POSTDOCTORAL FELLOWSHIP
IN PEDIATRIC NEUROPSYCHOLOGY

Psychology Section

Department of Pediatrics

Baylor College of Medicine

Program Director: Marsha N. Gragert, Ph.D., ABPP-CN
Program Code: 9043
http://www.bcm.edu/pediatrics/psychology
HOUSTON, TEXAS
2020-2022
Setting and Program Overview

The Psychology Section 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), 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). As such, our program includes a “major area of study” in neuropsychology according to the Taxonomy of Education and Training in Clinical Neuropsychology.

The Postdoctoral Fellowship in Pediatric Neuropsychology is one program encompassed within the overall education mission of the BCM Psychology Section. Our section also regularly serves as a training site for externs from area graduate programs, and we have an APA-accredited internship program that includes tracks in child clinical/pediatric health psychology as well as pediatric neuropsychology. Finally, our section also offers a Postdoctoral Fellowship in Child Clinical/Pediatric Health Psychology (Director: Mariella Self, Ph.D., ABPP). Given this broader educational context in which the Postdoctoral Fellowship in Pediatric Neuropsychology exists, our fellows are afforded opportunities to gain experience outside of pediatric neuropsychology. 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 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 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 was one of only ten hospitals nationally designated by U.S. News and World Report in 2019-2020 for Honor Roll status in pediatrics, tying for 3rd place overall. We ranked among America’s best in 10 of 10 specialty areas evaluated, including Cardiology and Heart Surgery (#1), Pulmonology (#1), Nephrology (#2), GI & GI Surgery (#2), Neurology & Neurosurgery (#3), Cancer (#3), Urology (#6), Neonatology (#7), Diabetes/Endocrine (#8), and Orthopedics (#10). TCH is a 945-bed institution comprised of five main facilities and additional satellite facilities in central Houston or the surrounding suburbs (http://www.texaschildrens.org/maps-and-directions). Of the sixth main facilities, the Wallace Tower is the primary outpatient services facility, whereas the West Tower and the newly opened Legacy Tower are the inpatient services facilities. The Feigin Tower houses research facilities, including labs, administrative, and faculty offices. The
Abercrombie Building houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The Pavilion for Women houses the maternal-fetal medicine program and also connects to the Wallace Tower. The physical space of the Psychology Service occupies 13,000 square feet in the Wallace Tower, which is adjacent and connected to each of the other towers. Space designated for the Psychology Service’s patient care includes: 10 neuropsychological testing/interview rooms; numerous individual and family therapy rooms, an indoor playground/gym, and additional swing spaces that can also be used for assessment or treatment activities. Select 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: 10 postdoctoral fellows (4 in pediatric neuropsychology, 6 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 (14) and pediatric/child psychologists (31) 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.

**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 currently includes time allotment and financial support toward EPPP and provisional licensure in Texas during fellowship year 1, and time allotment and mentorship toward full state licensure and American Board of Professional Psychology (ABPP) specialization in Clinical Neuropsychology during the fellowship year 2. Fellows are strongly encouraged and incentivized 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. 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:

---

**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 currently includes time allotment and financial support toward EPPP and provisional licensure in Texas during fellowship year 1, and time allotment and mentorship toward full state licensure and American Board of Professional Psychology (ABPP) specialization in Clinical Neuropsychology during the fellowship year 2. Fellows are strongly encouraged and incentivized 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. 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:
<table>
<thead>
<tr>
<th>Experience</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Rotation (50%)</td>
<td>Core Faculty A</td>
<td>Required: Inpatient Rehabilitation</td>
</tr>
<tr>
<td>Minor Rotation (20%)</td>
<td>Required: Bluebird Clinic for Pediatric Neurology (Epilepsy)</td>
<td>Core Faculty C</td>
</tr>
<tr>
<td></td>
<td>Optional: BCM Neurosciences Course</td>
<td>Autism Center</td>
</tr>
<tr>
<td>Didactics (10%)</td>
<td>Child Neuropsych Conf. Neuropsychology Readings</td>
<td>Child Neuropsych Conf. Neuropsychology Readings</td>
</tr>
<tr>
<td></td>
<td>Multicultural Seminar</td>
<td>Multicultural Seminar</td>
</tr>
<tr>
<td></td>
<td>Psychology Grand Rounds</td>
<td>Psychology Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>Training Program Seminar</td>
<td>Training Program Seminar</td>
</tr>
<tr>
<td></td>
<td>Research &amp; Prof Dev Seminar</td>
<td>Research &amp; Prof Dev Seminar</td>
</tr>
<tr>
<td></td>
<td>Child Neuropsychology Conference</td>
<td>Child Neuropsychology Conference</td>
</tr>
<tr>
<td></td>
<td>Child Neuropsychology Readings</td>
<td>Child Neuropsychology Readings</td>
</tr>
<tr>
<td></td>
<td>Multicultural Seminar</td>
<td>Multicultural Seminar</td>
</tr>
<tr>
<td></td>
<td>Psychology Grand Rounds</td>
<td>Psychology Grand Rounds</td>
</tr>
<tr>
<td></td>
<td>Training Program Seminar</td>
<td>Training Program Seminar</td>
</tr>
<tr>
<td></td>
<td>Research &amp; Prof Dev Seminar</td>
<td>Research &amp; Prof Dev Seminar</td>
</tr>
<tr>
<td>Research &amp; Professional Prep (20%)</td>
<td>Research/Scholarship Project Presentation at National or Regional Conf. EPPP prep Professional Development Mentoring</td>
<td>Research/Scholarship Project Manuscript submission Job Talk/Interview prep/ABPP written exam prep Professional Development Mentoring</td>
</tr>
</tbody>
</table>

### Clinical Service

#### Clinical Experiences Available for Major and Minor Rotations:

The 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, neurofibromatosis type 1, sickle cell disease, stroke, traumatic brain injury, and organ failure and transplantation. 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/medical teams. 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 brain tumor and organ transplant teams; brain tumor boards, etc.) in addition to their ongoing didactic programming (see Seminars/Didactics).

Faculty supervisors for major or minor rotations include: Douglas Bloom, Ph.D., Thomas Duda, PhD (commencing January 2020), Mary Reeni George, Ph.D., ABPP-CN, Marsha Gragert, Ph.D., ABPP-CN, Lynnette Harris, Ph.D., Lisa Noll, Ph.D., Kimberly Raghubar, Ph.D., David Schwartz, Ph.D., ABPP, and Beatriz MacDonald Wer, PhD.
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) 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.

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.

Leandra Berry, Ph.D. and Rachel Fein, Ph.D. 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). We are currently recruiting for at least one additional faculty member in this program.

Inpatient Rehabilitation Unit (Required Major 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, demyelinating conditions, cerebral vascular accidents, and other conditions with known or suspected CNS involvement. The population is diverse with respect to age (toddler through young adulthood) as well as language dominance, culture, and socioeconomic status. Fellows will gain experience in inpatient assessment, care management, and discharge planning of bilingual/bicultural patients on this rotation.

The TCH Inpatient Rehabilitation Unit (IRU) is a CARF accredited, 12-bed unit. Responsibilities of the rotating fellow under the supervision of the attending faculty member include team consultation and participation in multidisciplinary team and family conferences, comprehensive clinical interviews aimed at care planning and psychological service triage, performance of serial assessments of neurobehavioral status and neurobehavioral management, family education and training about brain
injury and home/school/community re-entry, and pre-discharge neuropsychological evaluations. Opportunities for direct provision of behavioral management and other psychotherapeutic services (e.g., Family Choice Family Problem-Solving Therapy [F-PST; Wade, Cassedy, Taylor, et al, 2019]) as well as school consultation, cognitive rehabilitation, and participation in the IRU Follow-up Outpatient Clinic also exist based upon the training interests of the individual fellow and the children’s need for this service. At present, this rotation typically involves the comprehensive management of 3-to-5 children and families throughout the course of their IRU admission (through provision of the activities described above, as indicated). The remainder of the clinical rotation time is comprised of supervision and article reviews.

Kimberly Davis, Ph.D. is the primary supervisor for this rotation, with supplemental supervision of behavioral intervention services provided by select pediatric health psychology faculty (primarily Ginger Depp Cline, Ph.D., ABPP).

Blue Bird Clinic for Pediatric Neurology and Neurosurgery (Required Minor or Major Rotation): The Blue Bird Circle Clinic rotation is the outpatient multidisciplinary pediatric neurology and neurosurgery service at Texas Children’s Hospital. The rotation also involves some inpatient consultations to neurology. Child and adolescent patients seen in this rotation have a broad spectrum of neurological disorders, ranging from neurodevelopmental disabilities to rare neurodegenerative disorders, but a high percentage have of patients have epilepsy. Neuropsychology is a vital component of the epilepsy surgery program. We are also actively involved in all neurology clinics to include demyelinating disorders, neurodegenerative disorders, genetic disorders, stroke, prematurity, muscular dystrophy, and autoimmune encephalitis. Patients range in age from infancy and early childhood to late adolescence and come from very diverse cultures and socio-economic backgrounds. Depending on the supervisor, there may be an emphasis on epilepsy surgery candidates or autoimmune encephalitis, demyelinating disorders, and neurodegenerative disorders. Fellows who elect a Major Rotation in the Blue Bird Clinic can typically gain experience in all of these populations. Clinical responsibilities include test administration and report writing (1 to 3 patients per week). The fellow will also conduct diagnostic intakes, patient interviews, and parent results conferences. Fellows are expected to attend and contribute to weekly epilepsy surgery conference and pediatric neurology grand rounds. Attending neuropsychologists will provide guidance to fellows who want a more in depth exploration of specific neurological disorders.

Faculty supervisors include Karen Evankovich, Ph.D. and Jennifer Haut, Ph.D., ABPP-CN

Clinical Experiences Potentially Available for Minor Rotations:

Pediatric Health Psychology (PHP) Rotation: 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, Physical Medicine & Rehabilitation, and Pulmonology with additional
referrals coming from Allergy/Immunology, Bariatric Surgery, the Fetal Center/NICU, Gender Medicine, Gynecology, Orthopedics, Plastic Surgery, Retrovirology, Rheumatology, Trauma Service, and Transplant Services, 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 staffings/clinics and receive mentoring in effective work with inter-professional health care teams. Faculty supervisors for this rotation include Marni Axelrad, Ph.D., ABPP, Ginger Depp Cline, Ph.D., ABPP, Katherine Cutitta, Ph.D., Danita Czyzewski, Ph.D., Petra Duran, Ph.D., Katherine Gallagher, Ph.D., Lisa Noll, Ph.D., Karin Price, Ph.D., ABPP, Nicole Schneider, Psy.D., Mariella Self, Ph.D., and Gia Washington, Ph.D., ABPP.

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

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

Preschool Rotation: The Psychology Service provides specialty care for preschool populations. The preschool rotation provides interns with the opportunity to conduct diagnostic evaluation and conceptualization for preschool age children, intervention with preschool pediatric populations (e.g. pediatric cancer, epilepsy, cleft palate, medical trauma), and short-term preschool services for typically
developing healthy children through the Brief Behavior Intervention. Children most commonly present with disruptive behaviors, sleep problems, mood concerns and/or problems at school. Our pediatric patients are typically referred through their primary medical team, and we are often called on to provide recommendations to the medical team. Families with typically developing children with behavior and/or mood concerns are self-referred or referred to the BBI when they present to their pediatricians with these concerns. A preventative, developmentally-based behavioral treatment model is applied. Therapy focuses on short-term, goal-oriented techniques and parent training with live coaching of skills. 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. Within the pediatric component of this rotation, fellows will have the opportunity to 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 and Petra Duran, Ph.D. are the faculty supervisors for the Preschool rotation.

Trauma and Grief Center Rotation: The primary purpose of the Trauma and Grief Center is to raise the standard of care and increase access to best-practice care among traumatized and bereaved children, adolescents, and their families. The patient population includes children ages 7 to 17-years-old who are referred from within the hospital or the larger community due to concerns related to experiences of trauma (e.g., physical or sexual abuse, immigration/deportation-related traumas, witnessing violence) or loss of a loved one. The Trauma and Grief Center has three primary aims: (1) provide evidence-based assessment and interventions for youth who have experienced traumas and/or losses; (2) conduct research on adaptive and maladaptive responses to trauma and loss as well as treatment effectiveness; and (3) provide training and professional education in trauma- and grief-informed assessment and interventions using best practice teaching methods. In addition, the Trauma and Grief Center is home to the Harvey Resiliency and Recovery Program, which is dedicated to serving the needs of the many Houston-area children and families adversely affected by Hurricane Harvey and its aftermath. In the TAG Center rotation, fellows will have the opportunity to work as part of a multidisciplinary team that includes psychology, social work, and psychiatry to provide assessments and treatments grounded in best practices in bereavement- and trauma-informed care. Fellows will be trained in and utilize our evidence-based assessment protocol and
treatments for childhood trauma and bereavement. The primary faculty supervisors for this minor training experience are Julie Kaplow, Ph.D., ABPP and Ryan Hill, Ph.D. Stephanie Yudovich, LCSW also contributes to training and provides supplemental supervision.

**Ongoing Clinical Experiences (Fellowship Years 1 and 2):**

Inpatient Consultation Service: In addition to inpatient experiences that are integrated into many of our other rotations (most significantly the Inpatient Rehabilitation Rotation and the Bluebird Circle Clinic Rotation), 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 currently include neuropsychological assessment (typically brief and targeted to the referral question) and consultation. Presently, many referrals come from our solid organ transplant teams as well as various services throughout the hospital. We have recently expanded our services to include neurobehavioral status examinations and tracking of inpatients who are not cognitively ready for more comprehensive, standardized neuropsychological assessments. This includes patients with disorders of consciousness.

**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 Conference (3 to 4 times monthly), Neuropsychology Readings Group (twice monthly), Psychology Grand Rounds/Continuing Education Series (approximately monthly), Research and Professional Development Seminar (includes multicultural seminar/twice monthly), additional ethics seminars (variable), and adult neuropsychology didactics through collaboration with other fellowship programs in the Houston area. The following didactic experiences are strongly encouraged unless they conflict with a fellow’s current, clinical rotation schedule: Pediatric 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 and neuroanatomy 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. 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: late effects of childhood brain tumors; genetic polymorphisms and neurocognition in ALL; epigenetics research in pediatric cancer, natural history (including neurodevelopment, adherence, and emotional factors) of perinatal HIV infection; executive function in perinatal HIV/AIDS; neurocognitive effects of diabetes, and various projects in the area of autism.

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 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 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**

The fellowship positions are funded through the Psychology Section’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 $50,004 and $50,376 for 1st and 2nd year postdocs for FY 2019 (FY 2020 not yet determined/published as of 10/2019). 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 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. 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, it is our current policy that fellows who adhere to protocols and timelines outlined in their fellowship handbook will receive financial incentive/reimbursement (up to $1000) to be used toward EPPP (upon passing) and toward fees for provisional licensure and full 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 administrative assistants, appointment/referral/clinic coordinators, and business manager as well as the hospital’s information services, scheduling, admissions, and billing department personnel.

For video highlights of just some of what TCH and Houston have to offer, please view https://www.youtube.com/watch?v=fDzvh4wBlsw&feature=youtu.be and https://www.youvisit.com/tour/visithoustontexas/
Application Procedures

There are 2 anticipated positions for the 2020-2022 training cycle. The planned start date is September 1, 2020, and the planned end date is 8/31/2022, 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.liaisoncas.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 CPA-accredited clinical programs and internships, and prior training with children is required. **Deadline for the receipt of all application materials for our program within the APPA-CAS system is January 1, 2020.** 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 17, 2020 is the 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. Our program also adheres to the BCM policy for equal opportunity employment and 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 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 1, 2020**

Address all inquiries to:
psycfellowship@texaschildrenshospital.org

OR

Post-doctoral Fellowship Training Program (Neuropsychology)
Department of Pediatrics, Psychology Section
Attn: Mehroz Khan, Administrative Assistant
Texas Children's Hospital
6701 Fannin Street, CC 1630.00
Houston, TX 77030-2399
Phone: 832-822-3418

**Interviews:**
Interviews will be conducted at the annual meeting of the International Neuropsychological Society (February 5-8, 2020), with most interviews occurring on the designated interview day prior to the official start of INS (Tuesday February 4, 2020). Interviews will be arranged by invitation following review of applications. Upon request, on-site interviews can be arranged prior to INS for qualified applicants who are unable to attend the INS conference. Interviews by video conferencing will also be considered on a case by case basis if circumstances warrant.
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. Thirty-eight percent are 24 or younger, and 34 percent are between ages 25-44. Houston has a multicultural population of more than 6.8 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 to.

---

**Houston Highlights**

- *Business Insider's “Best City in America” and Forbes’“next great global city.”* And then there’s this list… and this list…and this list…see the pattern?
- Low cost of living and affordable housing
- No state or local income tax
- Multicultural population reflecting our nation’s demographic future
- Over 145 languages spoken, ranking third in the country behind NYC and LA
- More than 40 colleges, universities, and institutes
- Average temperature of 68°
- Permanent ballet, opera, symphony, and theater companies and a 19-institution museum district
- An “urban forest” with 350 parks and > 200 green spaces
- NASA’s Johnson Space Center
- 11,000 restaurants …The New York Times calls Houston “one of the country’s most exciting places to eat.”
- Professional and college sports
- Nearby beaches and lakes
Core Training Faculty

**Neuropsychology**

**Leandra Berry, Ph.D.** (University of Connecticut), Assistant Professor of Pediatrics, Associate Director of Clinical Services for the Autism Center. Evidence-based diagnostic, developmental, and neuropsychological assessment of children at risk for or diagnosed with Autism Spectrum Disorder (ASD); 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.

**Kimberly Davis, Ph.D.** (Purdue University), Assistant Professor of Pediatrics. Evaluation, consultation, and intervention for children with acute and/or recently acquired neurologic injury. Services provided to children admitted to the inpatient rehabilitation unit (IRU) and across the continuum of care through outpatient follow-up clinics and outpatient neuropsychological evaluation. Research Interests: prediction of outcome following traumatic brain injury and linear modeling for trajectories of brain injury recovery.

**Karen D. Evankovich, PhD** (University of Houston), Assistant Professor of Pediatrics. Clinical Program Director Pediatric Neuropsychology Program. Pediatric Neuropsychology; Neuropsychological evaluation of children with a wide variety of neurological and neurodevelopmental disorders, ranging in age from infancy through late adolescence. Special interests include the following pediatric populations: epilepsy, demyelinating disorders, neurodegenerative disorders, and autoimmune encephalitis.

**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; psychosocial risk screening in cancer patients.
Lynnette L. Harris, PhD (Southern Illinois University at Carbondale), Associate Professor of Pediatrics. Clinical emphasis is neuropsychological evaluation of chronic medical conditions and their treatments, primarily leukemia and brain tumors, also metabolic and genetic disorders, immunological dysfunction, and bone marrow transplant; typical age range spans infancy through adolescence. Current research activities involve neuropsychological functioning and adherence in pediatric HIV/AIDS, developmental outcome of infants exposed to Zika, and oxidative stress, genetic polymorphisms, and neuropsychological functioning in newly diagnosed leukemia patients.

Jennifer S. Haut, PhD, ABPP-CN (University of North Dakota). Professor of Pediatrics. Neuropsychological evaluation of children with neurological disorders. Special interests include pediatric epilepsy/epilepsy surgery.

Lisa Noll, PhD (Loyola University). Assistant Professor of Pediatrics. Pediatric health psychology; neuropsychological evaluation in liver and heart disease and transplantation, 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, PhD (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, PhD, ABPP (University of Delaware), Associate Professor of Pediatrics, Clinical Program Director Pediatric Neuropsychology Program. Neuropsychology and pediatric health psychology; psychosocial 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: relationship between neurocognitive functioning, structural and functional brain abnormalities, and changes in central and peripheral hemodynamics in youth with type 2 diabetes and prediabetes; associations between acute glycemia and real-world executive functioning in youth with type 1 diabetes; longitudinal effects of urea cycle disorders on neurocognitive functioning; neurocognitive functioning following solid-organ transplant; neurocognitive development in individuals with Costello syndrome, and in individuals with Robinow syndrome.

Beatriz MacDonald Wer, PhD (University of Denver), Assistant Professor of Pediatrics, Director of Cultural Neuropsychology Services, Bilingual/Bicultural Pediatric Neuropsychologist (Spanish/English). Neuropsychological evaluation of bilingual and monolingual children with a wide variety of neurological and neurodevelopmental disorders, ranging in age from early childhood through late adolescence. Special focus on how sociocultural factors impact development, cognition, and behavior in the context of neurological and neurodevelopmental disorders.
Pediatric and Child Clinical Psychology

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.

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

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. Associate Medical Director – Behavioral Health, Texas Children’s Health Plan The Centers for Women and Children. Clinical interests: preschool and school-aged disruptive behaviors, primary care psychology, pediatric psychology, maternal behavioral health, and improving access to behavioral healthcare for historically underserved communities.

Ginger Depp Cline, PhD, ABPP (University of Kentucky), Associate Professor of Pediatrics; Board Certified Clinical Child & Adolescent Psychologist; Pediatric Psychology and Primary Care Psychology; psychosocial adjustment and CBT for children/adolescents with health conditions (injuries, orthopedic surgery, liver transplant, etc.); pediatric medical traumatic stress and injuries; primary care diagnostic evaluations; supervision/training.

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, particularly 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 with cardiac conditions.
Danita Czyzewski, Ph.D. (Purdue University). Assistant Professor of Pediatrics, Pediatric Psychologist. Clinical interests: Evidence-based treatment related to adjustment, adherence, and treatment of pediatric disorders, especially gastrointestinal disorders including functional abdominal pain, young child feeding disorders, IBD, encopresis; pulmonary disorders including cystic fibrosis, lung transplant; Management of somatic symptom and related disorders. Research interests in irritable bowel syndrome and quality of life related to lung transplant.

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

Rachel Fein, Ph.D., BCBA (University of Houston), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include evidence-based diagnostic, developmental, and psychological assessment of children at risk for or diagnosed with Autism Spectrum Disorder (ASD), provision of parent management training to families of preschool-aged children with ASD and co-morbid disruptive behaviors, and culturally responsive assessment and treatment. Research interests broadly surround ASD with an emphasis on parent management training for families of children with ASD and comorbid disruptive behaviors.

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

Ryan M. Hill, Ph.D. (Florida International University), Assistant Professor of Pediatrics, Psychologist. Evidence-based assessment and treatment of suicide-related behaviors in children and adolescents, assessment and treatment of traumatized and/or grieving children and adolescents, training in suicide risk assessment, development of interventions to improve the prevention of suicide-related behaviors in school, healthcare, and community-based settings.

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

Lisa S. Kahalley, 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.
Julie B. Kaplow, Ph.D., ABPP (Duke University), Associate Professor of Pediatrics & Chief of Psychology, Clinical Child Psychologist, Director of the Trauma and Grief Center, and Shannon and Mark A. Wallace Endowed Chair in Pediatric Behavioral Health. Evidence-based assessment and treatment of traumatized and/or grieving children and adolescents, training in implementation and dissemination of trauma- and bereavement-informed best practices, biological, psychological, and behavioral consequences of childhood trauma and bereavement, with an emphasis on therapeutically modifiable risk factors.

Robin P. Kochel, 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.

Nicole Schneider, PsyD (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, PhD, ABPP (Texas A&M University). Associate Professor of Pediatrics; Director, Pediatric/Clinical Child Psychology Postdoctoral Fellowship Program; Clinical Psychologist-Pediatric Health Psychology Program; inpatient consultation/liaison 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, elimination disorders, medically unexplained physical symptoms/conversion disorder, demyelinating disorders, among others.

Eric A Storch, PhD (Columbia University), Professor, Department of Pediatrics, Texas Children’s OCD & Anxiety Disorders Program; Clinical research and program development. Cognitive behavioral treatment childhood obsessive compulsive disorder, as well as other obsessive-compulsive spectrum disorders and anxiety disorders. Treatment of anxiety in children with autism spectrum disorders. In addition to role in BCM Pediatrics/Texas Children’s, Dr. Storch is Professor of Psychiatry & Behavioral Sciences, Vice Chair and Head of Psychology in Psychiatry and McIngvale Presidential Endowed Chair.

Gia Washington, PhD, ABPP (Saint Louis University), Assistant Professor of Pediatrics, 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.
Other Faculty Contributors:
Beth Garland, PhD (Psychology; Adolescent Medicine Service)
Grace Kao, PhD (Psychology; Pain Service)
Cortney Taylor, PhD (Psychology; Renal Service)
Rachel Wolfe, PhD (Psychology; Adolescent Medicine Service)
Stephanie Yudovich, LCSW (TAG)
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 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 infancy to early adulthood and come from very diverse cultures and socio-economic backgrounds. Through their clinical caseload, fellows contribute to data collection for ongoing oncology research (e.g., grant-funded research, national protocols, and/or unfunded clinical research) and may participate in vertical supervision of externs and research assistants. Other clinical opportunities include consultation with multi-disciplinary treatment teams and potential involvement in the development and execution of psychosocial and/or cognitive screening protocols 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. Fellows will also have the opportunity to attend weekly Tumor Board and/or Neuro-oncology Rounds to further their knowledge of pediatric brain tumors as well as their opportunities for multidisciplinary interaction. The outpatient caseload will vary according to the developmental needs and the range of clinical duties of each fellow, but general guidelines are:

- 2 - 3 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
Involvement in all aspects of the neuropsychological evaluation, including test battery selection, parent diagnostic interviewing, child interview, feedback to parent, report writing, and associated case management activities

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.

**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 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.

**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, including liver and cardiac disease. 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 wide-ranging medical neuropsychology referrals. Other clinical duties include consultation with multidisciplinary treatment teams. Fellows will review a curriculum of readings to support their knowledge of prematurity, craniosynostosis, heart and liver 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, 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 of children, youth, and young adults diagnosed with a wide array of medical conditions, including diabetes (T1 and T2), solid organ disease/transplant (congenital heart disease, renal disease, liver disease), disorders that affect or involve the endocrine system (e.g., CAH, Turner’s, Klinefelters), and cancer (brain tumors, leukemia). Fellows will receive supervised experience with diagnostic interviewing of caregivers, direct test administration and utilization of technician testing services, provision of feedback to parents, report writing, consultation with multidisciplinary teams, and attendance at medical review board meetings when relevant. Some cases fall under research protocols: I am the site neuropsychologist for the multisite CKiD study (involving children with chronic kidney disease), and for two studies of cognitive functioning in urea cycle disorders. Trainees will have the opportunity to be involved in data collection for any/all of these projects. More direct opportunities for participation in different research studies may also be available. 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 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.