

# POSTDOCTORAL FELLOWSHIP IN PEDIATRIC/CLINICAL CHILD PSYCHOLOGY

Baylor College of Medicine  
Texas Children's Hospital  
Department of Pediatrics  
Psychology Division



Training Director: Katherine Gallagher, Ph.D., ABPP  
<http://www.bcm.edu/pediatrics/psychology>  
HOUSTON, TEXAS

## 2026-2027

## PROGRAM OVERVIEW & SETTING

The Psychology Division of Baylor College of Medicine's Department of Pediatrics is proud to offer an APPIC-member postdoctoral fellowship program designed to train scientist-practitioners in Pediatric/Clinical Child Psychology. The program offers specialized training structured according to five tracks: (1) Autism Spectrum Disorder/Intellectual & Developmental Disabilities, (2) Obsessive Compulsive & Anxiety Disorders, (3) Pediatric Primary Care/(Clinical Elective), (4) Pediatric Psychology, and (5) Early Childhood. The fellowship is a one-year program, with potential opportunity to extend for a second year.

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



The primary site for this fellowship is the Psychology Service of Texas Children's Hospital (TCH), which is the largest children's hospital in the United States and the primary teaching/training center for Baylor College of Medicine's Department of Pediatrics. Baylor College of Medicine (BCM) and TCH are located on the grounds of the Texas Medical Center, the largest medical center in the world. The 2024-25 ranking of Best Children's Hospitals by U.S. News and World Report once again placed Texas Children's Hospital on Honor Roll status in pediatrics. We ranked among America's top-10 nationally in ten out of ten specialties areas including Cardiology & Congenital Heart Surgery (#1), Pulmonology (#2), Nephrology (#1), Neurology & Neurosurgery (#2), Diabetes/Endocrinology (#4), Neonatology (#3), Cancer (#4), Gastroenterology & GI Surgery (#5), Urology (#2), and Orthopedics (#7).

TCH is a 973-bed institution comprised of multiple facilities in the Texas Medical Center and additional satellite facilities in central Houston or surrounding suburbs. Of the medical center facilities, **Wallace Tower** is the primary outpatient services facility, and **West Tower** and **Legacy Tower** are inpatient services facilities, all of which are connected via sky bridge. **The Pavilion for Women** houses the maternal-fetal medicine program and also connects to Wallace Tower. 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. TCH also encompasses **Texas Children's Pediatrics (TCP) primary care** clinics in various locations across the city.

**For a 3.5-minute video highlighting some of what TCH has to offer, please view:**



The physical space of the Psychology Service occupies 13,000 square feet in Wallace Tower, which is adjacent and connected to the inpatient and research buildings. Space designed for outpatient care includes numerous therapy rooms equipped for either in-person or telehealth service delivery, and neuropsychological testing rooms. Clinical space is equipped with observation rooms, one-way mirrors, and recording/audio capability for supervision purposes. Faculty and trainee offices are also housed here, allowing convenience and collegial

interaction. With the onset of the COVID-19 pandemic, TCH developed a robust infrastructure for delivery of clinical services via telehealth. At present, some services (e.g., neuropsychological assessment, multi-disciplinary clinics, inpatient consultations) are regularly delivered in-person with robust COVID-19 infection control procedures in place while outpatient diagnostic intakes and therapy services are offered as either in-person or via telehealth.

The Psychology Division maintains numerous trainees at various levels, offering ample opportunity for collegial engagement with peers, as well as potential for supervisory experiences. The Pediatric/Clinical Child Psychology fellowship program with its 7 fellows exists alongside a separate Pediatric Neuropsychology fellowship program with 4 fellows, and our Division may also include research fellows. Other trainees include psychology interns in our APA-accredited psychology doctoral internship program and numerous graduate practicum students.

With an accomplished and diverse faculty including pediatric psychologists, clinical child psychologists, neuropsychologists and psychologists involved in funded research spanning a variety of areas, our program provides fellows with many professional role models. The patient population served through TCH encompasses a wide range of conditions within primary and specialized pediatric medicine. Fellow caseloads are informed by their educational needs and training goals. With experiences that vary by track, fellows have opportunity to participate in evaluations and therapy with children/adolescents with mental health symptoms and disorders that may occur along with or in the absence of medical diagnoses or physical symptoms. Primary clinical services in which fellows engage include diagnostic evaluation, individual and caregiver-child dyad based therapy, consultation and liaison with inpatients, multidisciplinary team-based care, and consultation with families, schools, and referring physicians.

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

## PROGRAM STRUCTURE

The fellowship is organized such that fellows are accepted into one of five tracks: **1) Autism Spectrum Disorder/Intellectual & Developmental Disabilities, 2) Obsessive Compulsive & Anxiety Disorders, 3) Pediatric Primary Care/(Clinical Elective), 4) Pediatric Psychology, or 5) Early Childhood** (see below for more detailed track descriptions). Each track corresponds with training in the identified major training area, and fellows in each track also expand competencies through a minor training experience (may be a clinical or clinical research experience), a research/scholarship experience, and structured didactic/professional development activities. For those with a minor clinical training experience, fellows spend approximately 80% time in activities related to clinical service provision (60% in the major training area and 20% in the minor clinical experience, including supervision), 10% in research/scholarship, and 10% in didactics/professional development. Fellows with a research minor spend approximately 60% in activities related to service provision in the major training area, 30% in research, and 10% in didactics/professional development. The program is structured into two 6 month-rotation periods, typically with two track supervisors for each 6-month rotation, as well as a minor rotation supervisor, and a research/scholarship supervisor. Depending on the clinical program and fellow interests, fellows may maintain the same 2 major supervisors within their track for year-long depth of training, or may rotate one or both of those supervisors at 6 months to access a wider range of experiences within the training track. The minor clinical training experience may also be year-long, or a fellow may choose to train in two different clinical minors. Our program prides itself on offering flexibility within its structure and a high degree of tailoring to individual fellow goals; this occurs both in the design of the rotation structure for each fellow and within individual rotation/supervisory experiences.

The following tables illustrate the tracks and structure; descriptions of training experiences follow. Clinical minors depicted are examples, with multiple other options available. Fellows may also elect to remain in the same clinical minor full-year, rather than rotating at 6 months. In addition, as an alternative to the structure depicted below, fellows may elect a research minor in lieu of the minor clinical training experience, allowing for 30% time in research.

<b>Autism Spectrum Disorder/Intellectual &amp; Developmental Disabilities Track</b>		
	<b>September – February</b>	<b>March – August</b>
Major Training Area (60%)	ASD/IDD	ASD/IDD
Minor Clinical Training Experience (20%)	Pediatric Psychology <i>(Example Option)</i>	Early Childhood Program <i>(Example Option)</i>
Research/Scholarship (10%)	Research/Scholarship experience with conference presentation or manuscript submission	
Didactics & Professional Development (10%)	Various didactic seminars, case discussion forums, professional development seminars, Grand Rounds, & professional development mentorship	

<b>Pediatric Psychology Track</b>		
	<b>September – February</b>	<b>March – August</b>
Major Training Area (60%)	Pediatric Psychology	Pediatric Psychology
Minor Clinical Training Experience (20%)	Pediatric Primary Care <i>(Example Option)</i>	Pediatric Psychology <i>(Example Option)</i>
Research/Scholarship (10%)	Research/Scholarship experience with conference presentation or manuscript submission	
Didactics & Professional Development (10%)	Various didactic seminars, case discussion forums, professional development seminars, Grand Rounds, & professional development mentorship	

<b>Obsessive Compulsive &amp; Anxiety Disorders Track</b>		
	<b>September – February</b>	<b>March – August</b>
Major Training Area (60%)	Obsessive Compulsive & Anxiety Disorders	Obsessive Compulsive & Anxiety Disorders
Minor Clinical Training Experience (20%)	Autism Assessment <i>(Example Option)</i>	Pediatric Primary Care <i>(Example Option)</i>
Research/Scholarship (10%)	Research/Scholarship experience with conference presentation or manuscript submission	
Didactics & Professional Development (10%)	Various didactic seminars, case discussion forums, professional development seminars, Grand Rounds, & professional development mentorship	

<b>Pediatric Primary Care/(Clinical Elective) Track</b>		
	<b>September – February</b>	<b>March – August</b>
Major Training Area (60%)	Pediatric Primary Care	Elective Major Rotation <i>(ASD/IDD, OC-ADP, Ped Psych, or Early Childhood)</i>
Minor Clinical Training Experience (20%)	Early Childhood Program <i>(Example Option)</i>	Pediatric Primary Care
Research/Scholarship (10%)	Research/Scholarship experience with conference presentation or manuscript submission	
Didactics & Professional Development (10%)	Various didactic seminars, case discussion forums, professional development seminars, Grand Rounds, & professional development mentorship	

Early Childhood Track		
Major Training Area (60%)	September – February	March – August
Minor Clinical Training Experience (20%)	Obsessive Compulsive & Anxiety Disorders <i>(Example Option)</i>	Pediatric Psychology <i>(Example Option)</i>
Research/Scholarship (10%)	Research/Scholarship experience with conference presentation or manuscript submission	
Didactics & Professional Development (10%)	Various didactic seminars, case discussion forums, professional development seminars, Grand Rounds, & professional development mentorship	

## MAJOR TRAINING AREAS/TRACKS

### Autism Spectrum Disorder and Intellectual and Developmental Disabilities (ASD/IDD)

The Autism Program provides specialized evaluation and intervention services to toddlers, preschoolers, school-age children, and adolescents presenting with concerns related to ASD and/or IDD, with the vast majority of patients served having ASD. The patient population includes children and adolescents 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 ASD.



As part of the ASD/IDD fellowship track, fellows will participate in psychological and neuropsychological evaluations for children suspected of having ASD. This includes opportunities to (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems; (2) participate in diagnostic differentiation and formulation of further assessment and treatment plans; and (3) participate in family consultations/feedback and provide recommendations for intervention services. Fellows are involved in all aspects of evaluation, including diagnostic interviews, planning test batteries, test administration and interpretation, providing feedback to parents, and report writing. Fellows will have the opportunity to further their training in gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2). In addition to comprehensive evaluations, there may be additional opportunities for fellows to participate in briefer assessments for toddlers (age 3 and under) suspected of having ASD. Unique training opportunities offered through this model includes training in the Childhood Autism Rating Scale, 2<sup>nd</sup> Edition (CARS2) and experience providing same day, targeted feedback to families. Fellows may also be involved in ADOS-2 consultations, which include conducting the ADOS-2 and providing direct feedback in verbal and written formats to referring providers in Psychology, Developmental Pediatrics, and Neurodevelopmental Disabilities.

In addition to assessment services, fellows will also have an opportunity to provide outpatient or inpatient intervention services to children with ASD and/or IDD as part of their major and/or minor rotations. The Autism Program offers outpatient, evidence-based intervention for preschool and school-age children with ASD and/or IDD, consisting of short-term, caregiver-focused behavioral treatment for common behavioral challenges. Challenging behaviors may include tantrums, emotional dysregulation, physical aggression, noncompliance, anxiety disorders, and other developmental concerns (e.g., sleep problems, toileting problems, mild behavioral feeding problems, and adaptive skill deficits). Fellows will receive training in using evidence-based interventions, such as principles of applied behavior analysis, parent training, cognitive behavioral therapy, and exposure-based treatment, with particular focus on delivering the RUBI Autism Network Parent Training Program, an evidence-based intervention for children with ASD and/or IDD. Opportunities for inpatient intervention occur with the Behavior Analysis and ASD/IDD Team (BAAT), which includes a team of Board Certified Behavior Analysts (BCBAs) and Registered Behavior Technicians (RBTs). The team provides crisis stabilization services for individuals with ASD and/or IDD and their families who are admitted to Texas Children's Hospital in the context of acute behavioral crises, as well as general behavioral supports for patients with ASD/IDD and medical needs. In addition, opportunities exist for diagnostic evaluations in the inpatient environment.

Autism Program faculty work in conjunction with faculty from a range of other disciplines, including but not limited to Developmental Pediatrics, Neurodevelopmental Disabilities Pediatrics, Social Work, Psychiatry, and Pediatric Hospital Medicine. In addition to opportunities to participate in evaluation and intervention, fellows may also take part in clinical research, program development, and community outreach.

Primary faculty supervisors for this major and minor training area include: Leandra Berry, Ph.D., Elizabeth Klinepeter, Ph.D., BCBA, Allison Meinert, Ph.D., Madeline Racine, Ph.D., and Ileana Umaña, Ph.D., BCBA.

### **OCD and Anxiety Disorders Program (OC-ADP)**



The OCD and Anxiety Disorders Program provides specialized assessment and intervention services to preschoolers, school-age children, and adolescents with anxiety and obsessive-compulsive related disorders, including Obsessive-Compulsive Disorder, Health Anxiety/Panic Disorder, Selective Mutism/Social Phobia, Separation Anxiety Disorder, and medically-related Specific Phobias. Patients may also have somatic symptoms or co-occurring 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 with ERP), incorporating Acceptance and Commitment Therapy (ACT) into this intervention, and patient/family centered care. Individual interventions are either patient-focused with significant family involvement or conducted via a family-based approach. OCADP also offers group-based interventions, including ERP groups for selective mutism in young children, social anxiety in middle schoolers, and social anxiety in high schoolers. Continuous outcome assessment and judicious use of data to guide treatment are incorporated.

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

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

### **Pediatric Primary Care Psychology Program**



The Pediatric Primary Care Psychology Program is a hospital-community partnership that extends behavioral health services to children and families outside the hospital in integrated primary care settings. Training is available across a variety of primary care integrated sites located across the city. This innovative program increases access to behavioral health services and serves patients presenting with a broad range of socio-emotional, learning, and behavioral health needs. While

many patients present with specific mental health concerns, others are seeking screening and feedback to promote better health behaviors and prevent emergence of mental health issues. Fellows learn to effectively assess and triage children and adolescents presenting with a broad range of concerns such as toileting resistance, sleep problems, procedural anxiety, disruptive behavior and ADHD, obesity, emotional concerns, suicidality, medication adherence, screening for/diagnosis of developmental disabilities, and many others. Clinical training emphasizes use of brief, evidence-based assessment, consultation, and intervention practices, including translation of common evidence-based practices into brief, targeted treatments feasible for implementation in primary care. Training also focuses on learning to serve historically underserved patient communities and on honing skills in addressing social determinants of health. Fellows work closely with physician and allied health partners to provide care that is both collaborative and integrated. Behavioral health services are provided on-site and coordinated with other aspects of primary health care (e.g., consultations following well child examinations). Children and adolescents who present with more specialized or long-term intervention needs are typically referred to specialty care clinics or providers. Fellows often have opportunity to contribute to supervision of graduate practicum students. There is also substantial opportunity for fellows to take a leadership role in development and implementation of interdisciplinary educational training materials designed for primary care colleagues.

The fellow in our Pediatric Primary Care/(Clinical Elective) Track has opportunity for a 6-month major rotation in primary care (described above) and a 6-month major rotation in one of the four other clinical programs offering major training areas/tracks (i.e., Autism Spectrum Disorders, Obsessive Compulsive & Anxiety Disorders, Pediatric Psychology, or Early Childhood), with a focus on equipping the fellow for service delivery within the primary care setting. During

the 6-month clinical elective major rotation, the fellow will spend their minor clinical training experience in pediatric primary care, which results in year-long experience in the primary care setting. Applicants to this track should specify in their cover letter which of the four potential clinical elective(s) are of interest for the six-month major rotation that occurs in addition to the Pediatric Primary Care major rotation. The final track name will reflect the specific clinical elective for the fellow recruited for this position (i.e., Pediatric Primary Care/Autism Spectrum Disorder Track, Pediatric Primary Care/Early Childhood Track, Pediatric Primary Care/Anxiety Disorders Track, or Pediatric Primary Care/Pediatric Psychology Track).

The faculty supervisors for the Pediatric Primary Care program include Britney Alford, Psy.D., Stephanie Chapman, Ph.D., Monika Parikh, Ph.D., Ashley Ramclam, Ph.D., and Angelique Tate, Ph.D. Faculty supervisors for the clinical elective are those affiliated with each specific clinical program option.

### **Pediatric Psychology Program**



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

Fellows are provided with training in evidence-based practices and education regarding pediatric medical conditions, psychological sequelae, and correlates of such conditions. Common presenting problems range from adaptation to acute and chronic illness, self-management/adherence to medical regimens, procedural anxiety, reactions to accidental injury/medical trauma, surgery preparation and follow-up, and conditions related to the interaction of physical and behavioral factors such as chronic pain, feeding and elimination disorders, and functional 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 evidence-based inpatient and outpatient therapy, assessment, and consultation and liaison services within the medical setting. Inpatient and outpatient referrals are triaged to the attending psychologist(s) that serve a given clinical population, and fellows gain access to referrals based on the supervisors with whom they are rotating. In each rotation, all pediatric psychology fellows gain experience with both inpatient consultation and outpatient care, with both consults and outpatient referrals triaged based on medical population. Fellows have considerable opportunity to engage and consult with numerous health care providers in the context of collaborative, multidisciplinary care. Depending on specific clinical experiences, fellows may attend various rounds or multidisciplinary staffings/clinics and receive mentoring in effective work with multidisciplinary teams comprised of physicians, nurses, and other medical/professional staff. Opportunities may also exist for gaining experience in supervision of interns or graduate practicum students.

Fellows have opportunity to specify medical populations of interest to inform supervision pairings and maximize fellow training goals. With a program structure that includes two major

area supervisors during each 6 month-rotation period, the program is designed to promote flexibility and tailoring to fellow interests. Specifically, fellows may consider: 1) more focused depth of training with specific medical populations (i.e., maintain the same two pediatric psychology supervisors/rotations all year or otherwise maintain year-long training with one or more particular populations), 2) pursue multiple rotations/supervisors to allow for broad pediatric psychology training across many conditions/services (i.e., rotate both supervisors/rotations at 6 months for 4 different pediatric psychology experiences over the year), or 3) may chose a combination of breadth and depth (i.e., maintain one 12-month rotation with a yearlong supervisor alongside two different 6-month pediatric psychology rotations). Further, fellows in the Pediatric Psychology track may elect a minor clinical training experience that also falls within the pediatric psychology program to gain experience with additional pediatric populations, resulting in a training year fully focused on pediatric psychology experiences. Alternatively, fellows may choose a minor in another clinical program/track to allow additional training in an area already identified as of clinical interest or exposure to a newer clinical area during this last year of formal supervised experience. Fellows also have the option to elect a research minor instead of a clinical minor

Primary faculty supervisors for this major training area include: Samantha Carreon, Ph.D., Ginger Depp Cline, Ph.D., ABPP, Katherine Cutitta, Ph.D., Danita Czyzewski, Ph.D., Katherine Gallagher, Ph.D., ABPP, Rachel Kentor, Ph.D., Julia Kovalenko, Ph.D., Mariella Self, Ph.D., ABPP, Ashley Teasdale, Psy.D., and Chelsea Tobin, Ph.D.

### **Early Childhood Program**

The Early Childhood Program provides specialty care for infant through preschool-aged populations and provides fellows with the opportunity to specialize in the individualized developmental approach necessary to work with young children. Fellows specialize in assessment, diagnosis, and intervention in early childhood across populations, including young children with life threatening and chronic illness and healthy children with disruptive behaviors. Training includes inpatient and outpatient consultation and intervention with our medically complex population.



The Early Childhood Program has two patient care arms: Pediatric Psychology and Brief Behavioral Intervention. Clinicians in the Early Childhood Program serve young children with chronic/life threatening illness. Typical presentations include difficulties with behavior and/or anxiety affecting medical adherence and/or procedures, family difficulties related to medical illness, parent-child relationship affected by chronic illness, and adjustment and coping with illness. Patients are typically referred from services across the hospital system including Hematology-Oncology, Cardiology, Physical Medicine & Rehabilitation, Neurology, Pulmonology, Endocrinology, Accidental Trauma, Plastic Surgery, Gastroenterology, Transplant, and others. Fellows have the opportunity to work with multidisciplinary teams comprised of physicians, nurses, and other staff. Fellows have the opportunity to specify medical populations of interest within the early childhood population to optimize fellow training goals. This position is ideal for candidates who wish to pursue breadth across medical populations and depth within early childhood and supervision. Fellows may choose a minor rotation in Pediatric Psychology, Autism, Primary Care Psychology, or additional areas in Child Clinical Psychology (OCD and Anxiety Disorders, Traumatic Stress and Resilience, Foster Care).

The typically developing healthy preschool population is served through the Brief Behavioral Intervention (BBI), which utilizes a manualized, short-term, evidence-based and goal-oriented behavioral intervention with parent training and live coaching. Fellows have the unique opportunity to gain experience training and providing live consultation and supervision for interns and practicum students seeing patients in the intervention. Fellows also lead consultations with medical residents, fellows, and clinicians who regularly observe BBI, which occurs for six hours per week. Fellows may also have the opportunity to provide brief treatment within this intervention if desired.

Our patient population is ethnically and culturally diverse, and specialized training is available in providing culturally competent care within the context of early childhood. Fellows have many opportunities to strengthen their multicultural awareness and translate their knowledge regarding individual and cultural diversity into daily clinical practice. Additionally, opportunities for scholarship, including clinical research, program development, and community outreach are available across early childhood experiences.

Primary faculty supervisors for this major training area include: Marni Axelrad, Ph.D., ABPP and Ashley Teasdale, Psy.D.

## MINOR CLINICAL TRAINING EXPERIENCES

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

For fellows with a clinical minor training experience, each of the five clinical programs offering major training areas/tracks may potentially be selected for the minor clinical training experience (i.e., Autism Spectrum Disorder/Intellectual & Developmental Disabilities, Obsessive Compulsive & Anxiety Disorders, Pediatric Primary Care Psychology, Pediatric Psychology, or Early Childhood). In addition, minor rotations may be available within the following clinical programs: Trauma, Stress & Resilience (outpatient; Ana Ugueto, Ph.D., ABPP), Foster Care (outpatient, integrated multidisciplinary clinic, opportunities for medical inpatient; Mackenzie Hughes, Ph.D.), and Inpatient Rehabilitation Unit (medical inpatient; Kimberly Davis, Ph.D., ABPP).

## RESEARCH & SCHOLARSHIP

All fellows maintain active involvement in research/scholarship throughout the fellowship year,



selecting a research/scholarship supervisor with whom they will collaborate for this aspect of training. All fellows are expected to collaborate on at least one scholarly product as a result of their research/scholarship rotation (e.g., presentation at a regional or national conference, manuscript submission), with the training experience organized around this target product. Research/scholarship experiences and intended

scholarly products are established by mutual agreement among the fellow, research/scholarship supervisor, and the fellowship training director.

Fellows with a minor clinical training experience spend approximately 10% time in their research/scholarship rotation. Fellows with a research minor spend approximately 30% time in research, combining the 20% time that would otherwise be allotted to a clinical minor with the 10% research/scholarship time.

Opportunities in existing research studies spanning a range of areas are available. Examples include:

- Treatment outcome studies of family interventions for preschool disruptive behavior (Axelrad)
- Use of database compiled of clinical chart review data to examine questions related to patients factors that impact treatment (Banneyer & Bonin)
- Application of QI methods to improve patient/family centered care for OCD/anxiety (Bonin)
- Qualitative data concerning barriers to self-management for adolescents with type 2 diabetes and their parents (Butler)
- Baseline data concerning behavioral and psychosocial functioning among families of 5-9-year-old African American and Hispanic children with type 1 diabetes (Butler)
- Qualitative data regarding diabetes management among families of 5-9-year-old African American and Hispanic children with type 1 diabetes (Butler)
- Biopsychosocial factors and intervention in pediatric functional gastrointestinal disorders (Czyzewski & Self)
- Qualitative and quantitative analyses of behavioral/psychosocial aspects of self-management, quality of life, and resilience in children with type 1 diabetes and their families (Hilliard)
- Neurocognitive and behavioral late effects in pediatric brain tumor patients treated with different radiotherapy modalities (Kahalley)
- Effects of educational and in-clinic supports on primary care pediatricians' rates of autism spectrum disorder screening, diagnosis, and referral (Kochel)
- Parents' perceptions about autism and influences on health-related decisions (Kochel)
- Predictors of autism-associated vaccine hesitancy (Kochel)
- Selective mutism and language/culture (Price)
- Pediatric bioethics or ethical issues in training (Self)

Faculty frequently develop or are invited to collaborate on new research endeavors; the above are current examples but should not be considered exhaustive. Further, in addition to opportunities to join an existing research initiative such as those listed above, fellows alternatively have opportunity to develop a research/scholarship training experience related to a clinical program or other area specific to the fellow's unique interests (e.g., quality improvement project, program development/evaluation, authoring a review article or case study, etc.). Many of our program faculty serve as mentors for research/scholarship experiences developed specifically for individual fellows.

## SUPERVISION & EVALUATION

All faculty involved in the training program have medical staff appointments at TCH and academic appointments in the BCM Department of Pediatrics, and all serve as role models of successful, multi-faceted careers in an academic medical center. Fellows are supervised by multiple faculty members throughout the fellowship year, and supervisory relationships typically incorporate mentorship as well.

At any given time, fellows typically have two supervisors in their major training area, one in their minor training area, and one for research/scholarship. The training year is divided into two six-month rotation periods, and our program is structured to allow flexibility, with some fellows maintaining year-long training experiences/supervisors while others may make one or more transitions in supervisors/rotations at 6 months. Rotation/supervision decisions are made collaboratively between fellows and the Training Director, with considerable opportunity to individually tailor the training year based on fellow goals.



Both clinical and research supervision occur during individual meetings with the identified supervisor(s) on a regular basis. At times, group supervision may supplement individual supervision. All training experiences involve direct observation to facilitate individualized feedback and build advanced competencies; this may involve “live” supervision during sessions with children and families, co-therapy, or review of recorded appointments. Within each rotation, supervisors frequently tailor training experiences to fellow interests, and supervision is routinely informed by fellowship-level goals, such as increasing confidence and independence, while also gaining experience with novel or complex presenting concerns.

Informal feedback to fellows occurs in an ongoing manner through supervisory relationships. Fellows are evaluated and given formal feedback at four time points during the training year, at the mid points and end of each 6-month rotation period. Fellow Competency Assessments are completed by each faculty supervisor at each designated time point, discussed with the fellow, submitted to administrative support staff for the Fellowship program, and reviewed by the Training Director. In the event of concerns about a fellow’s competency or professional functioning, the fellowship program follows established due process procedures; grievance procedures are also in place should a fellow wish to file a formal concern. During orientation fellows are provided with detailed written and verbal information about expected competencies, evaluation procedures, and due process and grievance procedures.

## DIDACTICS & PROFESSIONAL DEVELOPMENT

A variety of didactics are included in the fellowship experience. Some are ongoing for all fellows and some are encouraged or optional depending on the specific training plan of a given fellow. Ongoing didactics throughout the training year include our Clinical/Pediatric Program Meeting (weekly, including journal clubs, topic seminars, and case consultation); Clinical & Professional Practice Conference, an interactive, practice focused series which also includes case conceptualization presentations; Career and Professional Development

Seminar (monthly); Advanced Ethics & Professionalism Seminar (monthly), Supervision Workshop (5-6 sessions), and Psychology Grand Rounds/Continuing Education Series (episodic). Depending on track and individual training plans, fellows participate in additional program-specific didactics, meetings, or multidisciplinary rounds. Fellows may choose to attend the internship program's Training Program Seminar (weekly) for topics of interest. Attendance at TCH/BCM's Pediatric Grand Rounds (for pertinent topics) is also encouraged when feasible. A large number of other optional didactic opportunities are also available throughout the TCH, BCM, Texas Medical Center, and Houston communities.



In addition to regular clinical and research supervision, fellows will have periodic individual meetings with the fellowship director to discuss the fellowship experience and professional development matters. Fellows are also paired with a professional development mentor with whom to address these issues, with individual meetings occurring at least monthly. Primary goals of this professional development mentoring process include supporting the fellows' successful navigation of their fellowship experience, provision of mentoring around the fellows' individual professional development goals and coaching the fellows in timely completion of tasks instrumental to successful completion of fellowship and successful transition into their next professional endeavor.

## **SALARY & BENEFITS**

The salary for the fellowship program will be commensurate with NIH guidelines for research postdoctoral fellows for the applicable fiscal year; in FY26, annual salary was \$62,232. Fellows receive employer-sponsored medical, dental and vision benefits for themselves, with the 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 specified 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. Professional funds to be used toward pursuit of licensure (e.g., EPPP) and/or toward other professional endeavors (e.g., conference attendance/registration, local poster printing, etc.) are typically available, but confirmation and determination of amount are annually subject to budget approval.

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

## ELIGIBILITY & APPLICATION MATERIALS

We are recruiting for 7 positions for the 2026-2027 fellowship class, with a planned start date of **September 8, 2026**. Fellows are required to have completed their doctoral degree from an APA- or CPA-accredited program, or to provide a letter from the doctoral program Director of Clinical Training documenting completion of all degree requirements, prior to beginning the fellowship program. Fellows are also required to have completed an APA- or CPA-accredited internship program prior to beginning the fellowship. Applicants selected to interview who have dissertations still in progress will be asked to provide a DCT attestation form at the time of interview, indicating the anticipated dates of dissertation defense and of degree conferral. Documentation of completion of all degree requirements is required prior to official appointment and must be provided prior to the program start date. Appointment is also contingent upon a successful criminal background check.

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

Baylor College of Medicine is an Equal Opportunity Employer and our program adheres to Baylor College of Medicine's employment policies. Fellow selection is based on factors deemed directly relevant to prospective fellows' potential success in the profession of pediatric/clinical child psychology. Relevant factors in this decision process include: clinical/research experiences, education, references from past supervisors as they relate to past training/work performance, fellowship training objectives, and long-term professional goals. We are committed to the recruitment, retention, development and promotion of psychologists with a wide range of backgrounds and experiences. We believe this commitment reflects the values and experiences of our patients, families and broader community.

Applications will be accepted electronically through the APPIC Psychology Postdoctoral Application Centralized Application System (APPA CAS; <https://appicpostdoc.liasoncas.com>). Application entails submission of a cover letter detailing training background and future goals, a curriculum vita, official graduate transcript(s) and three letters of recommendation. **Please specify in bold type at the outset of your cover letter your track(s) of interest (i.e., Autism Spectrum Disorders/Intellectual & Developmental Disabilities, Obsessive-Compulsive & Anxiety Disorders, Pediatric Primary Care/(Clinical Elective), Pediatric Psychology, or Early Childhood).**

**APPLICATION DEADLINE:  
DECEMBER 1, 2025**

Interviews are anticipated to occur virtually in January 2026. We anticipate making initial offers around late January, though different tracks may have variations in timelines. Applicants who request to hold offers will work with the Training Director to determine individualized time frames for decision making. The selection process will also be discussed during interviews, and related questions may also be directly addressed to the Training Director.

Please address inquiries about program training experiences or selection practices to the training director, Dr. Katherine Gallagher, at [kagallag@texaschildrens.org](mailto:kagallag@texaschildrens.org)

Inquiries about application submission logistics or interview scheduling should be sent to [bawomble@texaschildrens.org](mailto:bawomble@texaschildrens.org) and [kagallag@texaschildrens.org](mailto:kagallag@texaschildrens.org) or otherwise addressed to:

Britney Womble, M.Ed.  
Senior Coordinator, Program Management  
Department of Pediatrics, Psychology Division  
Texas Children's Hospital  
6701 Fannin Street, MWT 1630.00  
Houston, TX 77030-2399  
Phone: 832-824-6407



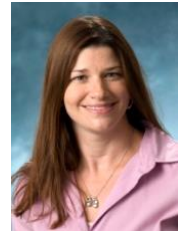
**We look forward to reviewing your application!**

# PEDIATRIC/CLINICAL CHILD PSYCHOLOGY FELLOWSHIP SUPERVISORS



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

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



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

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



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

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



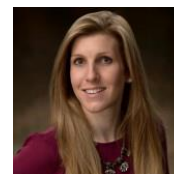
**Samantha A. Carreon, PhD**, is a Pediatric Psychologist and Assistant Professor in the Department of Pediatrics and Division of Psychology at Texas Children's Hospital and Baylor College of Medicine. She specializes in evidence-based interventions for youth with diabetes and other endocrine conditions.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

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



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

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





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

**Kimberly Davis, PhD, ABPP** (Purdue University). Assistant Professor of Pediatrics; Board Certified in Pediatric Neuropsychology; Training Director, Postdoctoral Fellowship in Pediatric Neuropsychology. Clinical interests include evaluation, consultation, and intervention for youth with acute/recently acquired neurologic injury. Provides comprehensive rehabilitation neuropsychology services for youth admitted to the inpatient rehabilitation unit (IRU), as well as outpatient neuropsychological assessment, consultation and cognitive rehabilitation. Research interests center on the prediction of outcome following acquired brain injury.



**Katherine A. Gallagher, Ph.D., ABPP** (University of Kansas), Associate Professor of Pediatrics, Pediatric Psychologist. Training Director, Pediatric/Clinical Child Psychology Fellowship. Cognitive and behavioral interventions for psychosocial aspects of pediatric diabetes and other endocrine conditions. Assist youth and families with illness adjustment and coping, diabetes distress and “burnout”, diabetes-related family conflict, optimizing self-management/adherence, as well as depression, anxiety, emotion dysregulation, and behavioral difficulties in youth with chronic medical conditions. Additional opportunities for consultation in Retrovirology clinic.

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

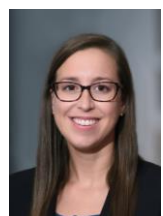


**Mackenzie Hughes, Ph.D.** (Texas Tech University), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based assessment and treatment of trauma-related symptoms for youth in foster care. Professional interests include improving access to evidence-based trauma treatments; cross systems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

**Lisa S. Kahalley, Ph.D.** Lisa S. Kahalley, Ph.D. (University of Memphis). Professor of Pediatrics and Associate Chief of Research—Psychology Division; Director of Neurobehavioral Oncology—Texas Children’s Cancer and Hematology Center. Neurocognitive late effects and functional outcomes in pediatric cancer survivors; treatment-related differences in white matter development, neurocognitive functioning, and quality of life outcomes in pediatric neuro-oncology.



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



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

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



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

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



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



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

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



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

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



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

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





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

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



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

**Ana M. Ugueto, PhD, ABPP** (The Ohio State University), Associate Professor of Pediatrics with tenure, Baylor College of Medicine. Clinical Director of the Traumatic Stress & Resilience Program, Texas Children's Hospital. Clinical practice: evidence-based assessment and treatment of children and adolescents experiencing traumatic stress and grief. Research interests: meta-analyses on the effectiveness of youth mental health, sexual and gender minority youth, suicidality, parent-child agreement, and evidence-based treatments. Professional affiliations: Society of Clinical Child & Adolescent Psychology and American Board of Clinical Child & Adolescent Psychology



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



# HOUSTON & THE TEXAS MEDICAL CENTER (TMC)

The [TMC](#) is the world's largest medical complex. Today, TMC comprises: 21 renowned hospitals, 8 academic and research institutions, 3 public health organizations, 3 medical schools, 6 nursing programs, 2 universities, 2 pharmacy schools, and a dental school. The TMC institutions are joined in their common dedication to the highest standards of patient and preventative care, research, and education as well as local, national, and international community well-being.



Houston is the 4th largest U.S. city. Thirty-seven percent are 24 or younger and 32 percent are between ages 25-44. Houston has a multicultural population of more than 5.5 million in the metro area, giving the city a rich diversity and cosmopolitan feel. Houston is an international city that is a leader in the arts, education, and health care. Compared with other big cities, Houston offers a relatively low cost of living and affordable housing. Plus, there are no state or local income taxes.



Houston offers a wide range of cultural and recreational activities appealing to a diversity of interests. Cultural attractions in the city include numerous museums and a thriving theater district. In fact, Houston is one of only a few U.S. cities with permanent ballet, opera, symphony, and theater companies performing year-round. Nightlife is alive and well in downtown Houston and in

many other areas of town. If you're into sports, Houston is home to numerous professional teams including the Texans, Astros, Rockets, Comets, Aeros, and Dynamos. If you want to play, the greater Houston area offers almost all sporting and hobby interests, including tennis, golf, water sports, cycling, and running. The city maintains more than 350 municipal parks and 200 open spaces. In addition, the city provides many golf courses and operates a modern zoological garden for public use. Houston is also considered to have one of the best culinary scenes in the country, boasting over 11,000 restaurants and food trucks that serve diverse cuisine representing over 70 countries and American regions.



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

## Houston Highlights

- Ranked #11 on [America's Best Cities](#) list (September 2022)
- [Culturally diverse communities](#) and [affordable cost of living](#)
- A dozen [colleges & universities](#) with many degree programs
- Renowned [ballet](#), [opera](#), [symphony](#), and [theater](#) companies and a large [museum district](#)
- Over [300 parks](#), [200 green spaces](#), & [125 hike-and-bike trails](#)
- NASA's [Johnson Space Center](#)
- Over 11,000 [restaurants](#)
- Professional and college [sports leagues](#)