

POSTDOCTORAL FELLOWSHIP IN PEDIATRIC NEUROPSYCHOLOGY

Psychology Section
Department of Pediatrics
Baylor College of Medicine



Texas Children's Hospital



Program Director: Marsha N. Gragert, Ph.D., ABPP-CN

Program Code: 9043

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

HOUSTON, TEXAS

2015-2017

Setting and Program Overview

The Psychology Section of Baylor College of Medicine's Department of Pediatrics announces the availability of 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 [APA](#), the [International Neuropsychological Society \(INS\)](#), and the training model formulated at the Houston 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 \(ABPP\)](#).

The Postdoctoral Fellowship in Pediatric Neuropsychology is one track within a comprehensive fellowship program (Director: Gia Washington, Ph.D., ABPP) that also includes a track providing specialty training in Pediatric/Clinical Child Psychology. Each track therefore affords opportunities for fellows to gain experience outside of their primary specialty area. **The mission of the overall fellowship program is to advance the profession of psychology and maximize child health outcomes through exemplary post-doctoral training that launches the independent careers of psychologists who are effectively prepared to balance and integrate clinical practice, research, and teaching within their subspecialty field of child and pediatric psychology. We will achieve this through direct teaching of advanced competencies, informed professional development, and an emphasis on individualized and contextually-relevant evidence-based care achieved through scholarly inquiry, commitment to a scientist-practitioner model, and a mutually-informative collaboration between multidisciplinary researchers and clinicians.**

The primary site for this fellowship is the [Psychology Service](#) of [Texas Children's Hospital \(TCH\)](#), which is the largest children's hospital in the United States and the primary teaching/training center for the [Baylor College of Medicine's Department of Pediatrics](#). [Baylor College of Medicine](#) (BCM) and



TCH are located on the grounds of the Texas Medical Center, the largest medical center in the world. TCH was one of only ten hospitals nationally designated by [U.S. News and World Report](#) in 2014-2015 for Honor Roll status in pediatrics, ranking 4th overall. We ranked among America's best in 9 of 10 specialty areas evaluated. TCH is a 491-bed institution comprised of four main facilities. The [Clinical Care Center](#) is the primary outpatient services facility, whereas the [West Tower](#) is the inpatient services facility. The [Feigin Center](#) houses research facilities, including labs,

administrative, and faculty

offices. The [Abercrombie Building](#) houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The physical space of the Psychology Service occupies 13,000 square feet in the Clinical Care Center, which is adjacent and connected to both the West Tower and the Feigin Center. The new [Pavilion for Women](#) houses the maternal-fetal medicine program and also connects to the Clinical Care Center. Space designated for the Psychology Service's patient care includes: ten neuropsychological testing/interview rooms; several group therapy rooms, four child therapy rooms, four family therapy rooms, and an indoor playground. Clinical space is equipped with observation rooms, one-way mirrors, and digital and VHS video capacity with microphones for supervision and consultation purposes.



The Psychology Section maintains a large number of trainees at various levels, offering significant opportunity for collegial interaction with peers. Current departmental trainees include: 8 postdoctoral fellows (4 in pediatric neuropsychology, 4 in clinical child 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 entered directly into positions within academic medical centers. A small minority initially chose to enter private practice, hospital-based practice, or a university placement, and others have subsequently proceeded to establish successful community health center or private practices.



With accomplished faculty neuropsychologists (13) and pediatric psychologists (7 clinical, 5 research) that span a variety of specialties within the field of pediatric and, to a lesser extent, adult psychology, our program provides fellows with many professional role models. The client population served through TCH represents a wide range of conditions within primary and specialized pediatric medicine. The caseload of fellows is based upon their educational needs and training goals. Fellows have the opportunity to participate in evaluations and therapy with children with a variety of physical disorders and diseases as well other mental health disorders. Primary services in which the fellows engage include neuropsychological evaluation; consultation with families, schools, and referring physicians; and individual, family, and group psychotherapy.

Fellowship Activities

Pediatric neuropsychology fellows spend approximately 70% time in clinical service (divided across major and minor rotations, includes supervision time), 20% time in research and professional preparation, and 10% time in didactic coursework. Professional preparation includes time allotment and financial support toward EPPP and provisional licensure in Texas during fellowship year 1 and time allotment and mentorship toward American Board of Professional Psychology (ABPP) specialization in Clinical Neuropsychology during the fellowship year 2. Fellows are required to be provisionally licensed prior to the commencement of fellowship year 2. 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. Below is one example of a possible rotation structure:

| Pediatric Neuropsychology Track | | | | |
|--|--|--|--|--|
| Experience | Year 1 | | Year 2 | |
| Major Rotation (50%) | Core Faculty A | Core Faculty B | Core Faculty C | Core Faculty D |
| Minor Rotation (20%) | Required: Bluebird Clinic for Pediatric Neurology (Epilepsy) | BCM Neurosciences Course | Core Faculty Member E OR Intervention Rotation | Required: Inpatient Rehabilitation Unit |
| Didactics (10%) | Child Neuropsych Conf. Neuropsychology Readings Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar | Child Neuropsych Conf. Neuropsychology Readings Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar | Child Neuropsych Conf. Neuropsychology Readings Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Pediatric Brain Cuttings Research & Prof Dev Seminar | Child Neuropsych Conf. Neuropsychology Readings Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar |
| Research & Professional Prep (20%) | Research Study Presentation at National or Regional Conf. EPPP prep Professional Development Mentoring | | Research Study Manuscript submission Job Talk/Interview prep/ABPP written exam prep Professional Development Mentoring | |

Clinical Service

Clinical Experiences Available for Major and Minor Rotations:



Pediatric Neuropsychology Program (Major and Minor Rotations): The patient population served through the Pediatric Neuropsychology Program is representative of the wide variety of conditions seen in primary and specialized pediatric medicine practice. Particular emphasis is placed on chronic medical illnesses, including leukemia, brain tumors, sickle cell disease, stroke, epilepsy, traumatic brain injury, organ failure and transplantation, and cochlear implantation. Other typical referrals include neurodevelopmental delays and disorders, genetic disorders, diabetes, lupus, HIV, neuropsychiatric disorders, pre- and post-surgical evaluations, and other neurological or systemic medical conditions.

The children seen through this program range in age from early childhood 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.

Primary services in which fellows engage include outpatient neuropsychological assessment and consultation with families, schools, and referring physicians. The clinical populations served and specific services provided vary by rotation and the specialty area(s) of the rotation supervisor (see the Pediatric Neuropsychology Program Rotations and Core Training Faculty sections of this brochure). Fellows may also participate in multidisciplinary clinics/staffings as well as rotation-specific clinical/didactic meetings (e.g., multidisciplinary staffing in autism and brain tumor services, brain tumor boards, bone-marrow transplant boards, epilepsy rounds, etc.) in addition to their ongoing didactic programming (see Seminars/Didactics).

Faculty supervisors for major or minor rotations include: Douglas Bloom, Ph.D., Susan Caudle, Ph.D., ABPP-CN, Mary Reeni George, Ph.D., ABPP-CN, Marsha Gragert, Ph.D., ABPP-CN, Lynnette Harris, Ph.D., Isabella Iovino, Ph.D., Lisa Noll, Ph.D., and David Schwartz, Ph.D., ABPP. Minor rotation experiences may be available with Douglas Ris, Ph.D., ABPP-CN.

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). The patient population includes children from a range of referral sources (e.g., schools, physicians, families) who may have pre-existing diagnoses (e.g., developmental delays or other neurodevelopmental disorders) and are also suspected of having an ASD. Our center also provides evaluation for children who have been diagnosed with ASD and are in need of a comprehensive evaluation to aid in the development of treatment recommendations. 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 will have the opportunity to engage in psychological, behavioral, and/or neurocognitive assessment of individuals with (or suspected of having) ASD, including evaluations using gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2). Fellows will 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. Opportunities also exist for clinical research, particularly projects involving behavioral phenotyping of ASD and genetic conditions. The clinical caseload will vary according to the developmental needs and the range of clinical duties of the individual fellow, but general guidelines are:

- 2 to 3 cases per week (Major Rotation) or 1 to 2 cases per week (Minor Rotation)
- Involvement in all aspects of evaluation, including diagnostic interviews, planning test batteries, test administration (with or without technician support) and interpretation, providing feedback to parents, and report writing.

Leandra Berry, Ph.D. is the primary faculty supervisor, but some supervision may be available from Robin P. Kochel, Ph.D. (ADOS/ADI-R training and research experiences, only).

Inpatient Rehabilitation Unit (Required Minor Rotation, Fellowship Year 2): 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, cerebral vascular accidents, cerebral palsy, spina bifida, and other conditions with known or suspected CNS involvement. The population is diverse with respect to age (preschool through young adulthood) as well as culture and socioeconomic status. Fellows will gain experience in inpatient assessment of bilingual/bicultural patients on this rotation. Clinical duties include targeted, neuropsychological evaluations and team consultation.



The TCH Inpatient Rehabilitation Unit (IRU) is a CARF-accredited, 8-bed unit that is already averaging over 90% capacity. Responsibilities of the rotating fellow under the supervision of the attending faculty include attending team meetings and patient rounds, performing neurobehavioral status examinations and assisting the team in determining when comprehensive neuropsychological evaluation or other neuropsychological consultation is warranted, neurobehavioral management, advising the team on the appropriateness of other psychologically-related interventions, and providing neuropsychological evaluation services, as indicated. At present, this rotation typically involves comprehensive evaluation of 1-2 IRU patient per week depending on the amount of technician support for test administration,

with the remainder of the clinical rotation time comprised of supervision and the other clinical activities listed above.

Marsha Gragert, Ph.D., ABPP-CN and Mary Reeni George currently serve as faculty supervisors for this rotation, but Maria Grosch, Ph.D. has joined the faculty as the dedicated, IRU neuropsychologist and is planned to assume supervision responsibilities by Fall 2015.

Blue Bird Clinic for Pediatric Neurology and Neurosurgery (Required Minor or Major Rotation): The patients seen during this rotation have conditions ranging from common developmental disabilities to rare neurodegenerative disorders, but a high percentage have epilepsy. The children range in age from early childhood to late adolescence and come from very diverse cultures and socio-economic backgrounds. Depending on the day of the week, there may be an emphasis on epilepsy surgery candidates or demyelinating disorders. Clinical responsibilities include test administration and report writing (1 to 2 patients per week). The fellow will also be involved in parent and patient interviews and parent feedback. There are opportunities to view Wada tests and to attend epilepsy surgery and

multiple sclerosis patient conferences. Attending neuropsychologists will provide guidance to fellows who want a more in depth exploration of specific neurological disorders.

Faculty supervisors include Mary Lynn Chapieski, Ph.D. and Karen Evankovich, Ph.D.

Clinical Experiences Available for Minor Rotations:

Pediatric Health Psychology (PHP) Program: The Pediatric Health Psychology Program (PHP) serves children and their families who are having difficulty coping with chronic medical illnesses or adhering to a medical regimen. At this time, the majority of referrals come from the departments of Diabetes/Endocrine and Hematology-Oncology, with additional referrals coming from the Fetal Center/NICU, Renal, Bariatric Surgery, Retrovirology, Plastic Surgery, Gynecology, Gender Medicine, the ER/Trauma Service, and Transplant Services. In this rotation, fellows will be provided with training in empirically-supported practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Intervention modalities include inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting. Fellows will attend various rounds and multidisciplinary staffings, such as patient rounds on various hospital units (e.g., Renal, Sickle Cell) and Pediatric Grand Rounds. They will receive mentoring in learning how to work with multidisciplinary teams comprised of physicians, nurses, and other medical staff. Fellows will have opportunities ranging from participation in a psychosocial screening program for children with new-onset Type 1 diabetes, participation in a program focused on infants and very young children, and involvement in a multidisciplinary bariatric surgery clinic. Other clinical intervention programs are currently in development. Opportunities also exist for gaining experience in supervision of interns (e.g., on screenings). Faculty supervisors for this rotation include David Schwartz, Ph.D., ABPP, Gia Washington, Ph.D., ABPP, Lisa Noll, Ph.D., Suzanne Holm, Ph.D., Ginger Depp Cline, Ph.D., and Marni Axelrad, Ph.D., ABPP.



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

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

Disruptive Behavior Disorders (DBD) Program: The Disruptive Behavior Disorders (DBD) program is an outpatient evaluation and intervention program. The program is committed to individualized evidence-based practices for both evaluation and intervention, which include using empirically-supported assessment practices and interventions and implementing systematic treatment selection to best serve referred children and families. Fellows in this program will develop skills in both child-centered/relational and behavioral/skills-based models of psychosocial treatment. Unique opportunities that exist as potential Minor Rotations within the DBD program include the Brief Behavioral Intervention (BBI) and Family Skills Training for ADHD Related Symptoms (Family STARS).

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



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

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

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

Pediatric Primary Care Psychology (PPCP): The Pediatric Primary Care Psychology Program is an innovative hospital-community partnership that extends the mental health services of the Psychology Service to patients and families within their pediatrician's clinic. Services at participating Texas Children's Pediatrics (TCP) clinics consist of diagnostic assessments and parent consultations, psycho-



education and direct clinical consultation with pediatricians, and brief intervention and problem prevention. Fellows have the opportunity to learn about adapting evidenced-based mental health assessment and treatment models to meet the needs of a pediatric community clinic setting. In addition to providing clinical services (primarily assessment and consultation) to meet more traditional mental health needs, fellows will also gain exposure to tailoring their services for child populations with emerging issues in need of early identification, early intervention, and prevention. Co-facilitating physician psycho-educational seminars and dissemination of

behavioral health resources will be another role within this rotation. Finally, participation within the Primary Care Psychology Rotation's program evaluation team will provide the fellow with exposure to system-level data collection and monitoring to further contribute to the effectiveness and portability of evidenced-based interventions within a primary care/community treatment model. Faculty supervisors include David Curtis, Ph.D., Doug Bloom, Ph.D., and Ginger Depp Cline, Ph.D.

Ongoing Clinical Experiences (Fellowship Years 1 and 2):

Inpatient Consultation Service: All neuropsychology fellows provide clinical services through our inpatient neuropsychology consultation service under the supervision of attending neuropsychologists. Coverage is provided through a rotation system in which attending faculty rotate on a weekly basis and fellows rotate on a case-by-case basis. Consultation services are provided during normal business hours, and fellows are not required to carry a pager for after-hours services. Services provided are limited to neuropsychological assessment (typically brief and targeted to the referral question) and consultation. The most common presenting condition is solid organ transplantation, but the range of referral conditions and questions is quite varied.

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 and some 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 Conference (three times monthly), Neuropsychology Readings Group (biweekly), Psychology Grand Rounds/Continuing Education Series (approximately monthly), Research and Professional Development Seminar (monthly), and Training Program Seminar (weekly in fellowship year 1). The following didactic experiences are strongly encouraged unless they conflict with a fellow's current, clinical rotation schedule: Neurology



Grand Rounds (weekly), Pediatric Brain Cuttings/Neuropathology Rounds (weekly), and Pediatric Grand Rounds (for pertinent topics). Individual rotations may involve participation in rotation-specific didactics or conferences, such as Tumor Board or multidisciplinary rounds. A large number of optional, didactic opportunities are also available throughout the TCH, BCM, Texas Medical Center, and Houston communities (e.g., Psychiatry Grand Rounds, Psychopharmacology Seminar, CNS Toxicity Seminar, Houston Neuropsychological Society Continuing Education). Fellows who have not previously taken an intensive course in the neurosciences have the option of taking the BCM Neuroscience Course (a module within the standard medical school curriculum) as a minor rotation in 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 training 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. Examples of currently funded research projects include: late effects of childhood brain tumors; genetic polymorphisms and neurocognition in ALL; natural history (including neurodevelopment, adherence, and emotional factors) of perinatal HIV infection; prospective memory and executive function in perinatal HIV/AIDS; various projects in the area of autism; longitudinal assessment of cognitive development in young children with biliary atresia; urea cycle disorders (medication trial, longitudinal neuropsychological outcome study); and a longitudinal clinical trial in children with hearing loss.



Fellows on this track are expected to participate in project selection and design, data collection (if applicable), coding, analysis, and manuscript preparation. The process of project selection is expected to begin soon after the start of fellowship in order to allow sufficient time for project execution. 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.

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. The selected scholarly product will require approval of the Training Director prior to commencing work on the project. Submission of an original manuscript/product for peer review is required prior to graduation. Options include but may not be limited to case studies, book chapters, review articles, and MedEd Portal submissions.

Teaching/Supervision

All faculty involved in the training program have staff appointments at TCH and academic appointments in the BCM Department of Pediatrics. Fellows will work with a variety of faculty

members on clinical activities throughout the two-year fellowship. Fellows will also select one research/scholarship mentor with whom they will focus their research 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 regular group meetings as well as periodic individual meetings with the fellowship director(s) to discuss issues related to the fellowship experience and professional development. Fellows will also select a professional development mentor within the first 6 months after beginning fellowship. Individual meetings with this mentor will occur at least monthly. Primary goals of this professional development mentoring process include supporting the fellows' successful navigation of their fellowship experience, provision of mentoring around the fellows' individual professional development goals, and coaching the

fellows' timely completion of tasks instrumental to successful completion of fellowship and successful transition into their next professional endeavor. Particular emphasis is placed on the fellows' role and responsibility in directing their own professional development in preparation for their post-graduation status as independent professionals.

Salary/Benefits

Fellows receive a staff appointment and a full salary through BCM. The fellowship positions are funded through the Section's budget. The current salary for fellowship year 1 is \$38,584, and the current salary for fellowship year 2 is \$40,684. Fellows have the option to purchase full medical, dental and vision benefits for themselves, with the additional option of adding family members at a standard price. Fellows are also entitled to participate in the medical school's 403B plan. In addition to 11 paid BCM holidays and sick time, fellows are given 15 days of paid time off to be used for vacation, personal days, and professional/dissertation release time. Per current BCM policy, fellows can access up to \$2,500 for tuition and required books when taking formal, approved graduate courses at BCM, Rice, or the University of Houston. Up to \$750 per year in travel to professional conferences is available to fellows who are the primary author and responsible for a presentation at a national conference of BCM-supported research.

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

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

Application Procedures

There are 2 anticipated positions for the 2015-2017 training cycle (pending budget approval). The estimated start date will be September 1, 2015. 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.

Applicants who are graduates of APA- and CPA-accredited clinical programs and internships are preferred, and prior training with children is required. Application requires submission of the application cover page, a letter of intent/cover letter, curriculum vita, *official* graduate transcripts, three letters of recommendation, [the APPCN Verification of Completion of Doctorate form](#), and two (2) sample, written neuropsychological reports. The APPCN Verification of Completion of Doctorate form and the required cover sheet for application submission can be downloaded from <http://www.bcm.edu/pediatrics/psychology/education>. Applicants are encouraged to send all application materials in one, *electronic* submission, though we understand that transcripts and some recommendation letters may be arriving under separate cover. Applicants should take note that our program participates in the APPCN match system. To register for the match, applicants must return their Agreement forms to the National Matching Services, Inc. (416-977-3431) by the date posted at 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. Our program also adheres to the BCM policy for equal opportunity employment as well as other applicable BCM employment policies. Fellow selection is based on factors deemed directly relevant to prospective fellows' potential success in the profession of pediatric neuropsychology. Relevant factors in this decision process include: clinical/research experiences; education; references from past supervisors as they relate to past training/work performance; fellowship training objectives; and long-term professional goals. Our Psychology Section is committed to the recruitment of bicultural / bilingual trainees, staff, and faculty at all levels to better meet the needs of our patients, their families, and the greater Houston community. Applications from bicultural / bilingual students and those underrepresented in psychology are thus especially welcome.

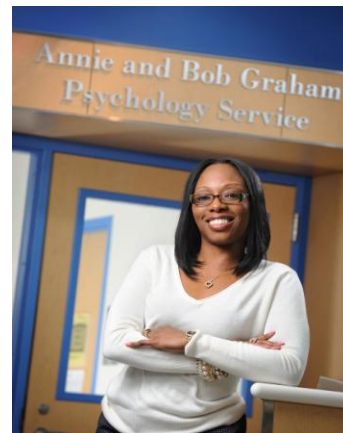
- ❖ **Application deadline for the Pediatric Neuropsychology Fellowship: *January 2, 2015***
- ❖ **Recommended registration deadline for the National Matching Service: *January 16, 2015***

Address application materials or queries to:

psycfellowship@texaschildrenshospital.org

OR

Post-doctoral Fellowship Training Program (Neuropsychology)
Department of Pediatrics, Psychology Section
Attn: Emerald Ricks, Administrative Assistant
Texas Children's Hospital
6701 Fannin Street, CC 1630.00
Houston, TX 77030-2399
Phone: 832-822-4897



Interviews:

Interviews will be conducted at the annual meeting of the International Neuropsychological Society (February 4-7, 2015), with most interviews occurring on the designated interview day (Tuesday February 3, 2015). Interviews will be arranged by invitation following review of applications but prior to the start of the conference. Upon request, on-site interviews can be arranged for qualified applicants who are unable to attend the INS conference. The preferred date for onsite interviews will be Friday, January 30, 2015, but other dates may be available upon request. Interviews by video conferencing will also be considered on a case by case basis if circumstances warrant.

Houston and the Texas Medical Center (TMC) Community



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

Recent census data show that the greater [Houston](#) area contains over 5.9 million inhabitants, making Houston the 4th largest U.S. city. This population base includes a wide variety of racial and ethnic groups that give Houston a rich diversity and cosmopolitan feel. Houston is an international city that is a leader in the arts, education, and health care. Unlike most big cities, Houston offers a very affordable cost of living. The cost of living and housing costs in Houston are respectively 9 and 21 percent below the nationwide average.

Houston offers a wide range of cultural and recreational activities. Cultural attractions in the city include numerous museums and a thriving theater district. In fact, Houston is one of only a few U.S. cities with permanent ballet, opera, symphony, and theater companies performing year-round, and Houston is second only to New York's Broadway theater district for number of theater seats (nearly 10,000) in a concentrated downtown area. Nightlife is alive and well in downtown Houston and in many other areas of town. If you're into sports, Houston is home to numerous professional teams including the Texans, Astros, Rockets, Comets, Aeros, and the Dynamo soccer team. If you want to play, the greater Houston area offers almost all sporting and hobby interests, including tennis, golf, water sports, cycling, and running. The city maintains more than 308 municipal parks and 200 open spaces. There are 53 parks and public spaces located in downtown alone! In addition, the city provides seven golf courses and operates a modern zoological garden for public use.



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

Houston Highlights

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

Core Training Faculty

Neuropsychology



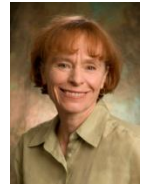
[Leandra Berry, Ph.D.](#) (University of Connecticut), Assistant Professor of Pediatrics, Pediatric Neuropsychologist. Associate Director of Clinical Services for the Autism Center. Evidence-based diagnostic, developmental, and neuropsychological assessment of children at risk for or diagnosed with Autism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

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



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

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



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

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



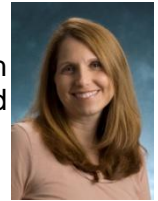
[Marsha Nortz Gragert, PhD, ABPP-CN](#) (Washington University in St. Louis), Associate Professor of Pediatrics, Director of the Postdoctoral Fellowship in Pediatric Neuropsychology. Neuropsychological evaluation and intervention in pediatric brain tumor patients and other pediatric cancer survivors;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

[Maria C. Grosch, PhD](#) (University of Texas Southwestern Medical Center), Assistant Professor of Pediatrics. Neuropsychological evaluation and consultation, and intervention in pediatric rehabilitation populations, with particular interest in traumatic brain injury.





[Lynnette L. Harris, PhD](#) (Southern Illinois University at Carbondale), Associate Professor of Pediatrics, Coordinator Child Neuropsychology Program. Neuropsychological evaluation of chronic medical conditions and their treatments, primarily leukemia and brain tumors, but also HIV/AIDS, genetic disorders, bone marrow transplant, and neuropsychological functioning and adherence in pediatric HIV/AIDS.



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



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



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

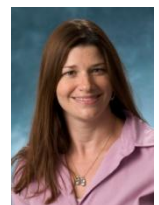
Other Faculty Contributors:

[Isabella R. Iovino, PhD](#)

Pediatric Psychology



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



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



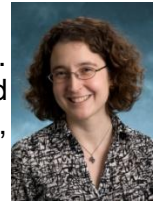
[Liza Bonin, PhD](#) (University of Texas at Austin), Associate Professor of Pediatrics, Clinical Psychologist; Director of Psychology Internship Training Program. Assessment and treatment of anxiety disorders via evidence-based practices, with focus on evaluation and treatment of pediatric obsessive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

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



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

[Ginger Depp Cline, PhD](#) (University of Kentucky), Assistant Professor of Pediatrics. Pediatric Health Psychology and Primary Care Psychology; psychosocial adjustment and CBT for children/adolescents with health conditions (injuries, diabetes, cancer, HIV/AIDS, etc.); pediatric medical traumatic stress and injuries; primary care diagnostic evaluations.



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

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



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

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



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

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



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

Pediatric Neuropsychology Program Rotations

Bloom Neuropsychology Rotation: A fellow's primary clinical duty is outpatient, clinical neuropsychological assessment, including diagnostic interviewing of parent, direct test administration or utilization of technician, provision of feedback to parents, and report writing, of children diagnosed with a variety of developmental disorders and medical neuropsychology referrals. Other clinical duties include consultation with medical and educational providers and the development of educational and psychosocial intervention strategies. Fellows will work through a set of readings to support their knowledge of relevant neuropsychological and educational research and associated evidence-based practice, with consideration given to extent of prior experience. The outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows, but general guidelines are:

- 2 - 3 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview, feedback to parent, report writing, and associated case management activities
- Completion of all test administration in 0 - 2 (Major Rotation) and 0-1 (Minor Rotation) of these cases, with technician testing support in the remaining cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows.

Caudle Neuropsychology Rotation: A fellow's primary responsibility includes outpatient, clinical neuropsychological evaluation (including interview, test selection, test administration, report writing, and dissemination of test results to both families and other professionals) of children with hearing loss, chronic liver disease, chronic heart disease, or following solid organ transplant. This rotation may also involve evaluation of young children with a variety of other conditions affecting neuropsychological functioning including, but not limited to: genetic syndromes, premature birth, metabolic conditions, autistic spectrum disorders, other medical diagnoses, etc. Although the slight majority of patients are below the age of 5 years (including infants), school-aged children, adolescents, and occasional adults are also seen. In addition, inpatient evaluations are occasionally performed. It is expected that fellows on this rotation attend and present results at weekly multi-disciplinary team meetings both within the Hearing Center and with the Liver Transplant team. Research experiences within this rotation include data collection and recording for several ongoing studies. Opportunities exist for poster or manuscript preparation from established data bases. Fellows will be provided with a series of readings to support their knowledge of relevant research and associated evidence-based practice, with requirements based on previous experience. The caseload will vary according to the developmental needs and the range of clinical duties of the individual fellow, but general guidelines are:

- 3 - 4 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview (if appropriate), feedback to parent, and report writing
- Completion of at least a portion of test administration in most cases (Major and Minor Rotation), with technician testing support in some cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows.

George Neuropsychology Rotation: A fellow's primary clinical duty is clinical neuropsychological assessment of children diagnosed with sickle cell anemia, stroke, 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). The focus is primarily on outpatients but may also include occasional inpatient evaluations. The fellow will have opportunities to attend weekly meetings with multi-disciplinary treatment teams in Sickle Cell Disease.

- 2 to 3 cases per week (Major Rotation) and 1 to 2 cases per week (Minor Rotation)
- Involvement in all aspects of neuropsychological evaluation, including diagnostic interviews, planning test batteries, test administration (with or without technician support), providing feedback to parents, and report writing.

Gragert Neuropsychology Rotation: A fellow's primary clinical duty is outpatient, clinical neuropsychological assessment (including diagnostic interviewing of parent, direct test administration or utilization of technician testing services, provision of feedback to parents, and report writing) of children diagnosed with brain tumors or leukemia. This rotation also involves less intensive experiences with other hematologic-oncologic conditions and wider ranging medical neuropsychology referrals. The children range in age from early childhood to late adolescence and come from very diverse cultures and socio-economic backgrounds. Through their clinical caseload, fellows on this rotation contribute to data collection for ongoing oncology research (e.g., grant-funded research, national protocols, and/or unfunded clinical research). Other clinical duties include consultation with multi-disciplinary treatment teams and potential involvement in the development and execution of psychosocial oncology rounds and school intervention services. Fellows will work through a set of readings to support their knowledge of relevant oncology research and associated evidence-based practice, with consideration given to extent of prior experience. The outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows, but general guidelines are:

- 2 - 3 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview, feedback to parent, report writing, and associated case management activities
- Completion of all test administration in 0 - 2 (Major Rotation) and 0-1 (Minor Rotation) of these cases, with technician testing support in the remaining cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows.

Harris Neuropsychology Rotation: The focus of this rotation is neuropsychological evaluation of chronic medical conditions and their treatments, with the primary patient population including children treated for brain tumors or 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, including diagnostic interviewing, test selection and administration, integration and interpretation, report writing, and verbal dissemination of findings and recommendations. 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 potential to participate more actively in ongoing research. Current research projects include oxidative stress, genetic polymorphisms, and neuropsychological functioning in newly diagnosed leukemia patients, and neuropsychological outcome and adherence issues in patients with perinatally-acquired HIV/AIDS. The size and structure of the clinical caseload and the distribution of effort across activities will vary according to the trainee's developmental needs and professional goals. General expectations are as follows:

- 2 - 3 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)

- Involvement in parent diagnostic interviewing, child interview, feedback to parent and referral sources, report writing, and associated case management activities
- Completion of all test administration in 0 - 2 (Major Rotation) and 0-1 (Minor Rotation) of these cases, with technician testing support for the majority time in the remaining cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows.

Noll Neuropsychology Rotation: A fellow's primary clinical duty is outpatient, clinical neuropsychological assessment of infants and toddlers with a history of prematurity and/or congenital anomalies. Assessment includes diagnostic interviewing of the parent, direct test administration or utilization of technical testing services, provision of feedback to families, identification of appropriate medical and community referrals, and report writing. This rotation also involves less intensive experiences with infants, toddlers, and preschoolers with a history of craniosynostosis and wider ranging medical neuropsychology referrals. Through their clinical caseload, fellows on this rotation will contribute to data collection for unfunded clinical research. In addition, minimal opportunity will be available for fellows to work with children/adolescents with Angelman Syndrome; contributing to grand-funded research. Other clinical duties include consultation with multidisciplinary treatment teams. Fellows will review a curriculum of readings to support their knowledge of prematurity, craniosynostosis, 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, but general guidelines are as follows:

- 3-4 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview (if appropriate), feedback to parent, report writing, and associated case management activities
- Completion of all test administration in 1-2 of these cases (Major and Minor Rotations), with technician testing support in the remaining cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows, and caseload will be adjusted for level of involvement in patient-focused multidisciplinary staffing/meetings.

Schwartz Neuropsychology Rotation: A fellow's primary clinical duty is outpatient, clinical neuropsychological assessment (including diagnostic interviewing of parent, direct test administration or utilization of technician testing services, provision of feedback to parents, and report writing) of children diagnosed with a wide array of medical conditions, including ALL, brain tumors, diabetes, congenital heart disease, solid organ transplant patients, and sickle cell disease. I also see children with disorders that affect or involve the endocrine system (e.g., CAH, Turner's, Klinefelters). Some cases may fall under research protocols: I am the site neuropsychologist for the multisite CKiD study (involving children with chronic kidney disease), I have a proposal submitted to look at adult survivors of congenital heart defects, and I am currently working with group in the Gender Medicine Clinic on a protocol for children with Congenital Adrenal Hyperplasia (CAH). Trainees will have the opportunity to be involved in data collection for any/all of these projects. Readings will be provided on a case-by-case basis. The outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows, but general guidelines are:

- 2 - 3 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview/MSE, feedback to parent, and report writing.
- Completion of all test administration in 0 - 2 (Major Rotation) and 0-1 (Minor Rotation) of these cases, with technician testing support in the remaining cases and to cover time spent in diagnostic interviews with parents.
- In general, greater technician support is available to second year fellows.