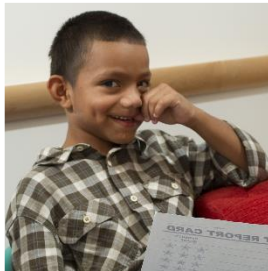


POSTDOCTORAL FELLOWSHIP IN PEDIATRIC NEUROPSYCHOLOGY



Psychology
Division

Department
of Pediatrics



Baylor College
of Medicine

Program Director: Kimberly Davis, PhD., ABPP-CN

Program Code: 9043

<http://www.bcm.edu/pediatrics/psychology>

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Setting and Program Overview

The Psychology Division of Baylor College of Medicine's (BCM) Department of Pediatrics announces the availability of a two-year, postdoctoral fellowship designed to train scientist-practitioners in pediatric neuropsychology. The Postdoctoral Fellowship in Pediatric Neuropsychology is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and is designed to conform to the guidelines developed by [Division 40](#) of the [American Psychological Association \(APA\)](#), the [International Neuropsychological Society \(INS\)](#), the training model formulated at the Houston Conference, and the upcoming training guidelines from the [Minnesota 2022 Update Conference](#). Our goal is to provide advanced training for psychologists specializing in pediatric neuropsychology who plan to go on to earn certification through the [American Board of Clinical Neuropsychology \(ABCN\)](#), a member board of the [American Board of Professional Psychology \(ABPP\)](#). As such, our program includes a "major area of study" in neuropsychology according to the Taxonomy of Education and Training in Clinical Neuropsychology (Sperling et al., 2017).

The Postdoctoral Fellowship in Pediatric Neuropsychology is one program encompassed within the overall education mission of the BCM Psychology Division. Our division regularly serves as a training site for externs from area graduate programs. We also have an APA-accredited internship program with tracks in child clinical/pediatric health psychology and pediatric neuropsychology (Director: Liza Bonin, PhD), as well as a Postdoctoral Fellowship in Child Clinical/Pediatric Health Psychology (Director: Katherine Gallagher, PhD). Given this broader educational context in which the Postdoctoral Fellowship in Pediatric Neuropsychology exists, our fellows are afforded opportunities to gain experience supervising less advanced trainees and engaging in clinical and research activities outside of pediatric neuropsychology.

The Psychology community at Texas Children's Hospital/Baylor College of Medicine is dedicated to promoting an environment of respect, inclusion, equity, and belongingness. We are committed to the recruitment, retention, development, and promotion of neuropsychologists of all backgrounds and experiences. Bilingual/bicultural students and those underrepresented in psychology are encouraged to apply.

The mission of the fellowship programs is to advance the profession of psychology and maximize child health outcomes through exemplary post-doctoral training that launches the independent careers of psychologists who are effectively prepared to balance and integrate clinical practice, research, and teaching within their subspecialty field of child and pediatric psychology. We will achieve this through direct teaching of advanced competencies, informed professional development, and an emphasis on individualized, contextually-relevant, and evidence-based care achieved through scholarly inquiry, commitment to a scientist-practitioner model, and a mutually-informative collaboration between multidisciplinary researchers and clinicians.

The primary site for this fellowship is the Psychology Division of [Texas Children's Hospital \(TCH\)](#), which is the largest children's hospital in the United States and the primary teaching/training center for [BCM's Department of Pediatrics](#). BCM and TCH are located on the grounds of the Texas Medical Center, the largest medical center in the world. TCH is a 973-bed institution comprised of six main facilities and additional satellite facilities in central Houston and the surrounding suburbs.



TCH was one of only ten hospitals nationally designated by [U.S. News and World Report](#) in 2023-2024 for Honor Roll status in pediatrics, ranked in 3rd place overall. We ranked among America's best in 10 of 10 specialty areas evaluated, including:

- No. 1 Cardiology and Heart Surgery
- No. 1 Nephrology
- No. 1 Pulmonology and Lung Surgery
- No. 2 Diabetes/Endocrine
- No. 2 Neurology & Neurosurgery
- No. 3 Neonatology
- No. 6 Cancer
- No. 7 Urology
- No. 7 GI & GI Surgery
- No. 8 Orthopedics

Of the five main facilities, the Wallace Tower is the primary outpatient services facility, where the physical space of the Psychology Service occupies 13,000 square feet. The West Tower and the more recently opened Legacy Tower are the inpatient services facilities. The Feign Tower houses research facilities, including labs, administrative, and faculty offices. The Pavilion for Women houses the maternal-fetal medicine program and connects the Wallace and West Towers by a sky bridge.

Space designated for Psychology Service patient care includes: 10 neuropsychological testing/interview rooms; numerous individual and family therapy rooms, and additional swing spaces that can be used for assessment or treatment activities. Select clinical space is equipped with observation rooms, one-way mirrors, and digital video capacity with microphones for supervision and consultation purposes. With the onset of COVID-19, TCH has developed a robust infrastructure for delivery of clinical services via telehealth, as clinically appropriate.

As mentioned above, the Psychology Division maintains a large number of trainees at various levels, offering significant opportunity for collegial interaction with peers. Current departmental trainees include: 11 postdoctoral fellows (4 in pediatric neuropsychology, 7 in clinical child/pediatric health psychology), 5 interns in our APA-accredited Professional Psychology Internship Training program, and numerous graduate practicum students. At the fellowship level, a firm foundation is provided for those pursuing careers in academic medical centers, hospitals, or in private practice. The majority of our graduates enter directly into academic medical center or hospital-based positions. A small minority initially choose to enter private practice or a university placement.

With accomplished faculty neuropsychologists (7), pediatric/child/primary care psychologists (26), and research psychologists (6) that span a variety of specialties within the field of pediatric psychology, our program provides fellows with many professional role models. The client population served through TCH represents a wide range of conditions within primary and specialized pediatric medicine. The caseload of fellows is based upon their educational needs and training goals. Fellows have the opportunity to participate in evaluations and therapy with children with a variety of physical disorders and diseases as well other mental health disorders. Primary services in which the fellows engage include neuropsychological evaluation (inpatient and outpatient); consultation with families, schools, and referring physicians/medical teams; and individual, family, and group psychotherapy.

Diversity, Equity, and Inclusion

The Psychology community at Texas Children's Hospital/Baylor College of Medicine is dedicated to promoting an environment of respect, inclusion, equity, belongingness, and appreciation across all dimensions of identity. We are passionate about building and sustaining an inclusive, equitable, welcoming, and enriching working, learning, and patient care environment that is conducive to the intellectual, emotional, and social development of our diverse community. We embrace providing high quality and culturally sensitive patient care, training, and scholarship that affirm the dignity, worth, and value of all individuals.

In April 2021, the Division of Psychology launched an Inclusive Excellence (IE) Steering Team with representation from staff; clinical, training, and research leadership; trainee liaison; family liaison; Committee of Diversity and Inclusion (CODI); and TCH Diversity, Equity, and Inclusion leadership. The IE Steering Team works in tandem with CODI to plan and carry out DEI initiatives. In addition, the Psychology Division currently has five "pillars" of Inclusive Excellence, including: 1) Cultural & Linguistic Diversity, 2) Racial & Ethnic Inclusion for Black Youth, 3) Disability Inclusion, 4) Gender & Sexual Diversity, 5) Immigrant & Undocumented Youth, and 6) Economic Justice. The Economic Justice pillar is our newest pillar, added in 2022. Each pillar has distinct faculty leadership who champion these areas. Fellows have the opportunity to participate in activities across all levels of IE including participation in pillar initiatives, joining monthly CODI meetings, and applying to be a trainee liaison on the IE Steering Team.

Projects that have been successfully implemented over the last several years include:

- Development and maintenance of a Microsoft Teams page that provides the Psychology community resources and updates on DEI-related topics
- Development and management of Division-wide anonymous survey for DEI-related questions
- Creation and dissemination of "Safe Space" signs
- Development and maintenance of a bulletin board, updated monthly, that provides information about important dates/holidays, DEI-related articles, announcements from the BCM Pediatric Diversity Council, and information about a wide range of community-based activities.
- [Virtual book reading and Q&A](#) session with children's book author, Jasmyn Wright, *I'm Gonna Push Through* shown to patients at Texas Children's
- Contributions to Texas Children's Blog (i.e. [How to Help Your Black Child Develop Resilience in the Face of Racism and Discrimination](#))
- Development of social stories for pathology
- Development of a Needs-Assessment Survey for patients and families with disabilities cared for in Texas Children's Hospital outpatient clinics.
- Repository of psychological/neuropsychological report recommendations in Spanish



Fellowship Activities

Pediatric neuropsychology fellows typically spend approximately 70% time in clinical service (divided across major and minor rotations, including supervision time), 20% time in research and professional preparation, and 10% time in didactic coursework. Professional preparation time supports important professional development efforts, including but not limited to time allotment toward EPPP, provisional licensure in Texas, and time allotment and mentorship toward full state licensure and American Board of Professional Psychology (ABPP) specialization in Clinical Neuropsychology. Fellows are strongly encouraged and incentivized to become provisionally licensed prior to the commencement of fellowship year 2. Professional funds to be used toward pursuit of licensure (e.g., EPPP) and/or toward other professional endeavors (e.g., conference attendance/registration, poster printing, etc.) are expected to be available, but confirmation and determination of amount are pending and subject to budget approval. Fellows are also provided additional protected time during the spring semester of fellowship year 1 dedicated for EPPP preparation and research. Fellows spend 2/3 of their clinical service time focused in neuropsychology (4, 6-month major rotations) and 1/3 in minor rotations drawn from neuropsychology and other concentration areas (4, 6-month minor rotations). Select, qualified fellows may arrange for a more balanced research and clinical experience while maintaining at least 50% time in clinical service, in keeping with APPCN member program requirements. The following is one example of a possible rotation structure:

	Year 1				Year 2	
	Fall Semester	Spring Semester			Fall Semester	Spring Semester
Experience	6 Months	4 weeks	6 weeks	15 weeks	6 Months	6 Months
Major Rotation (50%)	Core Faculty A	EPPP Licensure Research	Optional: BCM Neuroscience	Core Faculty B	Required: Inpatient Rehabilitation	Core Faculty E
Minor Rotation (20%)	Required: Diagnostic Interview Clinic	Continue Core Faculty A		Core Faculty C	Core Faculty D	Required: Diagnostic Interview Clinic
Inpatient Neuropsychology Consultation Service Required: 1 case per month						
Didactics (10%)	Child Neuropsychology Seminar Team Based Learning in Neuropsychology Multicultural Seminar Pediatric Neurology Grand Rounds Psychology Grand Rounds Training/Research Program Seminar Clinical and Professional Development Seminar Baylor College of Medicine Adult Neuropsychology Grand Rounds					
Research & Professional Prep (20%)	Research/Scholarship Project Presentation at National or Regional Conf. EPPP prep Professional Development Mentoring			Research/Scholarship Project Manuscript submission Job Talk/Interview prep/ABPP written exam prep Professional Development Mentoring		

Clinical Service

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, epilepsy (including pre- and post-surgical evaluations), spina bifida, neurofibromatosis type 1, cerebral palsy, sickle cell disease, stroke, traumatic brain injury, and organ failure and transplantation. Other referrals include neurodevelopmental delays and disorders, genetic disorders, diabetes, lupus, and other neurological or systemic medical conditions. The clinical populations served vary by rotation and the specialty area(s) of the rotation supervisor. Across rotations, children seen range in age from infancy to early adulthood

and come from very diverse cultures and socio-economic backgrounds. Given the demographics of our typical patient population, fellows gain significant experience in the assessment of bilingual/bicultural patients.



The majority of neuropsychological services have returned to in-person appointments with the exception of feedbacks and some diagnostic interviews. Primary services in which fellows engage vary by rotation but generally include outpatient neuropsychological assessment and consultation with families, schools, and referring physicians/medical teams. Inpatient neuropsychological evaluations also occur. Major rotations typically consist of 2-to-3 cases per week, while minor rotations typically consist of 1-to-2 cases. Fellows participate in all aspects of evaluations, including diagnostic interviews, planning test batteries, test administration and interpretation, caregiver results conferences (feedbacks), and report writing. There is

support from licensed psychological associates for test administration and scoring, as available and developmentally appropriate for a given fellow. Fellows also participate in multidisciplinary clinics/staffings, as well as rotation-specific clinical/didactic meetings (e.g., multidisciplinary staffing in physical medicine & rehabilitation, sickle cell, cardiac, autism, and organ transplant teams; brain tumor boards; epilepsy surgery conference; etc.) in addition to their ongoing didactic programming (see Seminars/Didactics). There are no billable expectations for fellows.

While some rotations are defined by their setting and supervisor (i.e., Blue Bird Clinic for Pediatric Neurology and Neurosurgery, the Autism Program, and the Inpatient Rehabilitation Unit), other rotations are defined by the selected supervisor and their specialty patient populations. Below, we have provided descriptions for all of the available major and minor rotation experiences available for pediatric neuropsychology Fellows at TCH/BCM.

Faculty supervisors for major or minor 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.; and David Schwartz, Ph.D., ABPP.

Clinical Experiences Available for Major and Minor Rotations:

Diagnostic Interview Clinic: (Required Minor Fall of 1st year and Spring of 2nd year): In this clinic fellows will conduct two diagnostic interviews per week. Appointments will be in-person or virtual based on family preference. In addition to strengthening trainees' interviewing skills, the goals for this clinic include: 1) Enhancing interview and documentation efficiency (i.e., documentation is completed *during* the appointment not after) and 2) Developing independent decision making regarding right-sized care and clinical triage. Based on information gathered during the interview, Fellows will determine if a stand-alone diagnostic interview with recommendations/referrals is sufficient to meet the patient and family's clinical needs vs triage for a focused (2-hour) evaluation vs triage for a comprehensive (4-to-6 hour evaluation). Fellows will also engage in individual and group supervision and may have the opportunity to participate in several of the focused (2-hour) evaluations, dependent upon trainee goals. During year 2, an additional goal is to work toward independent clinical care and decision-making. Lynnette Harris, Ph.D., and Sarah Cable, Ph.D. are the primary supervisors for this rotation.

Cable Neuropsychology Rotation: Specialty patient populations primarily include concussion and acquired brain injury (e.g., traumatic brain injury, non-accidental head trauma, AVM/CVM hemorrhage, anoxic brain injury, and encephalitis). The fellow will also occasionally see a variety of other cases including those with epilepsy, cerebral palsy, a history of prematurity, and occasionally other medical conditions. A fellow's primary clinical duty is comprehensive and focused (e.g., 2-to-4 hour) outpatient neuropsychological assessment depending on patient needs. Inpatient evaluations also occur regularly, which can be a major or minor part of this training rotation depending on trainee goals. Fellows are involved in all aspects of the case and are assigned relevant readings on a case-by-case basis. Opportunities to participate in program development and quality improvement projects may be available.

George Neuropsychology Rotation: Specialty patient populations include sickle cell anemia, stroke, cerebral palsy, neurofibromatosis type 1, and other hematological disorders including childhood leukemia. The fellow will also occasionally see a variety of other cases (neuropsychiatric presentations including brain tumors, low birth weight, developmental disorders, and prenatal exposure to substances). A fellow's primary clinical duty is comprehensive outpatient neuropsychological assessment; however, occasional inpatient evaluations also occur. Fellows will also have opportunities to attend weekly meetings with multi-disciplinary treatment teams in Sickle Cell Disease. Fellows will work through a set of readings to support their knowledge of relevant neuropsychological and educational research and associated evidence-based practice.

Harris Neuropsychology Rotation: Specialty patient populations include brain tumors, leukemia, and children who are recipients of bone marrow transplant. A small proportion of the patient population includes children with metabolic storage diseases (e.g., leukodystrophies, mucopolysaccharidoses), immune dysfunction (e.g., HIV/AIDS, SCID), hematological disorders (e.g., SCD, histiocytosis), and occasionally other medical conditions. Evaluations are primarily conducted in the outpatient setting, with occasional inpatient consultation/evaluation. Trainees are involved in all aspects of the evaluation. Other activities include involvement in review of relevant research literature and evidence-based practice, completion of insurance pre-authorization request forms as needed, consultation with multi-disciplinary treatment teams, and attendance at hematology/oncology staffings and research seminar when relevant. For fellows, there is also potential to participate more actively in ongoing research. Current research projects include neuropsychological outcome and adherence issues in patients with perinatally-acquired HIV/AIDS.



Noll Neuropsychology Rotation: Specialty patient populations include young children with a history of congenital anomalies involving the heart, liver, and lungs, as well as referrals for young children (infant through preschoolers) with concerns as craniofacial, genetic, prematurity, and wide-ranging medical neuropsychology referrals. Fellows will conduct standardized evaluations of infants and toddlers using a range of standardized assessment tools developed for young children (e.g., Bayley Scales of Infant Development, Vineland Adaptive Behaviour Scales-Interview Form, etc.). Assessments are conducted with a key emphasis on infant and maternal mental health. Supervision focuses on aspects of cultural and ethnic diversity, parental (maternal/paternal) health, impacts of chronic illness, role of community, and general early childhood development that supports the foundation for cognitive, emotional, and social development of these young children. While a majority of

neuropsychological assessments will be outpatient, there will also be opportunities to participate in inpatient transplant evaluations. Other clinical duties include consultation with multidisciplinary treatment teams. Fellows will review a curriculum of readings to support their knowledge of general development, infant mental health, maternal and paternal mental health, psychosocial issues of illness, prematurity, craniosynostosis, heart/liver/lung disease, and medical concerns presenting in children referred for purposes of engaging in evidence based practice. A developmental, competency-based, supervision model will be utilized, taking into consideration the fellow's prior experience. Thus, the

outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows.

Schwartz Neuropsychology Rotation: Specialty patient populations include solid organ disease/transplant (congenital heart disease, renal disease, liver disease), diabetes (T1 and T2), disorders that affect or involve the endocrine system (e.g., Turner syndrome, Klinefelter syndrome), and other conditions. A fellow's primary clinical duty is outpatient clinical neuropsychological assessment. Fellows also have the opportunity to engage in brief inpatient assessment of heart transplant candidates and consultation with multi-disciplinary teams. Opportunities for participation in quality improvement projects or research studies may also be available. Readings will be provided on a case-by-case basis.

Autism Center (Major or Minor Rotation): The Autism Center offers diagnostic, developmental, psychological, and neuropsychological evaluation for individuals suspected of having an autism spectrum disorder (ASD), as well as evidence-based, behavioral intervention. The patient population includes children from a range of referral sources (e.g., schools, physicians, families) who may have pre-existing diagnoses (e.g., developmental delays or other neurodevelopmental disorders). Our center also provides comprehensive evaluation for children who have been previously diagnosed with ASD and are in need of aid in the development of treatment recommendations. The Autism Center faculty work in conjunction with faculty from a range of other disciplines and evaluate children in a multidisciplinary clinic format. In the multidisciplinary clinics, fellows have the opportunity to work on teams that include faculty from psychiatry, developmental pediatrics, neurology, and social work.



Within this rotation, fellows have the opportunity to engage in psychological, behavioral, and/or neurocognitive assessment, including evaluations using gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2). Fellows also have the opportunity to (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems; (2) participate in diagnostic differentiation and formulation of further assessment and treatment plans; and (3) participate in family consultations/feedback and provide recommendations for intervention services.

While assessment will be the primary focus of this rotation, depending on supervisor availability, there may be opportunities for fellows to participate in Parent Management Training with families with preschool-age children with ASD and comorbid disruptive behavior. Another opportunity is the IDD Crisis Stabilization Program that provides crisis stabilization services for individuals with intellectual/developmental disabilities and their families who are admitted to Texas Children's Hospital Inpatient Services, in the context of acute behavioral crises. Opportunities also exist for clinical research, particularly projects involving behavioral phenotyping of ASD and genetic conditions.

Leandra Berry, Ph.D., Madeline Racine, Ph.D., Elizabeth Klinepeter, Ph.D., BCBA, Allison Meinert, Ph.D., and Lleana Umaña, Ph.D., BCBA are the primary faculty supervisors, but some supervision may be available from Robin P. Kochel, Ph.D. (ADOS/ADI-R training and research experiences, only).

Inpatient Rehabilitation Unit (Required Major Rotation, Fellowship Year 2): The TCH Inpatient Rehabilitation Unit (IRU) is a CARF accredited, 12-bed unit. Fellows 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, immune mediated epilepsies, 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, cultural background, and socioeconomic status. Fellows will gain experience in inpatient assessment, care management, and discharge planning of bilingual/bicultural patients on this rotation.

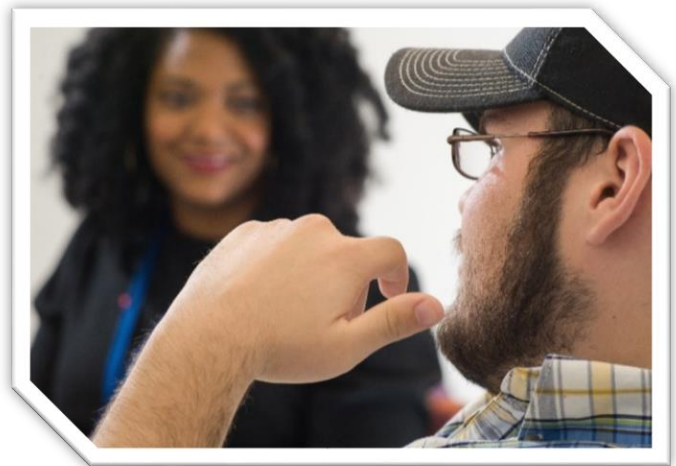
Responsibilities of the rotating fellow include team consultation and participation in multidisciplinary conferences, clinical interviews aimed at care planning and psychological service triage, performance of serial assessments of neurobehavioral status, family education about the neuropsychological effects of brain injury and recommendations to support home / school / community re-entry, and pre-discharge neuropsychological evaluations. At present, this rotation typically involves the comprehensive management of 3-to-5 children and families throughout the course of their IRU admission. Fellows also have the opportunity to engage in brief psychotherapeutic intervention on the IRU, depending on patient need and trainee interest. Typical interventions are grounded in Parent Management Training, Relaxation Training, Exposure and Response Prevention, Behavioral Activation, Cognitive Restructuring, and Motivational Interviewing. Opportunities for scaffolded supervision of neuropsychology pre-doctoral Interns is also often available. Kimberly Davis, Ph.D., ABPP-CN is the primary supervisor for this rotation.

Required Inpatient Neuropsychology Consultation Service (Years 1 and 2):

In addition to inpatient experiences that are integrated into many of our other rotations (most significantly the Inpatient Rehabilitation Rotation), all neuropsychology fellows provide clinical services through our inpatient neuropsychology consultation service under the supervision of attending neuropsychologists. Attending faculty are assigned cases based on the clinical presentation or referral source of the patient. Fellows rotate on a case-by-case basis, with the expectation of no more than 1 inpatient consultation per month, unless alternate arrangements have been made to support the individual trainee's education plan. Consultation services are provided during normal business hours, and fellows are not required to carry a pager for after-hours services. Services provided currently include neuropsychological assessment (typically brief and targeted to the referral question) and consultation, including neurobehavioral status examinations and tracking of inpatients who are not cognitively ready for more comprehensive, standardized neuropsychological assessments. Neuropsychology Fellows do not treat COVID 19 positive patients.

Additional Experiences Potentially Available for Minor Rotations:

Adult Clinical Neuropsychology: Some pediatric neuropsychology fellows desire to expand their lifespan neuropsychology experience during the course of this two-year fellowship. To address these training interests, we have developed educational partnerships with the clinical neuropsychology fellowship offered within the [Baylor College of Medicine Department of Physical Medicine and Rehabilitation](#) (clinical services primarily provided at TIRR Memorial Hermann Rehabilitation Hospital) as well as the clinical neuropsychology fellowship offered within the [Baylor College of Medicine Department of Neurology](#). Specific activities and rotations will be arranged based upon availability as well as the specific interests and background of each interested BCM/TCH fellow.



Outpatient Neuropsychological Consultation and Intervention: Many neuropsychologists desire to integrate intervention and consultation services into their neuropsychological assessment practice. This rotation provides training and intervention experience in the Teen Online Problem Solving Intervention

(TOPS; Wade, Cassedy, Taylor, et al., 2019), which is an intervention designed to facilitate adolescent and family coping, communication, and problem-solving for youth who have experienced an acquired brain injury. Additional opportunities on this rotation may include participation in the Multidisciplinary Intensive Care Neurology and Development Clinic (MIND Clinic, neurocritical care outcome program). These services are largely provided through telehealth at this time. Kimberly Davis, Ph.D., ABPP-CN, Sarah Cable, Ph.D., and Julia Kovalenko, Ph.D. are the primary supervisors for this rotation.

Pediatric Health Psychology (PHP): The Pediatric Health Psychology Program serves children/adolescents and their families who are having difficulty managing physical symptoms, adapting to chronic/acute medical conditions, and/or adhering to medical regimens. Referrals are received from a wide array of pediatric subspecialties including: Cardiology, Diabetes/Endocrinology, Gastroenterology/Nutrition, Hematology-Oncology, Neurology, Orthopedics, Physical Medicine & Rehabilitation, Plastic Surgery, Pulmonology, Transplant Services, Bariatric Surgery, the Fetal Center/NICU, Gender Medicine, Retrovirology, Rheumatology, and Trauma Service, among others.

In this rotation, the fellow will be provided with training in evidence-based practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Common presenting problems range from adaptation to acute and chronic illness, self-management/adherence to medical regimens, procedural anxiety, reactions to accidental injury/medical trauma, and conditions related to the interaction of physical and behavioral factors such as chronic pain, feeding and elimination disorders, and medically unexplained symptoms. Fellows often gain experience with patients with pronounced medical complexity or rare conditions, and our program offers access to a patient population that is incredibly diverse. Intervention modalities include inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting. Fellows may attend various rounds and multidisciplinary staffing/clinics and receive mentoring in effective work with interprofessional health care teams.

Faculty supervisors include Marni Axelrad, Ph.D., ABPP, Samantha Carreon, Ph.D., Stephanie Chapman, 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, Mariella Self, Ph.D., ABPP, Ashley Teasdale, Ph.D. and Chelsea Tobin, MSW, PhD.

Obsessive Compulsive Disorder and Anxiety Disorders Program (OC-ADP): 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.



Fellows that choose a training experience with in the OCD and Anxiety Disorders Program have the opportunity to develop their clinical skills 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. Supervision is provided by clinical psychologists trained in exposure-based cognitive-behavioral and family-based approaches to treatment. Faculty supervisors include: Kelly Banneyer, Ph.D., Liza Bonin, Ph.D., and Karin Price, Ph.D., ABPP.

Preschool Rotation: The Psychology Service provides specialty care for toddler through preschool populations. The preschool rotation provides fellows 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. Fellows have the opportunity to participate in extensive training and receive live supervision while providing services. Within the Brief Behavioral Intervention component of this rotation, fellows 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, fellows 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. Fellows have many opportunities to strengthen their multicultural awareness and translate their knowledge regarding individual and cultural diversity into daily clinical practice. The rotation also includes the opportunity for bilingual (Spanish) supervision. Marni Axelrad, Ph.D., ABPP is the primary faculty supervisor for the Preschool rotation.

Seminars/Didactics

Pediatric Neuropsychology Fellows will be required to have taken courses in Functional Neuroanatomy, Developmental and/or Child Neuropsychology, Developmental Theory, and Clinical Child Psychology. If these courses have not been taken earlier in graduate training, enrollment in an appropriate course at BCM, Rice University, or the University of Houston (depending upon specific course offering and resident needs) often can be arranged.

A variety of didactic experiences are included in the fellowship experience itself. Some of these experiences are mandatory, whereas others are strongly encouraged or optional depending on the specific rotations selected by a given fellow. Mandatory didactics throughout the two-year, training experience include Child Neuropsychology Seminar (bi-weekly), Team Based Learning in Neuropsychology (weekly), Research, Ethics, and Professional Development Seminar (monthly), Multicultural Seminar (monthly), Supervision Competencies Workshop (approximately monthly during year 1), and Psychology Grand Rounds/Continuing Education Series (approximately monthly). Individual rotations may also involve participation in rotation-specific didactics or conferences, such as Tumor Board or multidisciplinary rounds. Most fellows also elect to take the Baylor College of Medicine Neuroscience course alongside BCM medical students in Spring of fellowship year 1. Optional didactic opportunities include BCM Neuropsychology Grand Rounds (adult), TCH Neurology Grand Rounds, TCH Pediatric Grand Rounds, Taquitos de Sesos (an internationally available cultural neuropsychology focused didactic series) and a range of seminars hosted by the Houston Neuropsychological Society. Fellows who have not previously taken an intensive course in the neurosciences and neuroanatomy are strongly encouraged to take the **BCM Neuroscience Course** (a module within the standard medical school curriculum) during the Spring of Fellowship year 1.



Research and Scholarship

Pediatric Neuropsychology Fellows are required to maintain active involvement in research/scholarship throughout the two-year training program and, as such, maintain 20% protected time for research and professional development activities each year of fellowship. Fellows will select one supervisor with whom they will focus their research/scholarship over the two-year training period. One of two tracks may be selected.

Research Track: There is much opportunity for fellow participation in funded and unfunded clinical research, though project selection must take into account the duration of the fellowship as well as the trainee's professional development goals. Select, qualified candidates with interest in research-oriented careers and evidence of strong past research/scholarship productivity can be considered for more intensive research experiences to replace some of their clinical training time, though APPCN membership guidelines prohibit <50% clinical time during the course of the fellowship. Productivity commensurate to the degree of protected research time will be expected and included in the fellow's individualized training plan. Examples of currently funded research projects include: radiotherapy and surgical effects on neurocognitive outcomes and white matter development in pediatric brain tumor survivors; clinical characterization, onset, and causes/consequences of skill loss in autism spectrum disorder; natural history (including neurodevelopment, adherence, and emotional factors) of perinatal HIV infection; executive function in perinatal HIV/AIDS.



Fellows on this track are expected to participate in project selection and design, data collection (if applicable), coding, analysis, and manuscript preparation. Fellows are required to present their fellowship research at a regional or national conference at least once and to submit at least one manuscript for peer-review during the course of fellowship. In order to accomplish these goals, fellows are granted the option of selecting a minor rotation dedicated to research.

Scholarship Track: Fellows on this track are expected to select a scholarship mentor and develop a plan for completion of at least one scholarly product during the course of fellowship. Fellows are required to present their project at a regional or national conference and/or submit an original manuscript/product for peer review prior to graduation. Options include but may not be limited to an original research project, case studies, book chapters, review articles, MedEd Portal submission, and quality improvement projects.

Essential distinctions between the scholarship and research track are that with the scholarship track, 1) data analysis and/or hypothesis testing is not required and 2) development and submission of a manuscript for peer-review is not required.

Teaching/Supervision



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

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

Salary/Benefits

The fellowship positions are funded through the Psychology Division’s budget. The salary for fellowship years 1 and 2 will be set according to the [NIH stipend for research postdocs](#) for the applicable fiscal year, which is currently \$61,008 and \$61,428 for 1st and 2nd year postdocs for FY 2024 (FY 2025 not yet determined/published as of 09/2024). Fellows have the option to purchase employer-sponsored medical, dental, and vision benefits for themselves, with the additional option of adding family members at a standard price. Fellows are also entitled to participate in the medical school’s 403B plan. In addition to 11 paid BCM holidays (including 7 set holidays and 4 other “floating” holidays with dates selected by the employee) and 12 sick days, fellows are given 15 days to be used for vacation and personal days

as well as 5 days for professional release time for conferences and other professional development activities approved by the training director. Per current BCM policy, fellows are able to obtain coverage through BCM Medical Leave immediately following hire if unpaid leave is required. Fellowship graduation remains contingent upon completion of fellowship requirements within the defined 2-year window. Additionally, fellows who have been employed ≥ 1 year can access up to \$2,500 for tuition and required books when taking formal, approved graduate courses at BCM, Rice, or the University of Houston. Professional funds to be used toward pursuit of licensure and/or toward other professional endeavors (e.g., virtual conference attendance/registration, poster printing, etc.) are expected to be available at a total of \$3,000 across the two year fellowship (\$2,050 during year one to cover conference travel, the cost of licensure, and EPPP and \$950 during year two to cover conference travel) with policy on approved spending procedure to be provided upon start of fellowship. Confirmation and determination of amounts, while not expected, are subject to change given yearly budget reviews as mandated by the institution.

Fellows have individually designated spaces within the shared fellows' office. Each desk is equipped with a computer, dual monitors, a private telephone line, and dictation equipment. Fellows have access to electronic medical records and electronic MRIs through EPIC, as well as Pub-med and Psych Info through the [Texas Medical Center Library](#) (over 3,500 online journals). Within the Psychology Division suite, fellows have access to computers with programs for statistical analysis and research, including SPSS, SAS, LISREL, and Reference Manager. Fellows also benefit from administrative support provided by departmental secretaries, appointment/referral/clinic coordinators, administrative assistants, and the business manager, as well as the hospital information service's scheduling, admissions, and billing department personnel.

For video highlights of just some of what TCH and Houston have to offer, please view [Texas Children's Hospital Medical Center Campus Tour](#) & [Houston Texas Travel Guide](#)

Application Procedures

There are 2 anticipated positions for the 2025-2027 training cycle. The planned start date is September 2, 2025, and the planned end date is August 27, 2027, though dates are subject to minor adjustments by the program if necessary. Applicants are required to have completed their doctoral degree prior to beginning the fellowship program. A diploma or a letter from the doctoral program Department Chair is required prior to official appointment. Since stipends are provided by BCM, appointment is also contingent upon a criminal background check.

Applications will be accepted through APPA CAS (<https://appicpostdoc.liasoncas.com>). If this link is not functional, please copy and paste it into your browser to access the APPA CAS registration/login page. Applicants must be graduates of APA- and/or CPA-accredited clinical programs and internships, and prior training with children is required. **The deadline for the receipt of all application materials for our program within the APPA-CAS system is Thursday, December 5, 2024.** Application requires submission of a letter of intent/cover letter, curriculum vita, *official* graduate transcripts, three letters of recommendation, [the APPCN Verification of Completion of Doctorate form](#), two (2) sample, neuropsychological reports, and response to the additional question prompts in our APPA CAS program listing. Applicants should take note that our program participates in the APPCN match system. January 13, 2025 is the expected recommended deadline for online registration with the National Matching Services, Inc. (416-977-3431; www.natmatch.com/appcnmat).

This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.

The Texas Children's Hospital/Baylor College of Medicine Fellowship Program in Pediatric Neuropsychology adheres to BCM's community engagement, health equity, and inclusion policies, as well as other applicable BCM employment policies. Fellow selection is based on factors deemed relevant to prospective fellows' potential success in the profession of pediatric neuropsychology. Particularly relevant factors include: clinical/research experiences; education; references from past supervisors as they relate to past training/work performance; fellowship training objectives; and long-term professional goals. The Psychology Division is committed to the recruitment of bicultural/bilingual trainees, staff, faculty at all levels to better meet the needs of our patients, their families, and the greater Houston community. Bicultural/bilingual students and those underrepresented in psychology are encouraged to apply.

❖ **Application deadline: Thursday, December 5, 2024**

Address all inquiries to:

psycfellowship@texaschildrens.org

OR

Post-doctoral Fellowship Training Program (Neuropsychology) Program Coordinator

Department of Pediatrics, Psychology Division

Attn: Yada Holton

Senior Coordinator, Program Management

Texas Children's Hospital

6701 Fannin Street, MWT 1630.00

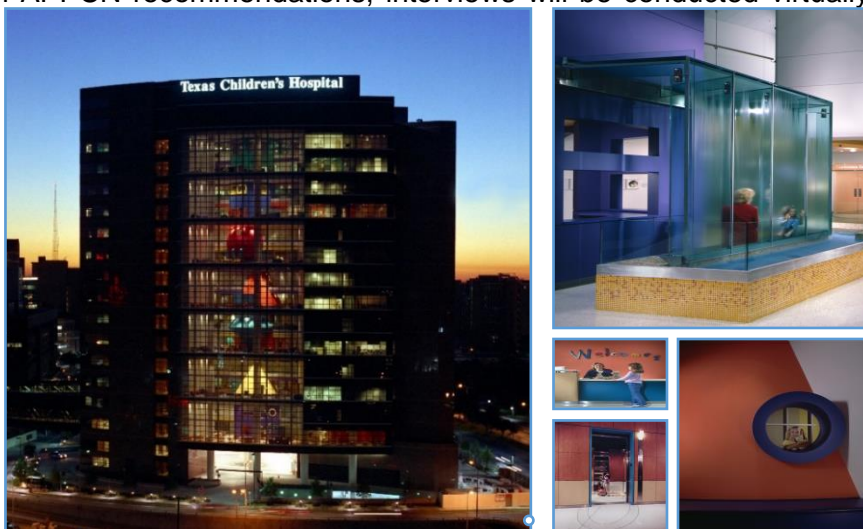
Houston, TX 77030-2399

Phone: 832-822-3857



Interviews:

In alignment with APPCN recommendations, interviews will be conducted virtually for all applicants.



Interviews will be arranged by invitation following review of applications. The target timeframe for **interviews will be Tuesday 1/28/2025, Wednesday 1/29/2025, and Thursday 1/30/2025**, though other dates will be considered as necessary.

Houston and the Texas Medical Center (TMC) Community



The TMC is the world's largest medical complex. Today, TMC comprises 21 renowned hospitals, 8 academic and research institutions, 3 public health organizations, 13 support 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. Approximately 35% are 24 or younger, and 27% are between ages 25-44. Houston has a multicultural population of more than 7.1 million in the greater 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. Unlike most big cities, Houston offers a very low cost of living and very affordable housing. Plus, there are no state or local income taxes. How can it get better?

It's also impossible to be bored here. Houston offers a wide range of cultural and recreational activities that offer something for all. Cultural attractions in the city include numerous museums and a thriving theater district. In fact, Houston is one of only a few U.S. cities with permanent ballet, opera, symphony, and theater companies performing year-round. Nightlife is alive and well in downtown Houston and in many other areas of town. If you're into sports, Houston is home to numerous professional teams including the Texans, Astros, Rockets, Comets, Aeros, and the Dynamo soccer team. If you want to play, the greater Houston area offers almost all sporting and hobby interests, including tennis, golf, water sports, cycling, and running. The city maintains more than 350 municipal parks and 200 open spaces. In addition, the city provides seven golf courses and operates a modern zoological garden for public use. Are you a foodie? Houston is considered to have one of the best culinary scenes in the country, boasting over 11,000 restaurants (both brick-and-mortar establishments and food trucks) that serve every type of cuisine you could think of and represent over 70 countries and American regions.



So what about that heat? Yes, the summers are hot, but there's plenty of air conditioning and water activities to beat the heat. And the upside is that winters are mild and virtually carefree, since snowfall and ice are rare. With an average temperature year-round of 68 degrees and average rainfall of 46 inches, you can enjoy the outdoors as much as you'd like.

Houston Highlights

WELCOME TO HOUSTON

America's fourth-largest city is a cosmopolitan destination, filled with excellent dining, arts, hotels, shopping and nightlife. Take a stroll through the historic Heights; spend the day exploring the Museum District or head down to Space Center Houston. Later on, grab a bite in one of dozens of award-winning restaurants, or hang out with the cool kids on Washington Avenue. There is always something to do in this Southern hospitality meets urban chic city. Come explore YOUR Houston!

Houston Highlights

Core Training Faculty

Neuropsychology

[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.



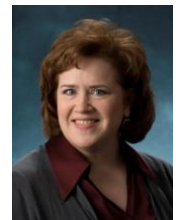
[Sarah Cable, Ph.D.](#) (University of Alabama at Birmingham), Assistant Professor of Pediatrics. Pediatric Neuropsychologist. Primary interests include neuropsychological consultation, evaluation, and intervention for children and adolescents with acquired brain injuries due to a variety of etiologies (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.

[Kimberly Davis, Ph.D., ABPP-CN](#) (Purdue University), Assistant 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 and cognitive rehabilitation. Research Interests: prediction of outcome following acquired brain injury and family perceived education needs.



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

[Lynnette L. Harris, Ph.D.](#) (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.



[Lisa Noll, Ph.D.](#) (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.

[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.





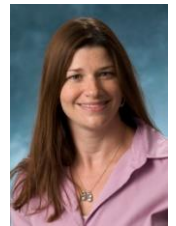
[David Schwartz, Ph.D., ABPP](#) (University of Delaware), Professor of Pediatrics. Neuropsychology and pediatric health psychology; psychosocial and neuropsychological screening of children with diabetes and other chronic illnesses; adherence to medical regimens; neuropsychological assessment of pediatric 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.

Pediatric and Child Clinical Psychology



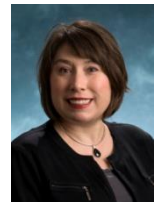
[Britney Alford, Psy.D.](#) (The Chicago School of Professional Psychology), Assistant Professor of Pediatrics. Primary Care Psychology, Texas Children's Hospital. Research and clinical interests: Integrated primary care, substance use disorders, autism spectrum disorder, mood disorders, and decreasing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

[Liza Bonin, Ph.D.](#) (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, Ph.D.](#) (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.

[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, Counseling Psychologist. Assistant Professor of Pediatrics, Associate Medical Director TCHP's The Center for Women and Children. Clinical interests: preschool and school-age disruptive behaviors, primary care psychology, pediatric health psychology, maternal behavioral health, and improving access of behavioral health for historically underserved communities.



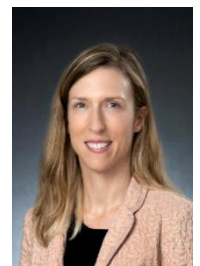
[Ginger Depp Cline, Ph.D., ABPP](#) (University of Kentucky), Associate Professor of Pediatrics; Board Certified Clinical Child & Adolescent Psychologist; Pediatric Psychology and Primary Care Psychology. Dr. Cline is a pediatric psychologist who specializes in assessing and treating youth with acute 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. Cutitta, 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.



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

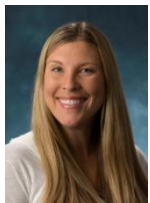
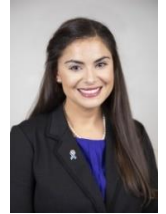
[Katherine A. Gallagher, Ph.D., ABPP](#) ((University of Kansas), Associate Professor of Pediatrics, Pediatric Psychologist. Clinical Program Director, Clinical Pediatric Psychology Program. Cognitive and behavioral interventions for psychosocial aspects of pediatric diabetes and other endocrine conditions; 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/Retro virology clinic. Clinical care may occur in Psychology clinic, medical clinics, and inpatient medical floors.





[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, Ph.D.](#) (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 Kahalley, Ph.D.](#) (University of Memphis), Associate Professor of Pediatrics and Director of Research for the Psychology Division. Research interests include: 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.

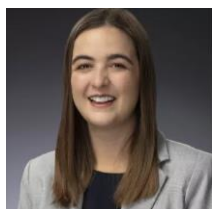


[Elizabeth Klinepeter, Ph.D., BCBA](#) (University of Florida), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include acute crisis stabilization, evidence-based assessment and treatment, and caregiver behavior management training for significant behavioral concerns in children 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.



[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.

[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, Ph.D., ABPP](#) (University of Connecticut), Associate Professor of Pediatrics; Division Chief; Clinical Psychologist; Evidence-based assessment and treatment of anxiety disorders in children and adolescents with specialty emphasis in selective mutism and social anxiety disorder; evaluation of ADHD and comorbid conditions; measurement based care; organizational factors that impact implementation of evidence-based practice.

[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.



[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.





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

Other Faculty Contributors:

[Beth Garland, Ph.D.](#) (Psychology; Adolescent Medicine Service)

[Cortney Taylor, Ph.D.](#) (Psychology; Renal Service)

[Rachel Wolfe, Ph.D.](#) (Psychology; Adolescent Medicine Service)