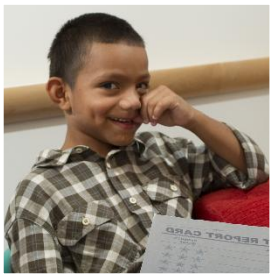
POSTDOCTORAL FELLOWSHIP IN PEDIATRIC NEUROPSYCHOLOGY



Psychology Division

Department of Pediatrics

Baylor College of Medicine

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Program Code: 9043
https://www.bcm.edu/departments/pediatrics/divisions-and-centers/psychology/education
HOUSTON, TEXAS

2027-2029

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Setting and Program Overview

The Psychology Division of Baylor College of Medicine's (BCM) Department of Pediatrics is pleased to announce 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 adheres to training guidelines established by Division 40 of the American Psychological Association (APA), the International Neuropsychological Society (INS), the Houston Conference training model, and the recently published Minnesota Conference Guidelines.

Our program is designed to provide advanced training for psychologists specializing in pediatric neuropsychology who intend to pursue board certification through the American Board of Clinical Neuropsychology (ABCN), a member board of the American Board of Professional Psychology (ABPP). In alignment with the *Taxonomy of Education and Training in Clinical Neuropsychology* (Sperling et al., 2017), the fellowship includes a designated "major area of study" in neuropsychology.

The Postdoctoral Fellowship in Pediatric Neuropsychology is part of the broader educational mission of the BCM Psychology Division. The division serves as a training site for externs from local graduate programs and offers an APA-accredited internship program with tracks in Clinical Child /Pediatric Health Psychology, Pediatric Neuropsychology, and Autism / Clinical Child Psychology (Director: Samantha Carrion, PhD, Associate Director: Kelly Banneyer, PhD), as well as a Postdoctoral Fellowship in Pediatric Health/ Clinical Child Psychology (Director: Katherine Gallagher, PhD). Within this rich educational environment, fellows in the Pediatric Neuropsychology program have opportunities to gain experience supervising less advanced trainees and participate in clinical and research activities beyond pediatric neuropsychology.

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

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

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

TCH was one of only ten hospitals nationally designated by U.S. News and World Report in 2026-2027 for Honor Roll status in pediatrics, ranked 1st overall in the Southwest. We ranked among America's Best in 11 of 11 specialty areas evaluated, including:

- No. 1 Cardiology and Heart Surgery
- No. 1 Diabetes/Endocrine
- No. 2 Nephrology
- No. 2 Pulmonology and Lung Surgery
- No. 2 Urology
- No. 3 Neurology & Neurosurgery
- No. 5 Neonatology
- No. 5 GI & GI Surgery
- No. 5 Orthopedics
- No. 12 Cancer
- Top 50 *(only designation)* Pediatric & Adolescent Behavioral Health

Of the five main facilities, the Wallace Tower is the primary outpatient services facility, where the physical space of the Psychology Service occupies 13,000 square feet. The West Tower and the more recently opened Legacy Tower are the inpatient services facilities. The Feign Tower houses research facilities, including labs, administrative, and faculty offices. The Pavilion for Women and Pavilion Tower II house the maternal-fetal medicine program. All towers are easily accessible by way of a connected sky bridge. Texas Children's Hospital also recently broke ground for a new tower, the upcoming Kinder Children's Cancer Center, which is a joint venture between Texas Children's Hospital and The University of Texas MD Anderson Cancer Center focused on childhood cancer.

Space designated for Psychology Service patient care includes: 11 neuropsychological testing/interview rooms, 6 rooms equipped for telehealth services, and numerous individual and family therapy rooms. Select clinical space is equipped with observation rooms, one-way mirrors, and digital video capacity with microphones for supervision and consultation purposes.

As mentioned above, the Psychology Division maintains a large number of trainees at various levels, offering significant opportunity for collegial interaction with peers. Current departmental trainees include: 11 postdoctoral fellows (4 in pediatric neuropsychology, 8 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 choose to enter private practice or a university placement.

With accomplished faculty neuropsychologists (10), pediatric/child/primary care psychologists (26), and research psychologists (5) 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.

Fellowship Activities

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

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

Clinical Service

The Pediatric Neuropsychology Program serves a diverse patient population representative of the wide range of conditions encountered in both primary and specialized pediatric medical settings. Particular emphasis is placed on chronic medical illnesses, including leukemia, brain tumors, epilepsy (including pre- and post-surgical evaluations), neuroimmunological conditions (e.g., Anti-NMDAR encephalitis), spina bifida, neurofibromatosis type 1, cerebral palsy, sickle cell disease, stroke, traumatic brain injury, and organ failure or transplantation. Additional referrals include neurodevelopmental delays and disorders, genetic syndromes, diabetes, lupus, and other neurological or systemic medical conditions.

Clinical populations vary by rotation and are influenced by the specialty areas of the rotation supervisors. Across rotations, fellows work with children ranging in age from infancy to early adulthood, representing a wide array of cultural and socioeconomic backgrounds. Given the demographics of our patient population, fellows gain substantial experience in assessing of bilingual and bicultural patients.

Most neuropsychological services are provided in-person, with some feedback sessions, diagnostic interviews, and consultation clinic appointments conducted virtually based on family preference. Primary clinical activities vary by rotation but generally include outpatient neuropsychological assessment and consultation with families, schools, and referring physicians or medical teams. Inpatient evaluations are also conducted.

Major rotations typically involve 2-3 cases per week, while minor rotations include 1-2 cases. Fellows participate in all aspects of the evaluation process, including diagnostic interviews, test battery planning, test administration and interpretation, caregiver results conferences (feedbacks), and report writing. Licensed Psychological Associates and Psychometrists provide support for test administration and scoring, as appropriate to the fellow's developmental level.

Fellows also engage in multidisciplinary clinics and staffings, as well as rotation-specific clinical and didactic meetings. These may include multidisciplinary staffing in physical medicine & rehabilitation, sickle cell, cardiac, autism, and organ transplant teams; brain tumor boards; epilepsy surgery conferences; and more. These experiences are in addition to the ongoing didactic programming (see Seminars/Didactics). Importantly, fellows are not subject to billable hour requirements, which provides significant flexibility in tailoring their clinical experiences, learning opportunities, and training plans to meet individual goals.

Some rotations are defined by their setting and supervisor (i.e., Blue Bird Circle Clinic for Pediatric Neurology and Neurosurgery, the Meyer Center for Developmental Pediatrics and Autism, and the TCH Inpatient Rehabilitation Unit), while others are shaped by the supervisor's specialty and patient population. Descriptions of all available major and minor rotation experiences for Pediatric Neuropsychology Fellows at TCH/BCM are provided below.

Faculty supervisors include: Leandra Berry, Ph.D.; Sarah Cable, Ph.D., Amanda Child, PhD, Kimberly Davis, Ph.D., ABPP-CN; Mary Reeni George, Ph.D., ABPP-CN; Lynnette Harris, Ph.D.; Lisa Noll, Ph.D.; and David Schwartz, Ph.D., ABPP, Casey Swick, PhD, and Tat Shing "Jobi" Yeung, PhD.

Clinical Experiences Available for Major and Minor Rotations:

Cable Neuropsychology Rotation: Patient referrals primarily come from Physical Medicine & Rehabilitation and Neurology. Fellows evaluate a wide range of pediatric patient populations, including traumatic brain injury (ranging from concussion to severe TBI), epilepsy (primarily non-surgical cases), and other acquired brain injuries (e.g., encephalitis, other neuroimmune or infectious disorders, and anoxic injuries). Fellows also frequently assess children and adolescents with genetic syndromes, histories of prematurity, cerebral palsy, congenital brain abnormalities like malformations of cortical development, and other medically complex neurological conditions associated with neurodevelopmental, cognitive, academic, behavioral, and emotional sequelae. Comorbid neurodevelopmental conditions (e.g., autism spectrum disorder, ADHD, intellectual disability, and learning disorders) and psychiatric conditions (e.g., anxiety, depression, adjustment-related difficulties, and disruptive behavior disorders) are common referral considerations. A fellow's primary clinical

responsibility is to conduct targeted-to-comprehensive outpatient neuropsychological evaluations (ranging anywhere from 2-4 hours) tailored to each patient's referral question and clinical needs. Fellows are involved in all aspects of the evaluation process, including chart review, test selection, clinical interview, assessment administration and interpretation, case conceptualization, feedback, and report writing. Relevant readings are assigned on a case-by-case basis.

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

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

Noll Neuropsychology Rotation: Specialty patient populations include young children with a history of congenital anomalies involving the heart, liver, and lungs, as well as referrals for young children (infant through preschoolers) with history of genetic disorders/syndrome, prematurity, and wide-ranging medical neuropsychology referrals. Fellows will conduct standardized evaluations of infants and toddlers using a range of standardized assessment tools developed for young children (e.g., Bayley Scales of Infant Development, Vineland Adaptive Behavior Scales-Interview Form, etc.). Assessments are conducted with a key emphasis on Early Relational Health, including parental and family well-being. Fellows will also have the opportunity to participate in NICU Graduation Psychology Consultations, emphasizing early relational health. Supervision focuses on aspects of cultural and ethnic diversity, parental (maternal/paternal) health, impacts of chronic illness, role of community, sibling adjustment and support, and general early childhood development that supports the foundation for cognitive, emotional, and social development of these young children. While a majority of neuropsychological assessments will be outpatient, there will also be opportunities to participate in inpatient transplant evaluations and developmental care rounds. Other clinical duties include consultation with multidisciplinary treatment teams. Fellows will review a curriculum of readings to support their knowledge of general development, early relational health/infant mental health, maternal and paternal mental health, sibling adjustment, psychosocial issues of illness, prematurity, heart/liver/lung disease, and medical concerns presenting in children referred for purposes of engaging in evidence based practice. A developmental, competency-based, supervision model will be utilized, taking into consideration the fellow's prior experience. Thus, the outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows.

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

Swick Neuropsychology Rotation: Patients are primarily referred from neurology and developmental pediatrics and include pre-surgical epilepsy, neuroimmune conditions, stroke, traumatic brain injury, and prematurity. Many patients present for services during the acute or subacute phase of acquired brain injury recovery. Clinical activities span inpatient and outpatient services, including neuropsychological consultation, neurobehavioral status examinations, and outpatient neuropsychological evaluations (2hr and 4hr evaluations). Fellows have the option of participating in a range of specialized services including pre-surgical epilepsy evaluations for children under age 6, participation in the Multidisciplinary Intensive Care Neurology and Development Clinic (MIND), NICU Follow-up Consultation appointments focused on early relational health, and general inpatient consults. A developmental, competency-based, supervision model will be utilized, taking into consideration the fellow's prior experience.

Yeung Neuropsychology Rotation: Primary patient populations include individuals undergoing treatment for hematologic and oncologic conditions (particularly leukemia, lymphoma, and bone marrow transplantation). Additional populations served include those with cerebral palsy, spina bifida, and neurogenetic disorders. Fellows will gain experience conducting both virtual and in-person outpatient neuropsychological consultations, as well as comprehensive outpatient evaluations. Occasional opportunities are available for inpatient consultations and baseline neuropsychological assessments for patients receiving cranial radiation therapy. Fellows may also participate in program development initiatives and quality improvement projects, depending on interest and availability.

Autism Rotation (Berry): The Autism Spectrum Disorder and Intellectual and Developmental Disabilities (ASD/IDD) 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 rotation, 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 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, 2nd Edition (CARS2) and experience providing same day, targeted feedback to families. Fellows may also be involved in ADOS-2 consultations, which include administering and scoring the ADOS-2 and providing direct feedback in verbal and written formats to referring providers in Psychology, Developmental Pediatrics, and Neurodevelopmental Disabilities.

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.

The primary neuropsychology supervisor for this training experience is Leandra Berry, Ph.D.. Additional Clinical Psychology and research supervisors include Allison Meinert, Ph.D., Madeline Racine, Ph.D., Elizabeth Klinepeter, Ph.D., BCBA, and Robin Kochel, Ph.D..

Epilepsy Surgery Rotation (Child) (**Required** Minor or Major Rotation): The Child Epilepsy Surgery Rotation takes place in the Blue Bird Circle Clinic, which is an outpatient pediatric neurology and neurosurgery service at Texas Children's Hospital 5 floors down from the broader Neuropsychology Service. The rotation primarily involves conducting pre- and post-surgical evaluations for patients with epilepsy. Patients range in age from childhood to late adolescence and come from very diverse language, cultural, and socio-economic backgrounds. As part of the overall neuropsychological evaluations, clinical responsibilities include conducting diagnostic intakes, patient interviews, and parent result conferences, as well as associated case management activities. Fellows are expected to attend weekly epilepsy surgery conference and pediatric neurology grand rounds. Fellows will be provided with reading materials to grow/support their knowledge base, inform academic/research discussions, and facilitate their ability to effectively and adequately communicate results and recommendations to patients, their families, and medical teams. Amanda Child, Ph.D. is the primary supervisor for this rotation.

Inpatient Rehabilitation Rotation (Davis) (**Required** Major Rotation, Fellowship Year 2): The TCH Inpatient Rehabilitation Unit (IRU) is a CARF accredited, 16-bed unit. Fellows work with a multidisciplinary team in the care of patients with a variety of injuries/diseases of the central nervous system (CNS), including brain tumors, traumatic brain injury, CNS infections, demyelinating conditions, cerebral vascular accidents, immune mediated epilepsies, and other conditions with known or suspected CNS involvement. The population is diverse with respect to age (toddler through young adulthood) as well as language dominance, cultural background, and socioeconomic status. Fellows will gain experience in inpatient assessment, care management, and discharge planning of bilingual/bicultural patients on this rotation.

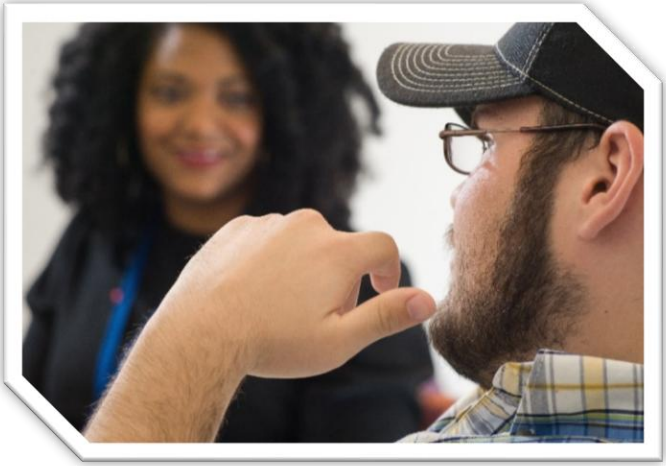
Responsibilities of the rotating fellow include team consultation and participation in multidisciplinary conferences, clinical interviews aimed at care planning and psychological service triage, performance of serial assessments of neurobehavioral status, pre-discharge neuropsychological evaluations,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

Interviewing. The opportunity to participate in IRU Follow-up appointments, which typically occur 3-months post discharge, and/or follow-up outpatient neuropsychological evaluations (typically 6-months post discharge) are also available. Kimberly Davis, Ph.D., ABPP-CN is the primary neuropsychology supervisor and Julia Kovalenko, PhD is the primary pediatric health psychology supervisor for this rotation.

Additional Experiences Potentially Available for Minor Rotations:

Neuropsychology Consultation Clinic: Several faculty members at TCH are piloting a new service aimed at streamlining referrals to neuropsychology for patients whose need for comprehensive neuropsychological testing is uncertain. These cases often consist of youth with medical histories without known CNS involvement, those with primarily behavior or school-based concerns, patients recently discharged from an inpatient admission, and/or those with established services and no documentation suggestive of functional change or family concerns. Goals for this clinic center around decision making regarding right-sized care, clinical triage, and resource facilitation. Dr. Kim Davis, PhD, ABPP-CN and Tat Shing "Jobi" Yeung, PhD are the primary supervisors.

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



Private Practice: For fellows interested in exploring private practice, we offer a unique opportunity through a partnership with Raizner Pediatric Neuropsychology, a local clinic located approximately 20 minutes south of Texas Children's Hospital in Sugar Land, Texas. Through this collaboration, fellows can conduct comprehensive neuropsychological evaluations for community-based referrals and gain valuable insight into the administrative and operational aspects of a small, group-based private practice.

Neuropsychological Intervention for Youth with Acquired Brain Injury: Many neuropsychologists desire to integrate intervention and consultation services into their neuropsychological assessment practice. This rotation provides training and intervention experience in evidence-supported interventions for individuals with brain injury including in Teen Online Problem Solving (TOPS; Wade, Cassedy, Taylor, et al., 2019) and Brain Injury Coping Skills (BICS; Backhaus, Ibarra, et al, 2010) which are designed to facilitate adolescent and family coping, communication, and problem-solving for individuals who have experienced an acquired brain injury. Kimberly Davis, Ph.D., ABPP-CN is the primary supervisor for this rotation.

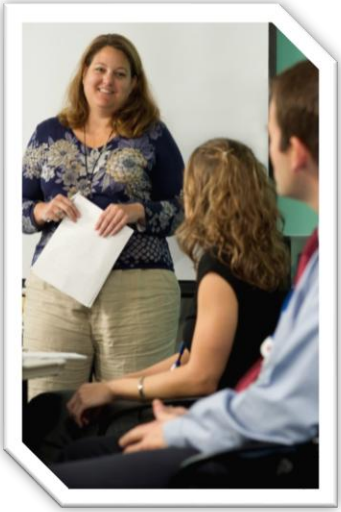
Pediatric Health Psychology (PHP): The Pediatric Health Psychology Program serves children/adolescents and their families who are having difficulty managing physical symptoms, adapting to chronic/acute medical conditions, and/or adhering to medical regimens. Referrals are received from a wide array of pediatric subspecialties including: Cardiology, Diabetes/Endocrinology, Gastroenterology/Nutrition, Hematology-Oncology, Neurology, Orthopedics, Physical Medicine &

Rehabilitation, Plastic Surgery, Pulmonology, Transplant Services, Bariatric Surgery, the Fetal Center/NICU, Gender Medicine, Retrovirology, Rheumatology, and Trauma Service, among others.

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

Faculty supervisors include Marni Axelrad, Ph.D., ABPP, Samantha Carreon, Ph.D., Stephanie Chapman, Ph.D., Ginger Depp Cline, Ph.D., ABPP, Katherine Cutitta, Ph.D., Danita Czyzewski, Ph.D., Katherine Gallagher, Ph.D., ABPP, Rachel Kentor, Ph.D., Julia Kovalenko, Ph.D., Lisa Noll, Ph.D., Nicole Schneider, Psy.D., ABPP, Mariella Self, Ph.D., ABPP, Ashley Teasdale, Ph.D. and Chelsea Tobin, MSW, PhD.

Autism Spectrum and Intellectual and Developmental Disabilities (ASD/IDD) Intervention: In addition to assessment services, the Autism Program offers outpatient, evidence-based intervention for preschool and school-age children with ASD, consisting of short-term, caregiver-focused behavioral treatment for common behavioral challenges. Intervention typically targets issues commonly experienced by children with ASD, such as tantrums/meltdowns, noncompliance, aggression, mild self-injury, sleep problems, toileting issues, mild feeding problems, inflexibility, anxiety, and social skill challenges. Fellows receive training using evidence-based interventions, such as principles of applied behavior analysis, behavioral parent training (RUBI Parent Training Program), cognitive behavioral therapy, and exposure-based treatment. Treatment experience may also include group interventions (PEERS). 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. Elizabeth Klinepeter, Ph.D., BCBA, Allison Meinert, Ph.D., and Madeline Racine, Ph.D., are the primary faculty supervisors for ASD/IDD intervention services.



Brief Behavior Intervention: The Psychology Service provides specialty care for toddler through preschool populations. Healthy children who have difficulty with behavior, mood, and/or family relationships are treated within the Brief Behavioral Intervention (BBI). The BBI is designed to provide short-term services for parents and children, ages one to six years, for a wide range of behavioral and developmental concerns such as temper tantrums, noncompliance, aggression, sleep problems, and daycare difficulties. Families are referred to the BBI when they present to their pediatricians with these concerns. A preventative, developmentally-based behavioral treatment model is applied. Therapy focuses on short-term, goal-oriented techniques and parent training with live coaching of skills. The intervention is most similar to Parent Child Interaction Therapy (PCIT), using many of the same live training opportunities for parents, as well as similar intervention techniques. Interns have the opportunity to participate in an extensive training, receive live supervision while providing services, and will have the opportunity to interact with members of multidisciplinary teams including preschool teachers

and directors as well as medical residents in family medicine and developmental pediatrics. Interns participating in this minor rotation will also have opportunity to participate in the diagnostic intake process, including conceptualization, for preschool aged children. Marni Axelrad, Ph.D., ABPP and Ashley Teasdale, Ph.D. are the primary faculty supervisors for the BBI rotation.

Seminars/Didactics

A distinctive feature of our neuropsychology didactic seminars is the hands-on, team-based learning approach, intentionally designed to align with the knowledge and competencies required for ABPP Board Certification in Clinical Neuropsychology. Rather than relying solely on PowerPoint lectures, fellows engage in a variety of active learning activities, including self-assessment quizzes, collaborative development of test batteries and score interpretation exercises, as well as both group and individual sessions focused on fact-finding and ethics practice. When lectures are incorporated, they are based on the *Clinical Neuropsychology Study Guide and Board Review (2nd edition)* and emphasize in-depth explorations of brain–behavior relationships – such as cerebral vasculature anatomy, stroke territories, and functional implications of stroke – along with nuanced psychometric distinctions among commonly administered tests (e.g., normative variations among the WAIS, WASI, and WISC standardization samples for 16-year-olds).

In addition the neuropsychology didactic seminars, fellows participate in a variety of other educational experiences throughout fellowship. Some of these are mandatory, while others are strongly encouraged or optional, depending on the fellow's selected rotations. Mandatory didactics cross the two-year fellowship include:

- Child Neuropsychology Seminar (bi-weekly)
- Team Based Learning in Neuropsychology (weekly)
- Report Writing Efficiency Workshop (approximately monthly)
- Research, Ethics, and Professional Development Seminar (monthly)
- Multicultural Seminar (monthly)
- Supervision Competencies Workshop (six seminars during year 1)
- Psychology Grand Rounds/Continuing Education Series (approximately monthly).

Optional didactic opportunities include:

- BCM Neuropsychology Grand Rounds (adult)
- TCH Neurology Grand Rounds
- TCH Pediatric Grand Rounds
- *Taquitos de Sesos* - an internationally available cultural neuropsychology-focused didactic
- Seminars hosted by the Houston Neuropsychological Society.

Additionally, individual rotations may include participation in rotation-specific didactics or interdisciplinary conferences, such as Tumor Board or multidisciplinary rounds.

Equitable Care and Health Outcomes Committee (ECHO)

The Psychology community at TCH/BCM is dedicated to promoting equitable care and health outcomes to optimize the intellectual, emotional, and social development for patients in our diverse community. ECHO is an open committee for all trainees, staff, providers, and faculty in the Psychology Division to communicate, plan, and carry out ECHO initiatives.

All trainees are added to the ECHO Microsoft Team at the begging of the training year to receive updates, resources, and monthly meeting invitations. Fellows also have the opportunity to apply for a position on the ECHO Steering Committee during their first and/or second year of training.

BCM Neuroscience Course

Most fellows also choose to enroll in the Baylor College of Medicine Neuroscience course during the spring of their first fellowship year, alongside BCM medical students. This intensive six-week course includes self-study, lectures, anatomy labs, active learning classroom sessions, and self-assessment

exams. The estimated time commitment is approximately 30–35 hours per week, and the course is graded on a Pass/Fail basis. To support full engagement in this learning experience, all clinical responsibilities and fellowship didactics are paused during this course.

Research and Scholarship

Pediatric Neuropsychology Fellows are expected to maintain active involvement in research or scholarly activities throughout the two-year training program. To support this, fellows are provided with 20% protected time annually for research and professional development. Each fellow selects one supervisor to guide their research or scholarship focus over the course of fellowship and chooses between one of two tracks:

Research Track: Fellows on the Research Track have access to a range of opportunities in both funded and unfunded clinical research. Project selection should align with the duration of fellowship and the fellow's professional development goals. Select, qualified candidates with a strong record of research productivity and interest in research-oriented careers may be eligible for more intensive research experiences, which can replace a portion of their clinical training time. However, APPCN membership guidelines require that fellows maintain at least 50% clinical time throughout fellowship.

Research productivity should be commensurate with the amount of protected time and will be outlined in the fellow's individualized training plan. Examples of currently funded research projects include:

- The effects of radiotherapy and surgery on neurocognitive outcomes and white matter development in pediatric brain tumor survivors
- Clinical characterization, onset, and causes and consequences of skill loss in autism spectrum disorder.

Fellows on this track are expected to participate in project selection and design, data collection (if applicable), coding, analysis, and manuscript preparation. They are required to present their research at least once at a regional or national conference and to submit at least one manuscript for peer review during fellowship. To support these goals, fellows may elect a minor rotation dedicated to research.

Scholarship Track: Fellows pursuing the Scholarship Track will select a scholarship mentor and develop a plan to complete at least one scholarly product during fellowship. They are expected to present their work at a local, regional, or national conference and/or submit an original manuscript or scholarly product for peer review prior to graduation. Acceptable scholarly products may include:

- Original research projects
- Case studies
- Book chapters
- Review articles
- Submissions to MedEd Portal
- Quality improvement projects.

Key distinctions between the Scholarship and Research Tracks include:
(1) The scholarship track does not require data analysis or hypothesis testing
(2) Manuscript development and submission for peer reviewed publication is encouraged but not required on the Scholarship Track.

Teaching/Supervision

All faculty involved in the training program hold medical staff appointments at Texas Children's Hospital (TCH) and academic appointments within the Baylor College of Medicine (BCM) Department of Pediatrics. Throughout the two-year fellowship, fellows work clinically with a diverse group of faculty members. Clinical supervision is provided through weekly one-hour individual meetings and real-time ("live") supervision during sessions with children and families, allowing fellows to receive immediate feedback and guidance. Group supervision may occasionally supplement individual sessions to enhance learning and peer collaboration.

Within the first six months of the fellowship, each fellow selects two dedicated mentors:

- A **research or scholarship mentor** to guide their scholarly work
- A **professional development mentor** to support their growth and preparation for independent practice post-graduation.

Additionally, fellows participate in quarterly group meetings and periodic individual check-ins with the fellowship training director to ensure ongoing support and alignment with training goals.

Salary/Benefits

The fellowship positions are funded through the Psychology Division's budget. The salary for fellowship years 1 and 2 will be set according to the NIH stipend for research postdocs for the applicable fiscal year, which is currently $63,480 for 1st year and 2nd year postdocs for FY 2027. 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 13 paid BCM holidays (including 9 set holidays and 4 other "floating" holidays with dates selected by the employee) and 12 sick days, fellows are given 15 days to be used for vacation and personal days as well as 5 days for professional release time for conferences and other professional development activities approved by the training director. Per current BCM policy, fellows are able to obtain coverage through BCM Medical Leave immediately following hire if unpaid leave is required. Fellowship graduation remains contingent upon completion of fellowship requirements within the defined 2-year window. Additionally, fellows who have been employed $\geq$ 1 year can access up to $2,500 for tuition and required books when taking formal, approved graduate courses at BCM, Rice, or the University of Houston. Professional funds to be used toward pursuit of licensure and/or toward other professional endeavors (e.g., virtual conference attendance/registration, poster printing, etc.) are expected to be available at a total of $3,000 across the two year fellowship ($2,050 during year one to cover conference travel, the cost of licensure, and EPPP and $950 during year two to cover conference travel) with policy on approved spending procedure to be provided upon start of fellowship. Confirmation and determination of amounts, while not expected, are subject to change given yearly budget reviews as mandated by the institution.

Fellows have individually designated spaces within the shared fellows' office. Each desk is equipped with a computer, dual monitors, a private telephone line, and dictation equipment. Fellows have access to electronic medical records and electronic MRIs through EPIC, as well as Pub-med and Psych Info through the Texas Medical Center Library (over 3,500 online journals). Within the Psychology Division

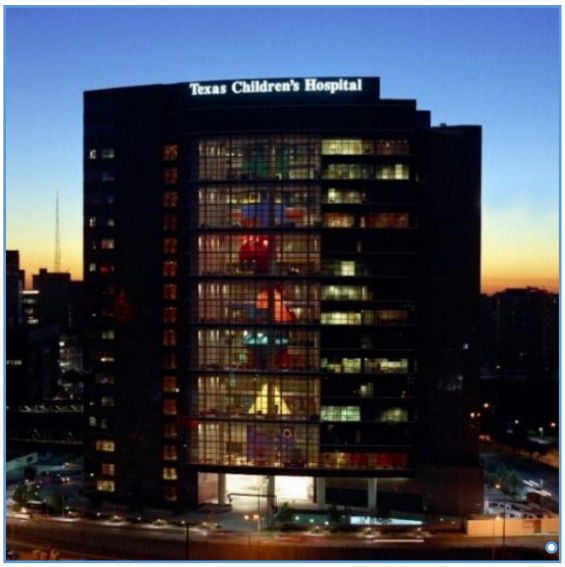
suite, fellows have access to computers with programs for statistical analysis and research, including SPSS, SAS, LISREL, and Reference Manager. Fellows also benefit from administrative support provided by departmental secretaries, appointment/referral/clinic coordinators, administrative assistants, and the business manager, as well as the hospital information service's scheduling, admissions, and billing department personnel.

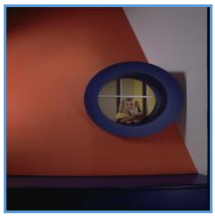
For video highlights of just some of what TCH and Houston have to offer, please view Texas Children's Hospital Medical Center Campus Tour & Houston Texas Travel Guide

Application Procedures

There are 2 anticipated positions for the 2027-2029 training cycle. The planned start date is September 7, 2027, and the planned end date is August 31, 2029, 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/or CPA-accredited clinical programs and internships, and prior training with children is required. **The deadline for the receipt of all application materials for our program within the APPA-CAS system is Thursday, December 3, 2026**. 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, 11th 2027 is the expected recommended deadline for online registration with the National Matching Services, Inc. (416-977-3431; www.natmatch.com/appcnmat).

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

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

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Application Deadline: *Thursday, December 3, 2026*

Address all inquiries to:

psycfellowship@texaschildrens.org

OR
Post-doctoral Fellowship Training Program (Neuropsychology) Program Coordinator
Department of Pediatrics, Psychology Division
Attn: Yada Holton
Senior Coordinator, Program Management
Texas Children's Hospital
6701 Fannin Street, MWT 1630.00
Houston, TX 77030-2399
Phone:832-822-3857
ylholton@texaschildrens.org

Interviews:
In alignment with APPCN recommendations, interviews will be conducted virtually for all applicants. Interviews will be arranged by invitation following review of applications. The target timeframe for **interviews will be *Tuesday, January 26, 2027, Wednesday, January 27, 2027, and Thursday, January 28, 2027,*** although other dates will be considered as necessary.

Houston and the Texas Medical Center (TMC) Community

The TMC is the world's largest medical complex. Today, TMC comprises 21 renowned hospitals, 8 academic and research institutions, 3 public health organizations, 13 support organizations, 3 medical schools, 6 nursing programs, 2 universities, 2 pharmacy schools, and a dental school. The TMC institutions are joined in their common dedication to the highest standards of patient and preventative care, research, and education as well as local, national, and international community well-being.

Houston is the 4th largest U.S. city. Approximately 35% are 24 or younger, and 27% are between ages 25-44. Houston has a multicultural population of more than 7.1 million in the greater metro area, giving the city a rich diversity and cosmopolitan feel. Houston is an international city that is a leader in the arts, education, and health care. Unlike most big cities, Houston offers a very low cost of living and very affordable housing. Plus, there are no state or local income taxes. How can it get better?

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

Houston Highlights

WELCOME TO HOUSTON

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

Houston Highlights

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.

Core Training Faculty

Neuropsychology

Leandra Berry, Ph.D. (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.

Sarah Cable, Ph.D. (University of Alabama at Birmingham), Assistant Professor of Pediatrics and Pediatric Neuropsychologist. My primary role is conducting outpatient neuropsychological evaluations for children and adolescents with acquired brain injuries due to a variety of etiologies (e.g., traumatic brain injury, stroke, neuroimmunological conditions) and ranging in severity. Additional patient populations include those with epilepsy, movement disorders, genetic disorders, premature birth, and cerebral palsy.

Amanda Child, Ph.D. (University of Houston), Assistant Professor of Pediatrics. Pediatric Neuropsychologist. Primary interests include neuropsychological evaluations for children and adolescents with epilepsy, particularly those who are undergoing pre- and postsurgical evaluations.

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

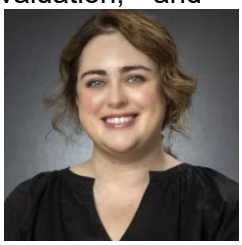
Mary Reeni George, Ph.D., ABPP-CN (National Institute of Mental Health and Neurosciences, India), Assistant Professor of Pediatrics. Neuropsychological assessment of children with sickle cell disease, pediatric stroke, complex AD/HD, pediatric brain tumors, hydrocephalus, and other neuropsychiatric disorders.

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

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

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

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



Casey Swick, PhD (Eastern Michigan University), Assistant Professor of Pediatrics. Pediatric Neuropsychologist. Primary interests include neuropsychological consultation, evaluation, and intervention for children and adolescents with a wide range of medical conditions, including acute and chronic illnesses, brain injuries and developmental conditions. Evaluations may take place in inpatient or outpatient settings, or in coordination with multidisciplinary clinic visits. Special populations and clinics include outpatient Neurology, NICU graduation consults, Multidisciplinary Intensive Care Neurology and Development (MIND) Clinic, and acute inpatient neuropsychological evaluations. NICU graduation consults focus on early relational health milestones. MIND Clinic evaluations are typically performed on an outpatient basis and include screening of neurocognitive abilities 1-3 months post-discharge from the PICU. Personal and career interests are in program development and improving accessibility of services through developing tiered models of care.

Tat Shing "Jobi" Yeung, Ph.D. (Northeastern University), Assistant Professor of Pediatrics, Pediatric Neuropsychologist. Primary interests include neuropsychological consultation, screening, and evaluation for children and adolescents in pediatric hematology and oncology, with a focus on cognitive late effects of treatment and long-term survivorship. I serve additional patient populations with cerebral palsy, spina bifida, and neurogenetic disorders.

Pediatric and Child Clinical Psychology

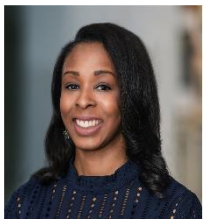
Britney Alford, Psy.D. (The Chicago School of Professional Psychology), Assistant Professor of Pediatrics. Primary Care Psychology, Texas Children's Hospital. Research and clinical interests: Integrated primary care, substance use disorders, autism spectrum disorder, mood disorders, and decreasing disparities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

Ranya Alnatour, Psy.D., ABPP (Pepperdine University) is an Assistant Professor of Pediatrics and a Board-Certified Clinical Health Psychologist specializing in pediatric psychology. She provides comprehensive psychological care to children and adolescents receiving hematology and oncology treatment. Focus of clinical practice on evidence-based cognitive and behavioral interventions, alongside interdisciplinary consultation and collaboration with medical and psychosocial care teams. Clinical and scholarly interests include promoting psychological adaptation and quality of life across the pediatric cancer continuum, with particular emphasis on coping and adjustment associated with bone marrow transplantation, end-of-life care, pediatric pain management, cultural influences on health and illness, and the psychosocial adjustment of siblings to pediatric cancer.

Marni E. Axelrad, Ph.D., ABPP (SUNY Binghamton), Professor of Pediatrics, Clinical Child/Pediatric Psychologist; Clinic Chief. Short term assessment and intervention for families with young children (ages 2-6) 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. Site Director and clinician in the Comfort Ability program. Dr. Axelrad also co-leads Psychology's Faculty Professional Development programming.

Kelly Banneyer, Ph.D. (University of Texas at Austin), Associate Professor of Pediatrics, Bilingual Psychologist (English/Spanish). Associate Director of Doctoral Psychology Internship Training Program. Clinical work involves diagnostic assessment and evidence-based treatment of anxiety and obsessive-compulsive disorders with specialty emphasis in young children. Research and professional interests include measurement-based care and family-focused intervention.

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



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

Samantha A. Carreon, PhD, (Rosalind Franklin University), Pediatric Psychologist and Assistant Professor of Pediatrics. Director of Doctoral Psychology Internship Training Program. Dr. Carreon specializes in evidence-based interventions for youth with diabetes and other endocrine conditions. She 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. Member of the Resilience and Diabetes (RAD) Behavioral Research Lab. 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 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 Hospital. 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, Ph.D., ABPP (University of Kentucky), Associate Professor of Pediatrics; Board Certified Clinical Child & Adolescent Psychologist; Pediatric Psychology and Primary Care Psychology. Dr. Cline is a pediatric psychologist who specializes in assessing and treating youth with acute medical needs including accidental injuries, surgery demands, limb differences and pre-liver transplant status. She utilizes evidence-based practices including cognitive-behavioral therapy, trauma-focused cognitive behavioral therapy, exposure-based treatment, parent management training, among others, while maintaining an individualized treatment approach.

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

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

Katherine A. Gallagher, Ph.D., ABPP ((University of Kansas), Associate Professor of Pediatrics, Pediatric Psychologist. Training Director, Pediatric/Clinical Psychology Fellowship Program. Cognitive and behavioral interventions for psychosocial aspects of pediatric diabetes and other endocrine conditions; assist youth with illness adjustment and coping, diabetes distress and "burnout", diabetes-related family conflict, diabetes management, as well as depression, anxiety, emotion dysregulation, and behavioral difficulties in youth with chronic medical conditions. Opportunities for consultation in HIV/Retro virology clinic. Clinical care may occur in Psychology clinic, medical clinics, and inpatient medical floors.

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

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

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

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

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

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

Julia D. Kovalenko, Ph.D. (University of Houston), Assistant Professor of Pediatrics, Pediatric Psychologist. Dr. Kovalenko provides psychological services to children, adolescents, and young adults during inpatient rehabilitation and in outpatient follow-up care. Her primary clinical interests include supporting patients recovering from acquired brain injuries, spinal cord injuries, and complex orthopedic conditions. Dr. Kovalenko is passionate about providing evidence-based interventions that build on each family's strengths and resilience while promoting adjustment, recovery, and overall quality of life. Common treatment targets include adjustment to injury or diagnosis, coping with changes in functioning and independence, emotional adjustment, pain management, adherence to rehabilitation recommendations, family support and intervention, and facilitating engagement in rehabilitation goals. Dr. Kovalenko works closely with interdisciplinary medical teams to promote recovery, maximize functioning, support community reintegration, and help patients and families navigate the challenges associated with illness, injury, and hospitalization.

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.

Cara Nneka Nwankwo (Nneka), PhD (Oklahoma State University), Assistant Professor of Pediatrics, Clinical Psychologist. Providing psychosocial support, illness adjustment and coping, chronic disease self-management, inpatient consultation/ liaison within pediatric oncology, hematology, bone marrow transplant and gene therapy. With emphasis on culturally responsive care and shared decision making across these populations with a focus on emerging adults navigating complex medical decision making and identity development within chronic illness.

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

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

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

Ashley E. Teasdale, Psy.D. (Baylor University), Assistant Professor of Pediatrics, Pediatric Psychologist. Provides evidence-based family-centered assessment and treatment for young children with disruptive behaviors and children of all ages with a variety of pediatric health conditions. Medical populations include FND/somatic symptom disroders, feeding and elimination disorders, neurological conditions, liver transplant, hematology/oncology, diabetes, and more. Multidisciplinary team member in Plastic Surgery.

Chelsea Tobin, MSW, PhD (PGSP) 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.

Natalie A. Wheeler, Psy.D. (University of Indianapolis), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based assessment and treatment of ADHD and Disruptive Behavior Disorders in school-age children and adolescents with and without co-occurring anxiety and mood disorders; Parent Management Training with families experiencing medically-interfering behavioral challenges; brief cognitive-behavioral treatments for generalized anxiety, and difficulties with emotion regulation and arousal reduction. Program development integrating evidence-based approaches (e.g. PMT, CBT) for families managing academic, socioemotional, and family dysfunction associated with ADHD and/or oppositional behaviors.

Other Faculty Contributors:

Beth Garland, Ph.D. (Psychology; Adolescent Medicine Service)
Cortney Taylor, Ph.D. (Psychology; Renal Service)
Rachel Wolfe, Ph.D. (Psychology; Adolescent Medicine Service)