychologists trained in exposure-based cognitive-behavioral and family-based approaches to treatment.

Primary faculty supervisors for this major training area include: Kelly Banneyer, Ph.D., Liza Bonin, Ph.D., and Karin Price, Ph.D., ABPP

Pediatric Psychology Program: The Pediatric Psychology Program serves children/adolescents and their families who are having difficulty managing physical symptoms, adapting to chronic/acute medical conditions, or adhering to medical regimens. Referrals are received from a wide array of subspecialties, including: Allergy/Immunology, Bariatric Surgery, Cardiology, Diabetes/Endocrinology, Gastroenterology, Gender Medicine, Gynecology, Hematology-Oncology, Neurology, Physical Medicine & Rehabilitation, Plastic Surgery, Orthopedics, Pulmonology, Retrovirology, Rheumatology, Transplant Services, and the Trauma Service, among others. Fellows have opportunity to specify medical populations of interest to inform supervision pairings and maximize fellow training goals.

Fellows are provided with training in evidence-based practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Common presenting problems range from adaptation to acute and chronic illness, self-management/adherence to medical regimens, procedural anxiety, reactions to accidental injury/medical trauma, and
conditions related to the interaction of physical and behavioral factors such as chronic pain, feeding and elimination disorders, and medically unexplained symptoms. Fellows often gain experience with patients with pronounced medical complexity or rare conditions, and our program offers access to a patient population that is incredibly diverse. Intervention modalities include inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting. Depending on specific clinical experiences, fellows may attend various rounds or multidisciplinary staffings/clinics and receive mentoring in effective work with multidisciplinary teams comprised of physicians, nurses, and other medical/professional staff. Opportunities may also exist for gaining experience in supervision of interns or graduate practicum students. Fellows in the Pediatric Psychology track may elect a minor clinical training experience within the pediatric psychology program to gain experience with additional pediatric psychology populations, may chose a minor in another clinical program, or may elect a research minor.

Primary faculty supervisors for this major training area include: Ginger Depp Cline, Ph.D., ABPP, Danita Czyzewski, Ph.D., Katherine Gallagher, Ph.D., Lisa Noll, Ph.D., Mariella Self, Ph.D., ABPP, Nicole Schneider, Psy.D., and Gia Washington, Ph.D., ABPP.

**Preschool Program:** The Preschool Program provides specialty care for preschool populations and offers opportunity to specialize in the individualized developmental approach necessary to work with this population. Fellows gain specialized skills in diagnostic consultation and evidence-based interventions with preschoolers presenting with diverse diagnostic presentations (i.e., both internalizing and externalizing, with and without deficits in adaptive behavior, with and without chronic illness). Training includes outpatient experience with children without medical difficulties as well inpatient and outpatient consultation and intervention work with our medically complex population.

The typically developing healthy preschool population is served through the Brief Behavioral Intervention, which utilizes a manualized, short-term, evidence-based and goal-oriented behavioral intervention with parent training and live coaching. Fellows provide live consultation and supervision for interns and practicums students seeing patients in the intervention for up to 6 hours per week. Fellows also lead consultations with medical residents and fellows who observe. Depending on the interest of the fellow, experiences with children with Autism Spectrum Disorders may be available.

With the exception of the Brief Behavioral Intervention, children aged 15 months through 6 years old seen in the Preschool Program generally have chronic or life threatening illness. Pediatric preschool populations include children referred from Hematology-Oncology, Plastic Surgery, Orthopedic Surgery, Neurology, Pulmonology, Endocrinology, Gastroenterology, Genetics and others. Fellows work with multidisciplinary teams comprised of physicians, nurses, and other staff.

Our patient population is ethnically and culturally diverse, and specialized training is provided in culturally competent care. Fellows have many opportunities to strengthen multicultural awareness and translate their knowledge regarding individual and cultural diversity into daily clinical practice. The program also includes the opportunity for bilingual (Spanish) supervision. Opportunities for scholarship are also available, as fellows oversee data collection occurring alongside clinical care and may choose to pursue a scholarly product.

Primary faculty supervisors for this major training area include: Marni Axelrad, Ph.D., ABPP and Petra Duran, Ph.D.
**Trauma and Grief Center:** The primary purpose of the Trauma and Grief (TAG) Center is to raise the standard of care and increase access to best-practice care among traumatized and bereaved children, adolescents, and their families. The patient population includes children ages 7 to 17-years-old who are referred from within the hospital or the larger community due to concerns related to experiences of trauma (e.g., physical or sexual abuse, immigration/deportation-related traumas, witnessing violence) or loss of a loved one. The Trauma and Grief Center has three primary aims: (1) provide evidence-based assessment and interventions for youth who have experienced traumas and/or losses; (2) conduct research on adaptive and maladaptive responses to trauma and loss as well as treatment effectiveness; and (3) provide training and professional education in trauma- and grief-informed assessment and interventions using best practice teaching methods. In addition, the Trauma and Grief Center established the Harvey Resiliency and Recovery Program, which is dedicated to serving the needs of the many Houston-area children and families adversely affected by Hurricane Harvey and its aftermath.

In the TAG Center, fellows have opportunity to work as part of a multidisciplinary team that includes psychology, social work, and psychiatry to provide assessments and treatments grounded in best practices in bereavement- and trauma-informed care. Fellows are trained in and utilize our evidence-based assessment protocol and treatments for childhood trauma and bereavement. Fellows in this track complete a research minor, allowing 30% time in clinical research focused on trauma and/or grief, with a range of research options.

The primary faculty supervisors for this major training area include: Ryan Hill, Ph.D. and Julie Kaplow, Ph.D., ABPP

**Minor Clinical Training Experiences**

In addition to the major training area, all fellows participate in either: a) a minor clinical training experience (20% time) to expand competencies in another clinical area of interest, or b) a research minor. Clinical minor training experiences may be year-long, or fellows my elect to rotate to a different clinical minor at 6 months; research minors are expected to be year-long.

For fellows with a clinical minor training experience, each of the four clinical programs offering major training areas/tracks may potentially be selected for the a minor clinical training experience (i.e., Obsessive Compulsive & Anxiety Disorders, Pediatric Psychology, Preschool, or Trauma & Grief; see earlier track descriptions). Additional minor clinical training experiences in autism assessment or primary care are available (described below).
**Autism Center - Assessment:** The Autism Center offers diagnostic, developmental, 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., schools, physicians, families) who may have pre-existing diagnoses (e.g., developmental delays or other neurodevelopmental disorders) and are also suspected of having an ASD. Our center also provides evaluation for children who have been diagnosed with ASD and are in need of a comprehensive evaluation to aid in the development of treatment recommendations. Autism Center faculty work in conjunction with faculty from a range of other disciplines and evaluate children in a multidisciplinary clinic format. Fellows have opportunity to work on teams that include faculty from psychiatry, developmental pediatrics, neurology, and social work. Fellows have 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 (ADOS-2). Fellows also have opportunity to (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems; (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. Fellows are involved in all aspects of evaluation, including diagnostic interviews, planning test batteries, test administration (with or without technician support) and interpretation, providing feedback to parents, and report writing.

The faculty supervisor for this minor clinical training experience is Leandra Berry, Ph.D.

**Pediatric Primary Care Psychology Program:** The Pediatric Primary Care Psychology Program is a hospital-community partnership that extends behavioral health services to children and families outside the hospital in integrated primary care settings. Training occurs within an integrated health center considered as a “medical home” for Texas Children’s Health Plan members. This innovative program increases access to behavioral health services and serves patients presenting with a broad range of socio-emotional, learning, and behavioral health needs. While many patients present with specific mental health concerns, others are seeking screening and feedback to promote better health behaviors and prevent emergence of mental health issues. Fellows learn to effectively assess and triage children and adolescents presenting with a broad range of concerns such as toileting resistance, sleep problems, procedural anxiety, disruptive behavior and ADHD, obesity, emotional concerns,
suicidality, medication adherence, and many others. Clinical training emphasizes use of brief, evidence-based assessment, consultation, and intervention practices, including translation of common evidence-based practices into brief, targeted treatments feasible for primary care. Fellows work closely with physician and allied health partners to provide care that is both collaborative and integrated. Behavioral health services are provided on-site and coordinated with other aspects of primary health care (e.g., consultations following well child examinations). Children and adolescents who present with long-term or more specialized needs are typically referred to specialty care clinics or providers. Fellows often have opportunity to contribute to supervision of graduate practicum students.

The faculty supervisor for this minor clinical training experience is Stephanie Chapman, Ph.D.

**Research & Scholarship**

All fellows maintain active involvement in research/scholarship throughout the fellowship year, selecting a research/scholarship mentor with whom they will focus on this aspect of training. All fellows are expected to collaborate on at least one scholarly product as a result of their research/scholarship rotation (e.g., presentation at a regional or national conference, manuscript submission), with the training experience organized around this target product. Research/scholarship experiences and intended scholarly products are established by mutual agreement among the fellow, research/scholarship supervisor, and the fellowship training director.

Fellows with a minor clinical training experience spend approximately 10% time in their research/scholarship rotation. Fellows with a research minor spend approximately 30% time in research, combining the 20% time that would otherwise be allotted to a clinical minor with the 10% research/scholarship time. The Trauma & Grief track is structured such that the fellow participates in a research minor within TAG.

Research opportunities in existing research studies spanning a range of areas are available. Sample examples of current ongoing research studies include:

**Obsessive-Compulsive & Anxiety Disorders Program**

- Examining the effectiveness of ERP for OCD (Banneyer & Bonin)
- Innovative methods of measuring symptoms of OCD and anxiety (Banneyer & Bonin)
- Selective mutism and language/culture (Price)

**Trauma & Grief Center**

- Development/evaluation of suicide prevention interventions and protocols (Hill)
- Treatment-outcome studies examining the effectiveness of trauma- and bereavement-informed interventions (Kaplow)
- Longitudinal studies examining trajectories of risk and resilience (including psychological, behavioral and physiological variables) in the aftermath of traumas and losses (Kaplow)
- Exposure-related risk and protective factors in the aftermath of a school shooting (Kaplow)
- Cultural differences in responses to trauma and loss (Kaplow)
- Measurement/assessment issues pertaining to trauma and grief in childhood (Kaplow)

**Pediatric Psychology, Preschool, & Research Faculty**

- Treatment outcome studies of family interventions for preschool disruptive behavior (Axelrad)
- Qualitative data concerning barriers to self-management for adolescents with type 2 diabetes and their parents (Butler)
A pilot randomized controlled trial intervention for overweight and obese preschoolers and their families (Butler)
Qualitative data regarding diabetes management among families of 5-9 year old African American and Hispanic children with type 1 diabetes (Butler)
Biopsychosocial factors and intervention in pediatric functional gastrointestinal disorders (Czyzewski & Self)
Qualitative and quantitative analyses of behavioral/psychosocial aspects of self-management, quality of life, and resilience in children with type 1 diabetes and their families (Hilliard)
Neurocognitive and behavioral late effects in pediatric brain tumor patients treated with different radiotherapy modalities (Kahalley)
Effects of educational and in-clinic supports on primary care pediatricians' rates of autism spectrum disorder screening, diagnosis, and referral (Kochel)
Parents' perceptions about autism and influences on health-related decisions (Kochel)
Predictors of autism-associated vaccine hesitancy (Kochel)

In addition to opportunities to join an existing research study such as those listed above, fellows alternatively have opportunity to develop a research/scholarship training experience related to a clinical program or other area specific to the fellow’s unique interests (e.g., quality improvement project, program development/evaluation, authoring a review article or case study, ethics-focused manuscript, etc.). Many of our program faculty serve as mentors for research/scholarship experiences developed specifically for individual fellows.

Didactics & Professional Development

A variety of didactics are included in the fellowship experience. Some are ongoing for all fellows and some are encouraged or optional depending on the specific training plan of a given fellow. Ongoing didactics throughout the training experience include Clinical/Pediatric Program Meeting (weekly to bimonthly), Psychology Practice Conference (~bimonthly), Multicultural Seminar (monthly), Research and Professional Development Seminar (monthly), Advanced Ethics & Professionalism Seminar (monthly), and Supervision Competencies Seminar (monthly), and Psychology Grand Rounds/Continuing Education Series (approximately monthly). Depending on track and individual training plans, fellows participate in additional program-specific didactics, meetings, or multidisciplinary rounds. Fellows also have the option to attend the internship program’s Training Program Seminar (weekly) for topics of interest. Attendance at TCH/BCM’s Pediatric Grand Rounds (for pertinent topics) is also encouraged when feasible. A large number of other optional, didactic opportunities are also available throughout the TCH, BCM, Texas Medical Center, and Houston communities.

Fellows are supervised by a number of faculty members throughout the fellowship year. Throughout the year, fellows typically have two supervisors in their major training area, one in their minor training area, and one for research/scholarship. Our program is structured to allow flexibility; some fellows maintain year-long training experiences/supervisors and others
may make one or more transitions in supervisors/rotations at 6 months. Both clinical and research supervision occur during individual meetings with the identified supervisor(s) on a regular basis. At times, group supervision may supplement individual supervision. Some training experiences also involve “live” supervision during sessions with children and families, review of recorded appointments, or co-therapy. All faculty involved in the training program have medical staff appointments at TCH and academic appointments in the BCM Department of Pediatrics, and all serve as role models of prospective fellows’ potential success in BCM employment policies. Fellow selection is based on factors deemed official appointment.

In addition to their clinical and research supervision, fellows will have periodic individual meetings with the fellowship director to discuss issues related to the fellowship experience and professional development. Fellows are also paired with a professional development mentor with whom to address these issues, with individual meetings occurring 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 in timely completion of tasks instrumental to successful completion of fellowship and successful transition into their next professional endeavor.

**Salary & Benefits**

The salary for the fellowship program is commensurate with NIH guidelines (~$50,000; specific FY 2020 amount not yet released as of 10/2019). Fellows receive employer-sponsored 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 paid BCM holidays and sick time, fellows receive 15 days of paid time off to be used for vacation/personal days, and 5 days professional release time for conferences or other professional development activities approved by the Training Director. Up to $750 per year in travel to professional conferences is available to fellows who are the primary author and responsible for a presentation of BCM-supported research at a regional or national conference. As part of our commitment to professional development, fellows may be reimbursed for up to $1000 for specific steps toward pursuit of licensure in Texas (e.g., application fees, EPPP fee).

Fellows are provided with office space, an individual computer, an individual telephone line, and a pager. Each computer is connected to the BCM and TCH intranet systems, with access to electronic medical records and access to the Houston Academy of Medicine Library with its vast catalog of electronic journals and Pub-med access. Within the Psychology Service suite, fellows have access to computers with programs for statistical analysis and research. Fellows benefit from the administrative support provided by the service’s administrative assistants, appointment/referral center coordinators, and business manager, as well as the hospital's information services, scheduling, admissions, and billing department personnel.

**Eligibility & Application Procedures**

We are recruiting for 6 positions for the 2019-2020 fellowship class, with a planned start date of September 2, 2019. Fellows are required to have completed their doctoral degree from an APA- or CPA-accredited program, or to provide a letter from the doctoral program Director of Clinical Training documenting completion of all degree requirements, prior to beginning the fellowship program. Fellows are also required to have completed an APA- or CPA-accredited internship program prior to beginning the fellowship. Documentation of completion of all degree requirements is required prior to official appointment. Appointment is also contingent upon a successful criminal background check.

Our program 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 our program and 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 reflects the multicultural values and experiences of our patients, families and broader community. Applications from bicultural/bilingual students and those underrepresented in psychology are welcome.

Applications will be accepted electronically through the APPIC Psychology Postdoctoral Application Centralized Application System (APPA CAS; https://appicpostdoc.liaisoncas.com). Applications entail submission of a cover letter detailing training background and future goals, a curriculum vita, official graduate transcript(s) and three letters of recommendation. Please specify in bold type at the beginning of your cover letter your track or tracks of interest (i.e., Obsessive-Compulsive & Anxiety Disorders, Pediatric Psychology, Preschool, or Trauma & Grief).

Application Deadline: December 16, 2019*

* Though our program’s application deadline is 12/16/19, we review applications in an ongoing manner. Interviews typically occur in January or early February, though late December interviews may also be an option.

For all positions/tracks, our APPIC-member fellowship program is adhering to the APPIC Postdoctoral Selection Guidelines and the Uniform Notification Date of 2/24/20, with offers beginning at 10 a.m. Eastern time. Applicants are encouraged to review and ensure familiarity with the selection guidelines (https://www.appic.org/Postdocs/Selection-Resources/Timelines-for-Postdoctoral-Selection/Postdoctoral-Selection-Guidelines).

Please address inquiries about the program to the training director, Dr. Mariella Self, at mmself@texaschildrens.org. Inquiries or concerns about application submission logistics or interview scheduling should be sent to psycfellowship@texaschildrenshospital.org.

We look forward to reviewing your application!
Pediatric/Clinical Child Psychology Fellowship Supervisors

Marni E. Axelrad, Ph.D., ABPP (SUNY Binghamton), Professor of Pediatrics, Pediatric Psychologist; Clinical Program Director of the Clinical and Pediatric Psychology Program. Prevention of disruptive behavior disorders in young children; short term relationship/behavior consultation with families with young children; behavioral intervention for preschooolers with chronic or life threatening illness; ADHD assessment in preschoolers, psychosocial assessment and treatment of children with Disorders of Sexual Differentiation and gender nonconforming individuals.

Kelly Banneyer, Ph.D. (University of Texas at Austin), Assistant Professor of Pediatrics. Clinical interests: Diagnostic assessment and treatment of anxiety and obsessive compulsive disorders in preschoolers, school-age children, and adolescents via evidence-based practices; Diagnostic assessment of attention-deficit/hyperactivity disorder in school-age children.

Leandra Berry, Ph.D. (University of Connecticut), Assistant Professor of Pediatrics, 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); 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, Ph.D. (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 professional development/clinical training, program development, quality improvement.

Ashley Butler, Ph.D. (University of Florida), Assistant Professor of Pediatrics; Research Faculty. Research interests: Examination of individual, family, and system-level factors that contribute to racial/ethnic health disparities in Type 1 and Type 2 Diabetes among African American and Hispanic/Latino youth. Behavioral interventions to address disparities in pediatric diabetes and obesity. Implementation science and community-engagement to address pediatric health disparities.

Stephanie Chapman, Ph.D. (University of Houston), Assistant Professor of Pediatrics. Associate Medical Director – Behavioral Health, Texas Children’s Health Plan The Centers for Women and Children. Clinical interests: preschool and school-aged disruptive behaviors, primary care psychology, pediatric psychology, maternal behavioral health, and improving access to behavioral healthcare for historically underserved communities.
Ginger Depp Cline, Ph.D., ABPP (University of Kentucky), Associate Professor of Pediatrics; Board Certified Clinical Child & Adolescent Psychologist; Pediatric Psychology and Primary Care Psychology; psychosocial adjustment and CBT for children/adolescents with health conditions (injuries, orthopedic surgery, liver transplant, etc.); pediatric medical traumatic stress and injuries; primary care diagnostic evaluations; supervision/training.

Danita Czyzewski, Ph.D. (Purdue University), Assistant Professor of Pediatrics, Pediatric Psychologist. Evidence-based treatment related to adjustment, adherence, and treatment of pediatric disorders, especially gastrointestinal disorders including functional abdominal pain, young child feeding disorders, IBD, encopresis; pulmonary disorders including cystic fibrosis, lung transplant; Management of somatic symptom and related disorders.

Petra A. Duran, Ph.D. (Kent State University), Assistant Professor of Pediatrics. Prevention of disruptive behavior disorders in young children, adaptation of evidence based treatments for Spanish speaking families and underserved populations, increasing multicultural awareness, Provision of behavioral intervention for preschoolers treated in the Cancer Center, and diagnostic assessments and psychosocial assessment and treatment of children from the department of Plastic Surgery.

Katherine A. Gallagher, Ph.D. (University of Kansas), Assistant Professor of Pediatrics, Pediatric Psychologist. Cognitive and behavioral interventions for psychosocial aspects of endocrine conditions, particularly type 1 and type 2 diabetes, illness adjustment and coping, diabetes distress and “burnout”, diabetes-related family conflict, difficulties with treatment adherence, as well as depression, anxiety, emotion regulation, and behavioral difficulties in youth with chronic medical conditions.

Ryan M. Hill, Ph.D. (Florida International University), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based assessment and management of child and adolescent suicide risk, assessment and treatment of trauma-exposed and bereaved children and adolescents, development and evaluation of suicide prevention programs and protocols.

Marisa E. Hilliard Ph.D. (The Catholic University of America) Associate Professor of Pediatrics, Research Faculty - The Resilience And Diabetes (RAD) Behavioral Research Lab; Research interests: behavioral research to learn about and support resilience in young people with type 1 diabetes and their families, observational and survey research to understand how risk and protective factors relate to resilient diabetes outcomes, qualitative interview studies to learn about everyday life experiences with diabetes, studies to develop and evaluate new assessment measures related to these topics, and strengths-based intervention research to help young people and families living with diabetes maximize their strengths and achieve optimal outcomes.

Lisa S. Kahalley, Ph.D. Lisa S. Kahalley, Ph.D. (University of Memphis). Associate Professor of Pediatrics; Director of Research for the Psychology Section. Research interests: neurocognitive and psychosocial outcomes in pediatric oncology; PI on multiple NIH/NCI-funded studies comparing the effects of different treatment modalities (i.e., proton radiotherapy, photon radiotherapy, no radiotherapy) on neurocognitive and behavioral outcomes and on white matter development in pediatric brain tumor patients and survivors.
Julie B. Kaplow, Ph.D., ABPP (Duke University), Associate Professor of Pediatrics & Chief of Psychology, Clinical Child Psychologist, Director of the Trauma and Grief Center, and Shannon and Mark A. Wallace Endowed Chair in Pediatric Behavioral Health. Evidence-based assessment and treatment of traumatized and/or grieving children and adolescents, training in implementation and dissemination of trauma- and bereavement-informed best practices, biological, psychological, and behavioral consequences of childhood trauma and bereavement, with an emphasis on therapeutically modifiable risk factors.

Robin P. Kochel, Ph.D. (Virginia Commonwealth University), Associate Professor of Pediatrics; Research faculty. Research interests: Autism spectrum disorder, including clinical characterization of children with autism and related genetic conditions; parental attributions for autism and how this influences health-related behaviors on behalf of the family; educational strategies for improving rates of autism screening, diagnosis, and referrals in primary pediatric care.

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

Karin Price, Ph.D., ABPP (University of Connecticut), Associate Professor of Pediatrics; Board Certified Clinical Child and Adolescent Psychologist; Associate Service Chief, Psychology Service. Evidence-based assessment and treatment of anxiety disorders in children and adolescents; candidacy evaluation of and intervention with patients in the Adolescent Bariatric Surgery Program; Research interests include quality improvement, adolescent bariatric surgery, selective mutism, and clinical outcomes research.

Nicole Schneider, Psy.D. (George Fox University), Assistant Professor of Pediatrics, Clinical Psychologist. Pediatric Psychology; Oncology and bone marrow transplant; palliative care; pediatric consultation and liaison; adjustment to chronic and acute illness; adherence to medical regimens; adolescent/young adult health psychology.

Mariella M. Self, Ph.D., ABPP (Texas A&M University), Associate Professor of Pediatrics; Training Director, Pediatric/Clinical Child Psychology Postdoctoral Fellowship Program; Pediatric Psychologist. Inpatient consultation and outpatient psychotherapy to improve medical regimen adherence/self-management, pain or symptom management, and adjustment/functional adaptation for children with chronic illnesses including, functional and organic gastrointestinal disorders, medically unexplained physical symptoms, cardiac conditions, food allergies, demyelinating disorders, among others.

Gia Washington, Ph.D., ABPP (Saint Louis University), Assistant Professor of Pediatrics, Board Certified Clinical Child and Adolescent Psychologist. Pediatric psychology; psychosocial adjustment related to sickle cell anemia, gastric bypass, and HIV/AIDS; cultural competence in clinical practice; psychotherapy with adolescents.
The TMC is the world’s largest medical complex. Today, TMC comprises: 21 renowned hospitals, 8 academic and research institutions, 3 public health organizations, 3 medical schools, 6 nursing programs, 2 universities, 2 pharmacy schools, and a dental school. 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.

Houston is the 4th largest U.S. city. Thirty-seven percent are 24 or younger and 32 percent are between ages 25-44. Houston has a multicultural population of more than 5.5 million in the metro area, giving the city a rich diversity and cosmopolitan feel. Houston is an international city that is a leader in the arts, education, and health care. Compared with other big cities, Houston offers a relatively low cost of living and affordable housing. Plus, there are not state or local income taxes.

Houston offers a wide range of cultural and recreational activities appealing to a wide range of interests. 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. 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 350 municipal parks and 200 open spaces. In addition, the city provides seven golf courses and operates a modern zoological garden for public use. Houston is also considered to have one of the best culinary scenes in the country, boasting over 11,000 restaurants (both brick-and-mortar establishments and food trucks) that serve diverse cuisine representing over 70 countries and American regions.

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, with snowfall and ice being rare. With an average rainfall of 46 inches, you can enjoy the outdoors as much as you’d like.