

APA-Accredited Doctoral Psychology Internship

## Texas Children's Hospital Psychology Internship

Psychology Division  
Department of Pediatrics  
Baylor College of Medicine



Texas Children's Hospital



Program Director: Liza Bonin, Ph.D.  
[www.bcm.edu/pediatrics/psychology](http://www.bcm.edu/pediatrics/psychology)

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The Texas Children's Hospital Psychology Internship training program through the Department of Pediatrics at Baylor College of Medicine is accredited by:

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# Introduction

The Division of Psychology within Pediatrics at Baylor College of Medicine offers an APA-accredited internship to doctoral students in psychology – the Texas Children's Hospital Psychology Internship. Dr. Karin Price is Chief of the Psychology Division in the Department of Pediatrics at Baylor College of Medicine as well as Chief of Texas Children's Hospital's Psychology Service. 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](#) 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](#) is the primary teaching/training center for Baylor College of Medicine's Department of Pediatrics. The Texas Children's main campus is comprised of six main facilities. The **Wallace Tower** is the primary outpatient pediatric services facility. The **West Tower** is the inpatient services facility. The **Feigin Tower** houses pediatric research facilities (including labs), administrative offices, 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** is a comprehensive obstetrics/gynecology facility focusing on high-risk births. Finally, Texas Children's **Legacy Tower** houses new and expanded operating rooms, intensive care units, a progressive care unit, the Texas Children's Heart Center, and includes a helistop, allowing for even greater access for the most critically ill patients. The 2024 ranking of Best Children's Hospitals by [U.S. News and World Report](#) has once again placed Texas Children's on the Honor Roll of Best Children's Hospitals as well as

ranking Texas Children's #1 in Texas for the 16<sup>th</sup> consecutive year. We ranked among America's top-10 nationally in ten out of ten medical specialty areas, including Cardiology & Congenital Heart Surgery (#1), Nephrology (#1), Pulmonology (#2), Neurology & Neurosurgery (#2), Urology (#2), Neonatology (#3), Cancer (#4), Diabetes & Endocrinology (#4), Gastroenterology & GI Surgery (#5), and Orthopedics (#7). 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.

**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>

**Texas Children's 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 & Hematology Centers, Diabetes &, Endocrinology, Gastroenterology, Neurology, Pulmonology, Cardiology, Plastic Surgery, Neonatology, Genetics, Audiology, Renal/Urology, Retrovirology, Allergy & Immunology, Adolescent Medicine, Psychiatry, and Developmental Pediatrics.



The primary physical space of the Psychology Service occupies 13,000 square feet in the Wallace Tower, which is adjacent and connected to both the inpatient and research buildings. Space designated for outpatient care includes 10 testing/interview rooms and 13 therapy rooms. Much of our clinical space has been configured for dual use (i.e., can be used for both in person and telehealth visits). Our clinical space is also equipped with observation rooms, one-way mirrors, and recording/audio capability for supervision and consultation purposes. Interns also have access to a broad range of empirically supported treatment manuals, consultation and intervention handbooks, reference books, and 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 / cultural differences
- Be effective at contextually-relevant care as well as interprofessional 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. With an accomplished and diverse faculty including pediatric psychologists, clinical child psychologists, neuropsychologists and psychologists involved in funded research spanning a variety of areas, our program provides fellows with many professional role models.

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 goals and objectives are achieved through development, ongoing discussion, and sometimes refinement of the intern's training plan. Intern caseloads are informed by educational needs and training goals – with training considerations taking precedence over service delivery. The training year is developmentally structured in terms of sequence and intensity with increased responsibility and independence as the year progresses.

The internship program maintains the following core aims for internship training:

- 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 Psychology 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, schools, interprofessional health care teams, 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.



For most tracks, 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 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.

Including supervision and rotation-specific conferences and staffings, roughly 60% of intern time is spent in their Major Rotation, 30% in their Minor Rotation, and 10% in program didactics and mentorship meetings Internship Program didactics.

# Internship Training Tracks

The Texas Children's Hospital Psychology Internship is currently recruiting for two of its tracks:

**Track I: Clinical Child / Pediatric Health Psychology - 3 intern positions (194814)**

**Track III: Pediatric Primary Care / Clinical Child Psychology – 1 intern position (194811)**

For the 2025-2026 year the program will have three psychology intern positions with an emphasis in clinical child / pediatric health psychology (Track I) and one position focused on preparation for integrated pediatric primary care psychology / collaborative care in the community (Track III).

**Track II: Pediatric Neuropsychology – 2 intern position (194813) – Paused for 2025-2026**

The program's Pediatric Neuropsychology Track (194813) is temporarily paused with plan to resume having two intern positions with a pediatric neuropsychology focus (Track II) in 2026-2027.

When an intern matches to a training track, the intern can expect to participate in the major/core rotations corresponding to the training focus of the track. Remaining rotations of the intern's training plan are based on track and 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.

## **Major Rotations:** (2 Majors, each for 6 months)

- 1) Pediatric Health Psychology
- 2) OCD & Anxiety Disorders
- 3) Preschool (includes BBI)

## **Minor Rotations:** (2 Minors, each for 6 months)

- 1) Pediatric Health Psychology
- 2) OCD & Anxiety Disorders
- 3) Brief Behavior Intervention (BBI)
- 4) Inpatient Rehabilitation
- 5) Autism Center - Evaluation
- 6) Autism Center – Intervention
- 7) Primary Care (Primary Care/Clinical Child Track)\*\*
- 8) Diagnostic Interviewing
- 9) Research Rotation

*\*\*The Primary Care/Clinical Child track is designed for breadth. Interns on this track participate in three minor rotations each semester, with the option to pursue two "minors" in primary care to yield the equivalent of a major rotation in Primary Care.*

## **Year-long training activities include:**

- 1) Didactic seminars and conferences
- 2) Clinical supervision/case consultation
- 3) Opportunity for continuity therapy (1 -2 cases)

**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. The primary options for the Clinical Child Psychology major are OCD & Anxiety Disorders or the Preschool Rotation. While also ensuring breadth, this track aims to **prepare interns for post-doctoral specialization in either Pediatric Psychology or Clinical Child Psychology subspecialty areas** of OCD/Anxiety Disorders or Preschool. Potential minors on this track include the full range of options available, taking into consideration training needs and availability. In keeping with the APA's taxonomy for specialization within professional psychology, interns spend at least 50% of their training time in service delivery within the recognized specialty of Clinical Child & Adolescent Psychology.

Clinical Child / Pediatric Health Psychology track Example:

|                 | <i>July – December</i>             | <i>January – June</i>              |
|-----------------|------------------------------------|------------------------------------|
| Major Rotations | <b>Pediatric Health Psychology</b> | <b>OCD &amp; Anxiety Disorders</b> |
| Minor Rotations | Autism Evaluation                  | Pediatric Health Psychology        |

**Track III: Pediatric Primary Care Psychology & Clinical Child Psychology:**

The intern on this training track participates in the program's Integrated Pediatric Primary Care Psychology rotation all year. The constellation of rotations for this track will prioritize **generalist breadth in Clinical Child Psychology central to high quality collaborative care and community-based evidence-based practice**. Toward this end, the intern on this track also participates in the following Clinical Child Psychology rotations with attention to breadth of competencies rather than a specialization focus: Preschool/Brief Behavior Intervention, OCD & Anxiety Disorders, and Autism Screening & Intervention. The track's targeted **preparation for effective clinical practice in the integrated primary care environment** involves diagnostic consultation, developmental & behavioral screenings, and brief, problem focused evidence-based interventions.

Pediatric Primary Care/Clinical Child Psychology Track Example:

|  | <i>July – December</i>                   | <i>January – June</i>                    |
|--|--|--|
| 3 "Minor" Rotations each semester, with option of 2 in Primary Care Psychology | <b>Pediatric Primary Care Psychology</b> | <b>Pediatric Primary Care Psychology</b> |
|  | OCD & Anxiety Disorders                  | <b>Pediatric Primary Care Psychology</b> |
|  | Brief Behavior Intervention              | Autism (Screening & Intervention)        |



In keeping with APA's taxonomy for specialization within professional psychology, interns on Track I & III spend at least 50% of their training time in service delivery within the recognized specialty of Clinical Child & Adolescent Psychology. Similarly, interns on Track II spend at least 50% of their training time in service delivery within the recognized specialty of Clinical Neuropsychology.

## Descriptions of Major Rotations

**Pediatric Neuropsychology Rotation** (PAUSED for 2025-2026 training year): 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, epilepsy, stroke, traumatic brain injury, organ failure and transplantation, and cochlear implantation. Other typical referrals include neurodevelopmental delays, genetic disorders, diabetes, lupus, HIV, neuropsychiatric disorders, pre- and post-surgical evaluations, and other neurological or systemic medical conditions.



Primary services in which interns engage include outpatient 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, brain tumor, 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, and Neurology Grand Rounds). This major 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: Leandra Berry, Ph.D., Sarah Cable, Ph.D., Kimberly Davis, Ph.D., ABPP/CN, Mary Reeni George, Ph.D., ABPP/CN., Lynnette Harris, Ph.D., Lisa Noll, Ph.D., Kimberly Raghubar, Ph.D., and David Schwartz, Ph.D., ABPP.

**Pediatric Health Psychology Rotation:** The Pediatric Health Psychology Program serves children, adolescents, and young adults and their families broadly presenting with concerns such as coping/adjustment to medical conditions, adherence and self-management in acute and chronic medical conditions, managing physical symptoms while optimizing functioning, and other topics. Referrals are received from numerous pediatric subspecialties throughout the hospital system, including: Cardiology, Diabetes/Endocrinology, Gastroenterology/Nutrition, Hematology-Oncology, Neurology, Orthopedics, Palliative Care, Physical Medicine & Rehabilitation, Plastic Surgery, Pulmonology, and Transplant Services with additional referrals coming from Allergy/Immunology, Bariatric Surgery, the Fetal Center/NICU, Gynecology, Retrovirology, Rheumatology, and Trauma Service, among others.

In this rotation, the intern will be provided with training in evidence-based practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Common presenting concerns include adaptation to acute and chronic illness, self-management/adherence to medical regimens, procedural anxiety, pre- and post-surgical evaluations and care, reactions to accidental injury/medical trauma, anticipatory grief and coping at end-of-life, and conditions related to the interaction of physical and behavioral factors such as chronic pain, feeding and elimination disorders, and medically unexplained symptoms. Depending on interest, interns may also have the opportunity to provide brief, evidence-based intervention for youth experiencing symptoms of depression, anxiety, or disruptive behavior occurring within the context of and directly affecting their medical condition. Interns often gain experience with patients



with pronounced medical complexity or rare conditions, and our program offers access to a very diverse patient population. Opportunities include inpatient and outpatient assessment, therapy, and consultation and liaison services within the medical setting, and some multidisciplinary clinic opportunities. Interns may attend various rounds and multidisciplinary staffings/clinics and receive mentoring in effective work with interprofessional health care teams. Depending on interest and feasibility, interns have the opportunity to participate in on-going research projects. Faculty supervisors for this rotation include Marni Axelrad, Ph.D., ABPP, Samantha Carreon, Ph.D., Ginger Depp Cline, Ph.D., ABPP, Katherine Cutitta, Ph.D., Danita Czyzewski, Ph.D., Katherine Gallagher, Ph.D., ABPP, Rachel Kentor, Ph.D., Julia Kovalenko, Ph.D., Lisa Noll, Ph.D., Nicole Schneider, Psy.D., ABPP, and Mariella Self, Ph.D., ABPP, Ashley Teasdale, Ph.D., and Chelsea Tobin, Ph.D.

**OCD & Anxiety Disorders Rotation:** The OCD and Anxiety Disorders Program provides specialized assessment and intervention services to preschoolers, school-age 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 somatic 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) and patient/family centered care. 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.

Interns 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; and 4) collaborating with school personnel, psychiatrists, pediatricians, and medical subspecialists. 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. Faculty supervisors for this rotation include: Kelly Banneyer, Ph.D., Liza Bonin, Ph.D., and Karin Price, Ph.D., ABPP.

**Preschool Rotation:** The Psychology Division provides specialty care for toddler through preschool populations. The preschool rotation provides interns with the opportunity to conduct diagnostic evaluation, conceptualization, and intervention for toddler through preschool age children with and without chronic/life threatening illness. Healthy children who have difficulty with behavior, mood, and/or family relationships are treated within the Brief Behavioral Intervention. Families are self-referred to this intervention or referred when they present to their pediatricians with these concerns. A preventative, developmentally-based behavioral treatment model is applied within the Brief Behavioral Intervention. 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 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.



Services for children with chronic/life threatening illness include family-based intervention focused on behavior and mood, medical adherence, adjustment, and normalization. Our pediatric patients are typically referred through their primary medical team (e.g. pediatric cancer, neurology, cleft palate, medical trauma, etc.), and we are often called on to provide recommendations to the medical

team in addition to family-based intervention. Within the pediatric component of this rotation, interns will have the opportunity to work both inpatient and outpatient and interact with physicians, nurses, and other medical professionals involved in the child's medical care. Our patient population is ethnically and culturally diverse, and specialized training is available in providing culturally competent care. Interns have many opportunities to strengthen their multicultural awareness and translate their knowledge regarding individual and cultural diversity into daily clinical practice. Marni Axelrad, Ph.D., ABPP and Ashley Teasdale, Ph.D. are the faculty supervisors for the Preschool rotation.

**Autism Program Rotation:** The Autism Program 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., 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 program 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 Program 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, 2<sup>nd</sup> 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., Madeline Racine, Ph.D., Allison Meinert, Ph.D, and Ileana Umaña, Ph.D. are the faculty supervisors for the Autism Program rotation. Additionally, Robin Kochel, Ph.D. provides ADOS/ADI-R training and research experiences. Please note: *The major rotation placement at the Autism Program is an opportunity for interns matched to the internship's Pediatric Neuropsychology track (currently paused),*

## Descriptions of Minor Rotations

**Pediatric Health Psychology Minor Rotation:** For interns on Track II who do not participate in Pediatric Health Psychology as a major rotation, they have the option of participating in this program on a more limited basis as a 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).

**OCD & Anxiety Disorders Minor Rotation:** For interns who do not participate in OCD & Anxiety Disorders as a major rotation, they have the option of participating in this program on a more limited basis as a 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 OCD & Anxiety Disorders experience on a more limited basis as a minor rotation (typically implemented for interns intending to pursue career specialization in OCD and/or anxiety disorders (See Major Rotation Description for details).

**Brief Behavior Intervention Minor Rotation:** For interns who do not participate in Preschool as a major rotation, this is an opportunity to participate in the Brief Behavior Intervention (BBI) component of the Preschool Program. 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 and Ashley Teasdale, Ph.D. are the primary faculty supervisors for the BBI rotation.



**Inpatient Rehabilitation Minor Rotation:** The TCH inpatient Rehabilitation Unit (IRU) is a CARF accredited, 12-bed unit. Interns work with a multidisciplinary team in the care of patients with a variety of injuries/diseases of the central nervous system (CNS), including brain tumors, traumatic brain injury, CNS infections, demyelinating conditions, cerebral vascular accidents, cerebral palsy, and other conditions with known or suspected CNS involvement. The population is diverse with respect to age (toddler through young adulthood) as well as language dominance, culture, and socioeconomic status. Specific responsibilities of rotating interns, under the supervision of the attending faculty member, will be individualized based on the intern's training goals and area of focus (Clinical Child/Pediatric Health Psychology vs Pediatric Neuropsychology). Clinical activities will also vary based on the admitted children's need for services. On this rotation, all interns will gain experience in team consultation and participation in multidisciplinary team and family conferences, comprehensive clinical interviews aimed at care planning, and family education and training about brain injury and home/school/community re-entry. Additional clinical experiences may include performance of serial assessments of neurobehavioral status and neurobehavioral management, pre-discharge neuropsychological evaluations, Parent Management Training (for children ages 2-to-5), and interventions for behavior and pain management. Kimberly Davis, PhD is the primary supervisor for this rotation with supplemental supervision of behavioral intervention services provided by select pediatric health psychology faculty.

**Autism Center – Evaluation 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 focused on diagnostic evaluation/assessment (See Major Rotation Description for details).

**Autism Program – Intervention Minor Rotation:** The Autism Program offers training in short-term caregiver- focused behavioral treatment for families of children with a diagnosis of Autism Spectrum Disorder (ASD) and concerns related to challenging behaviors. The population served includes children 6 years-of-age and under with a diagnosis of ASD and associated challenging behaviors. Challenging behaviors may include physical aggression, noncompliance, tantrums and other developmental concerns (e.g., sleep problems, toileting problems, mild behavioral feeding

problems, and adaptive skill deficits). Goals of treatment include teaching caregivers the skills necessary to reduce challenging behaviors and to increase more adaptive behaviors. Through participation in this rotation, interns have the opportunity to 1) conduct brief diagnostic assessment of ASD and related concerns; 2) gain specialized skills in implementing the RUBI Parent Training Program as well as an adapted version of the Brief Behavioral Intervention program, which are both manualized, evidence-based intervention programs that emphasize caregiver training and live in-session coaching; 3) engage in peer consultation or supervision with other trainees through co-therapy and live consultation; and 4) interact and consult with other specialties, including, faculty, staff and trainees from developmental pediatrics, psychiatry, neurology, and social work. The faculty supervisors for this minor clinical training experience are Madeline Racine, Ph.D. and Ileana Umaña, Ph.D.

**Integrated Pediatric Primary Care Rotation:** Psychology's 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. Interns learn to effectively assess and triage children and adolescents presenting with a broad range of concerns including toileting resistance, sleep problems, procedural anxiety, disruptive behavior and ADHD, obesity, emotional concerns, suicidality, medication adherence, social determinants of health, and many others. Clinical training



emphasizes use of brief, evidence-based screening, assessment, consultation, and intervention practices, including translation of common evidence-based practices into brief, targeted treatments feasible for the primary care setting. Clinical training will also include introduction to population health interventions commonly implemented in primary care environments. Interns 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). The faculty supervisors for the

Pediatric Primary Care Rotation are Stephanie Chapman, Ph.D., Monika Parikh, Ph.D., Britney Alford, Psy.D., Ashley Ramclam, Ph.D., and Angelique Tate, Ph.D.

**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. There are opportunities to conduct diagnostic evaluations within Psychology Division clinics (e.g., Pediatric Health Psychology).

**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).

## **Continuity/Ongoing Outpatient Therapy**

In the second half of the training year, Interns typically maintain the equivalent of one or two outpatient therapy cases from their first semester (from either the major or minor, if applicable). This provides interns with opportunity for longer-term experiences and/or novel populations / approaches to intervention in keeping with an intern's training goals.

## 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 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 internship's weekly Psychology Training Program Seminar. The presentations within this seminar series address core topics pertinent to profession wide competencies in health service psychology with an emphasis in pediatric / clinical child psychology (e.g., evidence-based assessment and intervention practices; pediatric medical conditions and psychological disorders; current research / best practices in a pediatric care; collaborative care in a pediatric health care environment). Seminars are conducted by Psychology Division faculty and, on occasion, invited guest speakers from outside of the Division. 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. Ginger Depp Cline, Ph.D., ABPP coordinates the Training Program Seminar.

**Psychology Practice Conference:** This practice-focused conference frequently consists of Case Conceptualization Presentations for cases in ongoing psychosocial intervention or, on occasion, recent evaluations/consultations. Attendees include all psychology interns and pediatric/clinical child psychology postdoctoral fellows involved in the following clinical programs: Pediatric Health Psychology, OCD & Anxiety Disorders, Preschool, Autism/Developmental Disabilities, and Primary Care Psychology. Clinical cases, typically from the aforementioned programs, are rotated through the conference schedule to allow for peer supervision and consultation for a range of presenting problems, assessment methods, and treatment modalities; this format allows for all interns to benefit from the breadth of internship clinical rotations and 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.

Additionally, this psychology practice forum includes Health Equity topic seminars as well as a Supervision Workshop series.

The **Health Equity seminars** are practice-focused, encourage interaction and reflection, and aim to develop competencies for individualized care that support ALL children and families having access to excellent evidence-based health care services of equal quality. The **Supervision Workshops** are highly interactive with an emphasis on ethical decision-making and



effective management of challenges in context of clinical supervision. The overall Psychology Practice Conference is coordinated by Ginger Depp Cline, Ph.D., ABPP in partnership with Liza Bonin, Ph.D. for the Health Equity and Supervision Workshops.

**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. Liza Bonin, Ph.D. coordinates this internship didactic series.

**Clinical Child /Pediatric Psychology Program Meeting:** The Clinical/Pediatric Psychology Meeting provides a weekly forum for Clinical and Pediatric Psychology faculty, fellows, interns, and graduate students to come together for consultation, discussion, and education to support patient care, program development, and faculty and trainee growth. The forum includes discussion of clinical program procedures and improvement initiatives and is a valued opportunity for case consultation/peer supervision. The meeting schedule incorporates clinically focused topic seminars as well as journal club discussions. Katherine Gallagher, Ph.D., ABPP coordinates this clinical program meeting.

**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 Division 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 Kim Davis, Ph.D., ABPP/CN

**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 Kim Davis, Ph.D., ABPP/CN.

**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 doctoral 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 Division Continuing Education (CE) programming. Our Psychology Division is approved by the American Psychological Association to sponsor continuing education for psychologists. Our Grand Rounds CE activities 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. Cline is the Psychology Division's APA CE Director and coordinates the Division'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.

Additionally, all interns are welcome to participate in range of pediatric subspecialty rounds and/or seminars as time allows (and depending on their rotations, might be encouraged to attend; e.g., Neurology Rounds, Epilepsy Grand Rounds, Brain Tumor Boards, BMT Psychosocial Rounds, Palliative Care Conference).

Finally, in addition to the aforementioned seminars, conferences, and rounds, some specific clinical rotations have their own clinical program staffings (e.g., Autism Center, OCD & Anxiety Disorders Program) with opportunities for program development discussions, consultation and peer supervision. Over the course of the training year, interns will conduct several scholarly presentations within clinical program meetings.

**SUPERVISION:** Individual supervision is provided for all major rotations, minor rotations, and ongoing training experiences. Interns receive a *minimum* of 2 hours per week of regularly scheduled individual supervision from their primary supervisors and *at least* 4 hours total scheduled supervision per week. Beyond individual supervision, interns receive supervision through group format, reflecting team live supervision, joint sessions, and supplemental tiered supervision. The Psychology Service suite includes observation rooms, one-way mirrors, and digital 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.

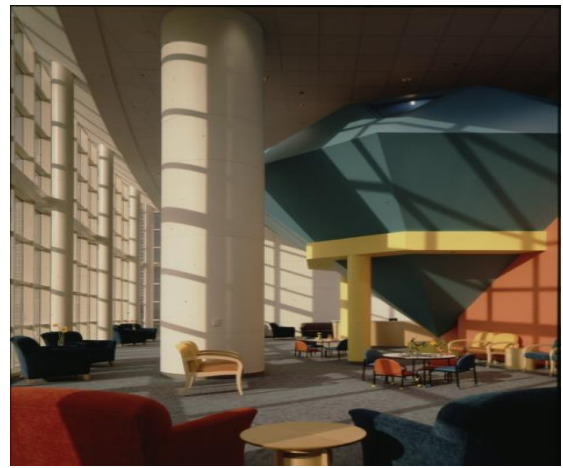
**Intern Meeting:** Interns routinely meet as a group with the Training Director (weekly or every other week). This time is provided for interns to ask questions, raise issues, and provide feedback and suggestions. It affords an opportunity to discuss the training program, clarify expectation and procedural 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. The program's Intern Handbook as well as Due Process Procedures are available for review on request.

**Intern Evaluation:** To ensure preparation for practice in health service psychology, the program fosters intern development of and assesses intern achievement of profession-wide competencies (PWC). Interns are expected to demonstrate performance commensurate with their level of training and strong preparation for entry level practice (and postdoctoral specialization). In keeping with this standard, interns are expected to achieve competency domain ratings of "Developing Competence" or above on all rated competency elements during internship (Quarters 1, 2, and 3). By the end of the internship training program (end of 4<sup>th</sup> Quarter), interns are expected to achieve competency domain ratings of "Competent" or above on all profession-wide competency elements.



The program's profession-wide competency evaluations are conducted by major rotation, minor rotation, and ongoing clinical training supervisors. Evaluations are conducted four times per year (at 4, 6, 9, and 12 months). All evaluations are based in part on direct observation of the intern by the training supervisor. 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.

## Administrative Resources

Interns are provided with designated office space to conduct their clinical administrative work. Interns are provided with an individually assigned computer, private telephone line with voicemail, and pager. Each computer is connected to TCH and BCM intranet systems with access to electronic medical records and access to Houston Academy of Medicine-Texas Medical Center Library with its vast catalog of electronic journals and Pub-Med access.

Within the Psychology Division suite, interns have access to computers with programs for statistical analysis and research. Interns benefit from the administrative support provided by the Psychology Division's administrative assistants, referral center coordinators, and practice manager as well as the hospital's information services, scheduling, admissions, and billing department personnel.



# Internship Admissions, Support, & Initial Placements

## INTERNSHIP PROGRAM TABLES

Date program tables are updated: August 28, 2024

### Program Disclosures

|   |           |
|---|-----------|
| <p><i>Does program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include but are not limited to, admission, hiring, retention policies, and/or requirements for completion that express mission and values.</i></p>   | <b>No</b> |
| <p><i>If yes, provide link or content from brochure when this specific information is presented:</i> NA</p>   |           |
| <p>Flu vaccination is an institutional requirement of Texas Children's Hospital and therefore is required for psychology interns.</p> <p>Per BCM policy, the credentialing process involves a criminal history check. In addition, accepted applicants provide verification of immunization records on employment. Pre-employment health screening will include Tuberculosis (TB) testing or intern may provide documentation of negative TB test within the last 12 months.</p> <p>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 Training Director.</p> |           |

### Internship Program Admissions:

|   |
|---|
| <p><i>Briefly describe in narrative form the important information to assist potential applicants in assessing their likely fit with program.</i></p>   |
| <p>The Texas Children's Hospital Psychology Internship will be recruiting for four full time interns across 2 distinct tracks (see pages 6-8 for information about the program's training tracks). Psychology intern selection is based on factors deemed directly relevant to prospective interns' potential success in the program's track and in the profession of psychology, including prospective intern preparation in pediatric psychology, clinical child psychology, and/or pediatric neuropsychology.</p> <p>Relevant factors in the program's selection / decision process include: clinical and research experiences; education; references from past supervisors, internship training objectives; and long-term professional goals.</p> <p>We endeavor to accept interns from a broad range of graduate training programs as this enriches the Internship Program. Graduate students in clinical, counseling, and school psychology are considered for admission to the Internship Program.</p> |

|   |
|---|
| <p><i>Does the program require that applicants have received a minimum number of hours of the following at the time of application? If Yes, how many:</i></p>     |
| <p>Total Direct Contact Intervention Hours: <u>No</u> minimum number of hours</p> <p>Total Direct Contact Assessment Hours: <u>No</u> minimum number of hours</p> |
|   |

The program expects applicants to have obtained a combination of intervention and assessment hours but does not have a specific minimum hour's requirement for intervention or assessment. While the overall **quality of supervised experience is substantially more important than the number of hours** conducted, applicants typically have completed approximately 750 direct contact hours at the time of application. Successful applicants typically present with experience / hours that are commensurate with the preparation needed to be successful on the track for which they are applying (e.g., solid breadth and more assessment experiences than intervention if applying to pediatric neuropsychology track).

*Describe any other required minimum criteria used to screen applicants.*

Requirements for admission include:

- Completion of at least three years of graduate coursework at an APA-accredited doctoral training program
- Practicum training in assessment and treatment of pediatric / child populations
- Passed comprehensive exams by application deadline
- Completion of dissertation proposal defense and initiation of data collection at the time of internship application submission.
- The completed application deadline is **November 1, 2024**.

### **Application Procedures:**

In order to apply, prospective interns should submit their completed application via the AAPI Online Applicant Portal by **November 1, 2024 by 11:59pm CST**. 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 1, 2024:**

- **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 state within your cover letter in bold type the name of the specific training track for which you are applying (see page 6 for names of training tracks).

Note: Given that each of our training tracks are meant to prepare interns for distinct career trajectories, we strongly encourage applicants to be specific and targeted (i.e., apply to the track best aligns with your training goals, trajectory, and preparation).

- **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, virtual interview days (via Zoom) will be arranged for those applicants still under consideration. These virtual interviews will be conducted in January on select Mondays and Fridays (precise days to be determined). These interview days will include an internship training program and Psychology Division overview and virtual tour, individual interviews with several training faculty

supervisors, and a meeting with the current intern class. Please feel free to contact us for more information at [PsychologyInternship@TexasChildrens.org](mailto:PsychologyInternship@TexasChildrens.org).

## We look forward to reviewing your application!

The internship program 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](mailto:Appic@aol.com) Phone: 202-589-0600 Fax: 202-589-0603.

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.

### **Financial and Other Benefit Support for Upcoming Training Year:**

|   |          |  |
|---|----------|--|
| Annual Stipend/Salary for Full-time Interns   | \$45,000 |  |
| Annual Stipend/Salary for Half-time Interns   | NA       |  |
| Program provides access to medical insurance for intern?  | Yes      |  |
| Trainee contribution to cost required?  | Yes      |  |
| Coverage of family member(s) available?   | Yes      |  |
| Coverage of legally married partner available?  | Yes      |  |
| Coverage of domestic partner available?   | Yes      |  |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation)  | 176*     |  |
| Hours of Annual Paid Sick Leave   | 96       |  |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  | Yes      |  |
| <p>Other Benefits: In addition to medical insurance, interns have the option to purchase 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 Flexible Spending Accounts, 403B tax-deferred investment plan, and BCM Wellness Program. Malpractice insurance is provided. \$750 in professional funds to be used for approved professional endeavors (e.g., virtual conference attendance/registration, poster printing, etc.) are expected to be available.</p> |          |  |

The intern stipend and benefits are provided by Baylor College of Medicine.

\*Note: Paid personal time off is comprised of 7 BCM paid holidays, 4 paid floating time off, and 11 additional paid time off to be used for vacation and personal days. Additionally, interns receive 5 days of professional release time for in person or virtual conferences or other professional development activities approved by the training director.

**Initial Post-Internship Positions:**

|   | <b>2020 - 2023</b> |                 |
|---|--------------------|-----------------|
| Total # of interns who were in the 3 cohorts  | 17                 |                 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0                  |                 |
|   | <b>Post doc</b>    | <b>Employed</b> |
| Academic Teaching   | 0                  | 0               |
| Community Mental Health Center  | 0                  | 0               |
| Consortium  | 0                  | 0               |
| University Counseling Center  | 0                  | 0               |
| Hospital/Medical Center   | 17                 | 0               |
| Veterans Affairs Health Care System   | 0                  | 0               |
| Psychiatric Facility  | 0                  | 0               |
| Correctional Facility   | 0                  | 0               |
| Health Maintenance Organization   | 0                  | 0               |
| School District/System  | 0                  | 0               |
| Independent Practice Setting  | 0                  | 0               |
| Other   | 0                  | 0               |

**The majority of our intern graduates go on to pursue post-doctoral fellowship training in academic 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, Nationwide Children's, UCLA, Children's Hospital of Orange County, Children's Healthcare of Atlanta/Emory University, St. Louis Children's Hospital, Riley Children's Hospital, Children's Medical Center Dallas, Dell Children's Hospital, McLean OCl, 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, University of Pittsburg) or transitioned from internship directly into faculty positions (e.g., University of New Orleans).

## Opportunities for Post-Doctoral Training

The Psychology Division also offers post-doctoral fellowship training. Postdoctoral training typically involves focused training within one of the Psychology's clinical programs, with opportunities for adjunct clinical experiences in other programs.

Potential postdoctoral options include specialization through the following clinical programs: 1) Pediatric Neuropsychology; 2) Pediatric Psychology; 3) OCD & Anxiety Disorders; 4) Preschool; 4) Primary Care; and 5) Autism Spectrum Disorders/Intellectual Developmental Disabilities.

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). Our Division's other fellowship positions are one-year with potential opportunity to extend for a second year.

Note: While our internship program paused our Pediatric Neuropsychology Intern Track for the 2025-2026 training year, our Pediatric Neuropsychology Fellowship continues to recruit for our 2025 - 2027 cohort. Our Division is committed to training, including pediatric neuropsychology training; this commitment includes being mindful about faculty resources necessary to support rotation flexibility and prioritize meeting trainee goals.

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



# Houston & the Texas Medical Center (TMC)

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 diversity 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, and Dynamo. 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 many 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 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.



## Houston Highlights

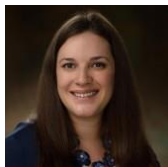
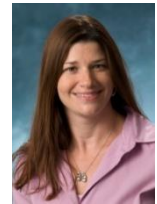
- Ranked #10 on [America's Best Cities](#) list (August 2024)
- [Culturally diverse communities](#) and [affordable cost of living](#)
- A dozen [colleges & universities](#) with many degree programs
- Renowned [ballet](#), [opera](#), [symphony](#), and [theater](#) companies and a large [museum district](#)
- Over [300 parks](#), [200 green spaces](#), & [125 hike-and-bike trails](#)
- NASA's [Johnson Space Center](#)
- Over 11,000 [restaurants](#)
- Professional and college [sports leagues](#)

## Internship Program Training Faculty



**Britney Alford, Psy.D.** (The Chicago School of Professional Psychology), Assistant Professor of Pediatrics. Primary Care Psychology, Texas Children's Hospital. Research and clinical interests: Integrated primary care, substance use disorders, autism spectrum disorder, mood disorders, and decreasing disparities in health access and equity.

**Marni E. Axelrad, Ph.D., ABPP** (SUNY Binghamton), Professor of Pediatrics, Clinical Child/Pediatric Psychologist; Clinic Chief. Short term relationship/behavior consultation for families with young children with and without chronic/life threatening illness. Consultation includes inpatient, outpatient, and in clinic work focused on medical adherence, family functioning, child development, and adjustment. Prevention and treatment of disruptive behavior disorders and difficulty with emotional regulation in young children with and without illness; psychosocial assessment and treatment of children and adolescents with Disorders of Sexual Differentiation. Program development integrating Psychology across the Texas Children's Hospital system. Multidisciplinary work includes Disorders of Sexual Differentiation. Dr. Axelrad also co-leads Psychology's Faculty Professional Development programming.



**Kelly Banneyer, Ph.D.** (University of Texas at Austin), Assistant Professor of Pediatrics, Bilingual Psychologist (English/Spanish), Chair of Inclusive Excellence Executive Steering Committee. Clinical work involves diagnostic assessment and evidence-based treatment of anxiety and obsessive-compulsive disorders with specialty emphasis in young children. Research and professional interests include measurement-based care and family-focused intervention.

**Leandra Berry, Ph.D.** (University of Connecticut), Assistant Professor of Pediatrics, Pediatric Neuropsychologist, Director of the Autism Program within the Meyer Center for Developmental Pediatrics and Autism. Evidence-based diagnostic, developmental, and neuropsychological assessment of children at risk for or diagnosed with Autism Spectrum Disorder (ASD); evidence-based intervention for ASD and commonly occurring comorbidities. Research interests include early identification and diagnosis of ASD, clinical phenotyping, evidence-based intervention, and factors associated with intervention outcomes.



**Liza Bonin, PhD** (University of Texas at Austin), Associate Professor of Pediatrics, Clinical Psychologist; Director of Doctoral Psychology Internship Training Program – Assessment and treatment of OCD and anxiety disorders via evidence-based and patient/family centered practices, with specialization in pediatric obsessive-compulsive disorder and health anxiety. Interests also include professional development/clinical training and quality improvement.

**Ashley Butler, PhD** (University of Florida), Associate 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.





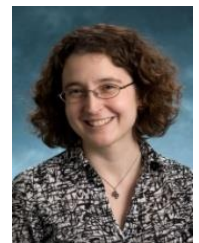
**Sarah Cable, Ph.D.** (University of Alabama at Birmingham), Assistant Professor of Pediatrics. Pediatric Neuropsychologist. Primary interests include neuropsychological consultation, evaluation, and intervention for children and adolescents with acquired brain injuries due to a variety of etiologies (e.g., traumatic brain injury, stroke, hypoxic/anoxic events) and ranging in severity. Additional patient populations include those with epilepsy, genetic/developmental disorders, premature birth, and cerebral palsy.

**Samantha A. Carreon, PhD**, (Rosalind Franklin University), Pediatric Psychologist and Assistant Professor in the Department of Pediatrics and Division of Psychology at Texas Children's Hospital and Baylor College of Medicine. She specializes in evidence-based interventions for youth with diabetes and other endocrine conditions. Dr. Carreon provides support and assists children, adolescents, and young adults with adjusting and coping with illnesses, diabetes distress or "burn out," difficulties engaging in treatment and management, as well as anxiety, depressive symptoms, emotion dysregulation, and behavioral difficulties co-occurring with medical conditions. Dr. Carreon is also a member of the Resilience and Diabetes (RAD) Behavioral Research Lab. Her research interests include studying the psychosocial impact of living with diabetes, supporting resilience and strengths in young people with T1D, transitioning to adult care, health disparities and health equity, and evaluating and improving sleep in youth and young adults with T1D.



**Stephanie Chapman, Ph.D.** (University of Houston), Assistant Professor of Pediatrics. Clinical Director of Primary Care Psychology, Texas Children's. Bilingual English/Spanish psychologist. Research and clinical interests: Preschool and school-aged disruptive behaviors, primary care psychology, maternal behavioral health, and improving access to behavioral healthcare for historically underserved communities.

**Ginger Depp Cline, PhD, ABPP** (University of Kentucky), Associate Professor of Pediatrics; Board Certified Clinical Child & Adolescent Psychologist; Pediatric Psychology and Primary Care Psychology. Dr. Cline is a pediatric psychologist who specializes in assessing and treating youth with acute medical needs including accidental injuries, surgery demands, limb differences and pre-liver transplant status. She utilizes evidence-based practices including cognitive-behavioral therapy, trauma-focused cognitive behavioral therapy, exposure-based treatment, parent management training, among others, while maintaining an individualized treatment approach.



**Katherine E. Cutilta, Ph.D.** (East Carolina University), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based cognitive and behavioral interventions for management of congenital heart disease and cardiovascular disease. Engages with patients/families in the context of illness adjustment and coping, activity limitations/ re-engagement, difficulties with treatment adherence, transplant and medical device evaluations, as well as cardiac related depression and anxiety in children and adults.

**Daniła 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, ARFID, IBD, encopresis; pulmonary disorders including cystic fibrosis, lung transplant; management of functional neurological disorders, somatic symptom and related disorders.







**Kimberly Davis, Ph.D., ABPP/CN** (Purdue University), Associate Professor of Pediatrics, Director, Postdoctoral Fellowship in Pediatric Neuropsychology. Evaluation, consultation, and intervention for youth with acute/recently acquired neurologic injury. Comprehensive rehabilitation neuropsychology services for youth admitted to the inpatient rehabilitation unit (IRU), as well as outpatient consultation, cognitive rehabilitation, and neuropsychological evaluation. Research Interests: prediction of outcome following acquired brain injury and family perceived education needs.

**Katherine A. Gallagher, Ph.D., ABPP** (University of Kansas), Associate Professor of Pediatrics, Pediatric Psychologist. Training Director, Pediatric/Clinical Psychology Postdoctoral Fellowship. Cognitive and behavioral interventions for psychosocial aspects of pediatric diabetes and other endocrine conditions; assist youth with illness adjustment and coping, diabetes distress and “burnout”, diabetes-related family conflict, diabetes management, as well as depression, anxiety, emotion dysregulation, and behavioral difficulties in youth with chronic medical conditions; diagnostic assessment and gender-affirming psychotherapy for transgender youth, especially pre-adolescents and adolescents. Opportunities for consultation in HIV/Retrovirology clinic. Clinical care may occur in Psychology clinic, medical clinics, and inpatient medical floors.



**Mary Reeni George, PhD, ABPP/CN** (National Institute of Mental Health and Neurosciences, India), Assistant Professor of Pediatrics. Pediatric Neuropsychologist; Interim Co-Director of Pediatric Neuropsychology Postdoctoral Fellowship Program. Neuropsychological evaluation of children with sickle cell disease, pediatric stroke, genetic/developmental disorders, hydrocephalus, and other neuropsychiatric disorders.

**Lynnette L. Harris, PhD** (Southern Illinois University at Carbondale), Associate Professor of Pediatrics. Primary interests are neuropsychological functioning in pediatric brain tumors and leukemia, also metabolic storage and genetic disorders, immunological dysfunction, and bone marrow transplant; age range spans infancy through young adult.



**Marisa E. Hilliard Ph.D.** (The Catholic University of America), Associate Professor of Pediatrics, Research Faculty-The Resilience And Diabetes (RAD) Behavioral Research Lab; Resilience in young people with type 1 diabetes and their families, risk and protective factors for resilient diabetes outcomes, qualitative interview studies of everyday experiences with diabetes, and strengths-based intervention research to maximize strengths and achieve optimal outcomes.

**Mackenzie Hughes, PhD** (Texas Tech University), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based assessment and treatment of trauma-related symptoms for youth in foster care. Professional interests include improving access to evidence-based trauma treatments; cross systems collaboration; trauma-informed care; and interventions to address vicarious trauma.



**Lisa S. Kahalley, Ph.D.** (University of Memphis), Associate Professor of Pediatrics; Director of Research for the Psychology Division. Neurocognitive late effects and functional outcomes in pediatric cancer survivors; treatment-related differences in white matter development, neurocognitive functioning, and quality of life outcomes in pediatric neuro-oncology.

**Rachel Kentor, Ph.D.** (Eastern Michigan University), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include palliative care (including but not limited to oncology, pulmonology, and genetics), inpatient consultation and liaison, anticipatory grief and bereavement, d/Deafness, and Acceptance and Commitment Therapy in pediatric chronic illness. Research and professional interests include illness-related communication, impact of family functioning on child adjustment to illness, systematic integration of behavioral health services into palliative care teams, and provider well-being.



**Elizabeth Klinepeter, PhD, BCBA** (University of Florida), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include acute crisis stabilization, evidence-based assessment and treatment, and caregiver behavior management training for significant behavioral concerns in children and adolescents with Intellectual and Developmental Disabilities, particularly Autism Spectrum Disorder. Research interests surround caregiver experiences with inpatient care, medical staff training, and adaptation of behavior analytic procedures to the inpatient care environment.

**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 [www.bcm.edu/autism](http://www.bcm.edu/autism).



**Julia D. Kovalenko, Ph.D.** (University of Houston), Assistant Professor of Pediatrics, Pediatric Psychologist. Dr. Kovalenko is passionate about providing evidence-based treatments that emphasize each family's strengths and natural resilience, improve overall functioning, and support coping with challenging situations. Common treatment targets include adjustment to diagnosis, anxiety and/or depression related to medical concerns, non-adherence to medical regimen, pain management, and return to functional activities following medical diagnosis/treatment/hospitalization. Dr. Kovalenko primarily works with gastrointestinal disorders including functional abdominal pain, ARFID, IBS, encopresis; management of functional neurological disorders, somatic symptom and related disorders; brain injury.

**Allison Meinert, Ph.D.** (University of Houston), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include assessment of neurodevelopmental differences and autism spectrum disorder (ASD), screening for ASD in primary care settings, and collaborating with pediatricians as they work with families with a child with ASD. Research interests center on improving the systems in which children with ASD exist, especially within primary care settings and with regard to supporting prescribers who provide pharmacotherapy for children with ASD.



**Lisa Noll, PhD** (Loyola University), Assistant Professor of Pediatrics. Pediatric health psychology; infant and maternal/parental mental health, neuropsychological evaluation in liver, heart and lung disease, craniofacial anomalies, and impact of chronic medical condition in infants/toddlers/preschoolers; parent-infant consultation and support; intervention with children with chronic illness.

**Monika Parikh, PhD** (Washington State University), Assistant Professor of Pediatrics, Primary Care Psychology. Bilingual English/Gujarati psychologist. Clinical interests: behavioral parent training, primary care psychology, prevention efforts, improving access to behavioral health care to all patients, and anxiety and depression in adolescents.





**Karin Price, PhD, ABPP** (University of Connecticut), Division Chief; Associate Professor of Pediatrics; Board Certified Clinical Child and Adolescent Psychologist; Chief of Psychology. Evidence-based assessment and treatment of anxiety disorders in children and adolescents with specialization in selective mutism; Research/administrative interest include selective mutism, behavioral health quality, access, and outcomes and the use of measurement based care to drive broad behavioral health program development and individual child/ adolescent treatment planning.

**Madeline Racine, Ph.D.** (University of Houston), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include assessment of neurodevelopmental differences and autism spectrum disorder (ASD), parent-mediated interventions for children with ASD and challenging behaviors, treatment of anxiety disorders in youth with ASD. Research interests broadly surround ASD with an emphasis on early identification and diagnosis and evidence based interventions for commonly occurring comorbidities.



**Kimberly Raghubar, Ph.D.** (University of Houston). Assistant Professor of Pediatrics, Duncan Family Scholar in Pediatric Neuropsychology. Neuropsychology consultation and assessment. Research interests include neurocognitive correlates and academic functioning in survivors of pediatric cancer, the role of epigenetic mechanisms on neurocognitive outcomes following treatment for pediatric cancer.

**Ashley Ramclam, Ph.D.** (University of Houston), Assistant Professor of Pediatrics. Primary Care Psychology, Texas Children's. Research and clinical interests: Integrated primary care, autism spectrum disorder, parent management training, and decreasing disparities in access to quality, culturally responsive behavioral healthcare.



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

**David Schwartz, Ph.D., ABPP** (University of Delaware), Professor of Pediatrics. Neuropsychology and pediatric health psychology; psychosocial and neuropsychological screening of children with diabetes and other chronic illnesses; adherence to medical regimens; neuropsychological assessment of pediatric diabetes (T1 and T2), solid organ disease/transplant (congenital heart disease, renal disease, liver disease), endocrine disorders, cancer. Current research projects include: predicting risk for medical and psychological outcomes in children and youth with type 1 diabetes; longitudinal effects of urea cycle disorders on neurocognitive functioning; neurocognitive development in individuals with TANGO2 syndrome and Costello syndrome



**Mariella M. Self, Ph.D., ABPP** (Texas A&M University), Professor of Pediatrics; Board Certified Clinical Child and Adolescent Psychologist; Pediatric Psychologist. Inpatient consultation and outpatient intervention to improve medical regimen adherence/self-management, pain or symptom management, and adjustment/functional adaptation for children with an array of health conditions (e.g., functional and organic gastrointestinal disorders, functional neurological symptoms, rheumatological conditions, food allergies, demyelinating disorders, among others).



**Angelique Trask Tate, Ph.D.** (Tulane University), Assistant Professor of Pediatrics; Associate Medical Director of Behavioral Health, Texas Children's Pediatrics (TCP)-Westwood. Research and clinical interests: integrated primary care, identifying factors promoting emotional and academic resilience among minority populations, parent management training for pre-school and elementary aged children, autism spectrum disorder, anxiety and depression among adolescents.

**Ashley E. Teasdale, Psy.D.** (Baylor University), Assistant Professor of Pediatrics, Pediatric Psychologist. Provides evidence-based family-centered assessment and treatment related to a variety of pediatric health conditions, including neurological disorders, gastrointestinal disorders, feeding and elimination disorders, chronic pain, infant/young child liver transplant, cleft lip and palate, and more. Assists children, adolescents, and families with managing emotional and behavioral challenges in the context of chronic and acute medical conditions. Provides targeted intervention for somatic symptom and related disorders.



**Chelsea Tobin, MSW, PhD** (PGSP) Dr. Tobin, Assistant Professor of Pediatrics, Pediatrics Psychologist. Evidence-based cognitive and behavioral interventions for management of critical illness and chronic medical conditions. Engages with patients/families in the context of psychoeducation, supporting illness adjustment and coping, treatment adherence, transplant evaluations, as well as support for patients with sickle cell disease, lupus, ECMO, lung transplant, and PICU admissions.

**Ileana Umaña, Ph.D., BCBA** (Texas A&M University), Assistant Professor of Pediatrics, Clinical Psychologist, Bilingual Clinical Child Psychologist (Spanish). Clinical interest include culturally responsive assessment of neurodevelopmental differences and autism spectrum disorder (ASD), parent-mediated interventions for children with ASD with challenging behaviors, and treatment of anxiety disorders in children with ASD via evidence-based and patient/family centered practices. Research interests broadly surround ASD with an emphasis on linguistically and culturally responsive parent management training for families of children with ASD and comorbid disruptive behaviors.



## Additional Program Supervisors / Potential Contributors

Kristin Adkins, MA, LPA  
 Nicole Leger, M.A., LPA  
 Ashley Ney, MA, LPA  
 Jessica Nunez, MA, LPA

Charla Clark, Ph.D., LPA  
 Robin Kochel, Ph.D.

## Current and Prior Interns – Academic Programs

### **2024-2025 PSYCHOLOGY INTERNS**

University of Alabama at Birmingham (2)  
University of Houston  
Oklahoma State University  
San Diego State University

### **2023-2024 PSYCHOLOGY INTERNS**

Emory University  
Georgia State University (2)  
University of Alabama at Birmingham  
University of Connecticut  
University of Texas at Austin

### **2022-2023 PSYCHOLOGY INTERNS**

Duke University  
San Diego State University / UC San Diego  
Texas A & M University  
University of Alabama at Birmingham  
University of Nevada – Las Vegas  
University of Texas at Austin

### **2021-2022 PSYCHOLOGY INTERNS**

Florida International University  
Georgia State University  
Oklahoma State University  
University of Houston (2)

### **2020-2021 PSYCHOLOGY INTERNS**

Northwestern University Medical School  
Suffolk University  
University of Houston  
University of Pittsburgh

### **2019-2020 PSYCHOLOGY INTERNS**

Eastern Michigan University  
Georgia State University  
Illinois Institute of Technology  
Temple University  
University of Florida

### **2018-2019 PSYCHOLOGY INTERNS**

George Mason University  
University of Central Florida  
University of Connecticut  
University of Houston  
University of Nevada

### **2017-2018 PSYCHOLOGY INTERNS**

Eastern Michigan University  
University of Alabama at Birmingham (2)  
University of Houston  
University of Memphis

### **2016-2017 PSYCHOLOGY INTERNS**

Rosalind Franklin University of Medicine  
University of Cincinnati  
University of Florida  
University of Houston  
University of Wisconsin

### **2015-2016 PSYCHOLOGY INTERNS**

University of Houston  
University of Massachusetts  
University of Memphis  
University of Texas at Austin  
University of Windsor

### **2014-2015 PSYCHOLOGY INTERNS**

Auburn University  
Brigham Young University  
Nova Southeastern University  
University of Houston  
Virginia Commonwealth University

### **2013-2014 PSYCHOLOGY INTERNS**

Kent State University  
Loyola University  
University of Cincinnati  
University of Houston  
Virginia Tech University

### **2012-2013 PSYCHOLOGY INTERNS**

Carlos Albizu University  
Marquette University  
Jackson State University  
University of Florida  
Virginia Commonwealth University

### **2011-2012 PSYCHOLOGY INTERNS**

Southern Illinois University  
Texas Tech University  
University of Houston  
University of Miami  
University of Tennessee

### **2010-2011 PSYCHOLOGY INTERNS**

Southern Methodist University  
University of Houston  
University of New Mexico  
University of South Florida  
University of Texas at Austin

### **2009-2010 PSYCHOLOGY INTERNS**

American University  
Kent State University  
Purdue University  
University of Cincinnati  
University of Texas at Austin

### **2008-2009 PSYCHOLOGY INTERNS**

Michigan State University  
Purdue University  
University of Connecticut  
University of Florida  
University of Houston

### **2007-2008 PSYCHOLOGY INTERNS**

Indiana University/Purdue  
Michigan State University  
University of Cincinnati  
University of Texas at Austin  
University of Wisconsin

### **2006-2007 PSYCHOLOGY INTERNS**

Brigham Young University  
University of Kentucky  
University of North Carolina

### **2005-2006 PSYCHOLOGY INTERNS**

Texas A & M University  
University of Houston  
University of Minnesota

