

# POSTDOCTORAL FELLOWSHIP IN PEDIATRIC/CLINICAL CHILD PSYCHOLOGY

Psychology Section  
Department of Pediatrics  
Baylor College of Medicine



Texas Children's Hospital



Training Director: Mariella M. Self, Ph.D., ABPP  
<http://www.bcm.edu/pediatrics/psychology>  
HOUSTON, TEXAS

2021-2022

## Program Overview & Setting

The Psychology Section 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 four tracks: (1) Pediatric Psychology, (2) Obsessive Compulsive & Anxiety Disorders, (3) Preschool, and (4) Traumatic Stress & Resilience. 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, informed 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, professional 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. TCH was one of

only ten hospitals nationally designated by U.S. News and World Report in 2020-2021 for Honor Roll status in pediatrics, ranking 4<sup>th</sup> overall and ranking among America's best in many specialty areas (Cardiology & Heart Surgery #1, Neurology & Neurosurgery #2, Nephrology #2, Pulmonology #3, Cancer #4, GI & GI Surgery #4, Diabetes/Endocrinology #5, Urology #6, Neonatology #10, and Orthopedics #15).

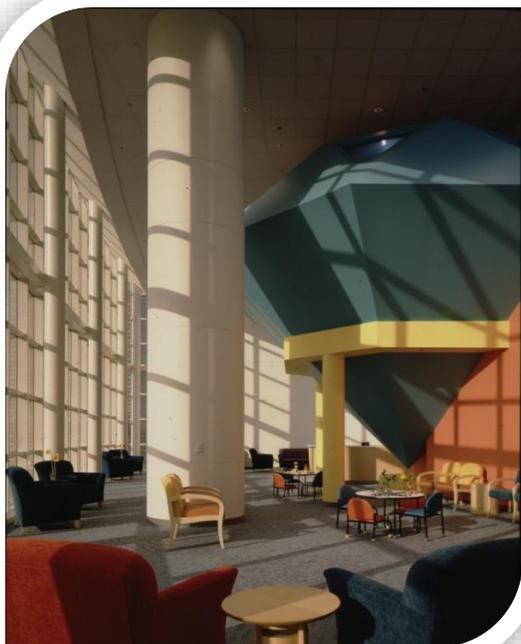


TCH is a 973-bed institution comprised of five main facilities and additional satellite facilities in central Houston or surrounding suburbs. Of the five main facilities, Wallace Tower is the primary outpatient services facility, whereas West Tower is the inpatient services

facility. The Feigin Center houses research facilities, including labs, administrative, and faculty offices. The Abercrombie Building houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The Pavilion for Women houses the maternal-fetal medicine program and also connects to Wallace Tower. 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:**  
<https://www.youtube.com/watch?v=fDzvh4wBlsw&feature=youtu.be>

With accomplished faculty including pediatric psychologists, clinical child psychologists, neuropsychologists and psychologists involved primarily in funded research that spans 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 services in which fellows engage include diagnostic evaluation, individual and parent-child dyad based therapy, consultation and liaison with inpatients, multidisciplinary team-based care, and consultation with families, schools, and referring physicians.



The physical space of the Psychology Service occupies 13,000 square feet in Wallace Tower, which is adjacent and connected to both the West Tower and the Feigin Center. Space designated for the Psychology Service's outpatient care in Wallace Tower includes therapy rooms, neuropsychological testing/interview rooms, and an indoor play area. Clinical space is equipped with observation rooms, one-way mirrors, and recording/audio capability for supervision and consultation purposes. With the onset of the COVID-19 pandemic, TCH has developed a robust infrastructure for delivery of clinical services via telehealth. Some services (e.g., neuropsychological assessment, multi-disciplinary clinics) are delivered in-person with robust COVID-19 infection control procedures in place.

The Psychology Section maintains numerous trainees at various levels, offering ample opportunity for collegial interaction with peers, as well as potential for supervisory experiences. The Pediatric/Clinical Child Psychology fellowship program exists alongside a separate Pediatric Neuropsychology fellowship program (Training Director: Marsha Gragert, Ph.D., ABPP-CN). Other current departmental trainees include 5 psychology interns in our APA-accredited psychology internship program and numerous graduate practicum students.

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, and program development/evaluation.

## **Program Structure**

The fellowship is organized such that fellows are accepted into one of four tracks: **1) Pediatric Psychology, 2) Obsessive Compulsive & Anxiety Disorders, 3) Preschool, or 4) Traumatic Stress & Resilience** (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, with two track supervisors for each 6-month rotation, as well as a minor rotation supervisor, and a research/scholarship supervisor.

The tables below illustrate the tracks and structure; descriptions of training experiences follow. As an alternative to the structure depicted below, fellows may elect a research minor allowing for 30% time in research in lieu of the minor clinical training experience.

<b>Pediatric Psychology Track</b>	
Major Training Area (60%)	Pediatric Psychology Program
Minor Clinical Training Experience (20%)	Preschool Program (Example Option)
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>	
Major Training Area (60%)	Obsessive Compulsive and Anxiety Disorders Program
Minor Clinical Training Experience (20%)	Pediatric Psychology (Example Option)
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>Preschool Track</b>	
Major Training Area (60%)	Preschool Program
Minor Clinical Training Experience (20%)	Autism Assessment (Example Option)
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>Traumatic Stress &amp; Resilience Track</b>	
Major Training Area (60%)	Traumatic Stress & Resilience Program
Minor Clinical Training Experience (20%)	Pediatric Primary Care (Example Option)
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

**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, and medically-related Specific Phobias. Patients may also have somatic symptoms or co-morbid medical conditions that are treated by the pediatric medical specialists at Texas Children's Hospital. The OC-ADP assessment and treatment approach is strongly evidence-based, with interventions placing significant emphasis on exposure based Cognitive-Behavioral Therapy (CBT) and patient/family centered care. Interventions are either individual-focused with significant family involvement or conducted via a family-based approach. Continuous outcome assessment and judicious use of data to guide treatment are incorporated.



Fellows 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 practicum students. Opportunities for clinical research, program development, quality improvement, and

community outreach are also available as a component of the program. Supervision is provided by clinical psychologists trained in exposure-based cognitive-behavioral and family-based approaches to treatment.

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

**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, Bariatric Surgery, Cardiology, Diabetes/Endocrinology, Gastroenterology, Gynecology, Hematology-Oncology, Neurology, Physical Medicine & Rehabilitation, Plastic Surgery, Orthopedics, Pulmonology, Retrovirology, Rheumatology, Transplant Services, and the Trauma Service, among others.

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. Fellows may consider more focused depth of training with specific populations (i.e., maintain the same two pediatric psychology supervisors/rotations all year), may pursue multiple



rotations to allow for broad pediatric psychology training across many conditions/services (i.e., rotate both supervisors/rotations at 6 months for 4 different experiences over the year), or may chose a combination of breadth and depth (i.e., maintain one 12-month rotation alongside two different 6-month rotations). Fellows in the Pediatric Psychology track may elect a minor clinical training experience within the pediatric psychology program to gain experience with additional pediatric psychology populations, may chose a minor in another clinical program, or may elect a research minor.

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, 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. 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.

Primary faculty supervisors for this major training area include: Ginger Depp Cline, Ph.D., ABPP, Danita Czyzewski, Ph.D., Katherine Gallagher, Ph.D., Lisa Noll, Ph.D., Mariella Self, Ph.D., ABPP, Nicole Schneider, Psy.D, and Gia Washington, Ph.D., ABPP.

**Preschool Program:** The Preschool Program provides specialty care for infant through preschool 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 population, including young children with life threatening and chronic illness, those with traumatic brain injury, children who have had recent traumatic experiences, healthy children with disruptive behaviors, and young children who are gender non-conforming. Training includes outpatient experience with children without medical difficulties as well inpatient and outpatient consultation and intervention with our medically complex population.

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 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 and fellows who regularly observe BBI, which occurs for six hours per week. Fellows will also have the opportunity to provide brief treatment within this intervention.



The Preschool Program also sees chronically ill early childhood patient populations referred for difficulties with behavior 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 Hematology-Oncology, Cardiology, Physical Medicine & Rehabilitation, Neurology, Pulmonology, Endocrinology, Gender Medicine, Gastroenterology, Transplant, the Trauma Service, and others. Fellows work with multidisciplinary teams comprised of physicians, nurses, and other staff. Depending on the interest of the fellow, experiences with children with Autism Spectrum Disorders may also be available.

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. The program also includes the opportunity for bilingual (Spanish) supervision. Additionally, opportunities for scholarship, including clinical research, program development, and community outreach are available across preschool experiences.

Primary faculty supervisors for this major training area include: Marni Axelrad, Ph.D., ABPP and Petra Duran, Ph.D.

**Traumatic Stress & Resilience Program:** Traumatic Stress & Resilience Program: The primary purpose of the Traumatic Stress & Resilience program is to provide evidence-based, trauma-focused care in accordance with current best practices. The patient population includes children and adolescents 7 to 21 years of age who are referred from within the hospital or the larger community



due to concerns related to experiences of trauma (e.g., physical or sexual abuse, neglect, immigration/deportation-related traumas, witnessing interpersonal or community violence, and others). The Traumatic Stress & Resilience program serves a diverse population and strives to provide culturally sensitive care to individuals from a variety of backgrounds. Clinical care is conceptualized within a larger socioecological framework that recognizes the complex roles of family, community, culture, and history, their impact on child functioning, and their role in the therapeutic process.

Fellows work closely with the multidisciplinary Foster Care Clinic providing evidence-based assessment and treatment for children ages 6 to 18 in the Texas foster care system. Additionally, fellows have the opportunity to provide inpatient consultation-liaison services across the hospital for patients who have experienced non-accidental trauma (e.g., abuse and neglect).

In addition to a focus on trauma-informed care, fellows also have the opportunity to develop clinical skills in the area of suicide risk assessment, formulation, and management. Further, for those interested, access to an active research program in suicide prevention provides opportunities to collaborate on research activities and produce scholarly works.

The primary faculty supervisors for this major training area include: Ryan Hill, Ph.D. and Claire Kirk, Ph.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 four clinical programs offering major training areas/tracks may potentially be selected for the a minor clinical training experience (i.e., Obsessive Compulsive & Anxiety Disorders, Pediatric Psychology, Preschool, or Traumatic Stress & Resilience; see earlier track descriptions). Additional minor clinical training experiences in autism assessment, autism intervention or primary care are available (described below).

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



neurocognitive assessment of individuals with (or suspected of having) ASD, including evaluations using gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2nd Edition (ADOS-2). Fellows also have opportunity to (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems; (2) participate in diagnostic differentiation and formulation of further assessment and treatment plans; and (3) participate in family consultations/feedback and provide recommendations for intervention services. Fellows are involved in all aspects of evaluation, including diagnostic interviews, planning test batteries, test administration (with or without technician support) and interpretation, providing feedback to parents, and report writing.

The faculty supervisor for this minor clinical training experience is Leandra Berry, Ph.D.

**Autism Center - Intervention:** The Autism Center offers fellows training in short-term caregiver-focused behavioral treatment for families of children with a diagnosis of Autism Spectrum Disorder (ASD) and concerns related to challenging behaviors through the Autism Center Behavior Consultation (ABC) Clinic. The population served within the ABC Clinic include children ages 6 years-of-age and under with a diagnosis of ASD and associated challenging behaviors. Challenging behaviors may include physical aggression, noncompliance, tantrums and other developmental concerns (e.g., sleep

problems, toileting problems, mild behavioral feeding problems, and adaptive skill deficits). Goals of treatment include teaching caregivers the skills necessary to reduce challenging behaviors and to increase more adaptive behaviors. Through participation in this rotation, fellows have the opportunity to 1) conduct brief assessment of ASD and related concerns; 2) gain specialized skills in implementing the RUBI Parent Training Program as well as an adapted version of the Brief Behavioral Intervention program, which are both manualized, evidence-based intervention programs that emphasize caregiver training and live in-session coaching; 3) engage in peer consultation or supervision with other trainees through co-therapy, live consultation and/or supervision of practicum students; 4) shadow other psychologists and/or other specialties such as developmental pediatrics, pediatric neurology, and social work; and 5) participate in program development and community engagement activities.

The faculty supervisor for this minor clinical training experience is Rachel Fein, Ph.D., BCBA

**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 occurs within one of two integrated health centers considered as a “medical home” for Texas Children’s Health Plan members. 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, 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 primary care. 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 long-term or more specialized needs are typically referred to specialty care clinics or providers. Fellows often have opportunity to contribute to supervision of graduate practicum students.

The faculty supervisors for this minor clinical training experience are Stephanie Chapman, Ph.D. and Angelique Tate, Ph.D.

## **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 of current ongoing research studies include:

- Treatment outcome studies of family interventions for preschool disruptive behavior (Axelrad)
- Application of QI methods to improve patient/family centered care for OCD/anxiety (Banneyer & Bonin)
- Examining the response of OCD and anxiety symptoms in the context of the COVID-19 pandemic (Banneyer & Bonin)
- Innovative methods of measuring symptoms of OCD and anxiety (Banneyer & 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)
- Development/evaluation of suicide prevention interventions, risk and protective factors for suicide, suicide prevention education and training evaluation (Hill)
- 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)

In addition to opportunities to join an existing research study 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.

## 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 experience include Clinical/Pediatric Program Meeting (weekly to bimonthly), Psychology Practice Conference (~bimonthly), Multicultural Seminar (monthly), Career and Professional Development Seminar (monthly), Advanced Ethics & Professionalism Seminar (monthly), Supervision Competencies Seminar (monthly), 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 also have the option 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 clinical and research supervision, fellows will have periodic individual meetings with the fellowship director to discuss issues related to the fellowship experience and professional development. 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.

## Supervision & Evaluation

Fellows are supervised by a number of faculty members throughout the fellowship year. 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. 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 fellow competencies; this may involve "live" supervision during sessions with children and families, co-therapy, or review of recorded appointments. 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.

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.

## Salary & Benefits

The salary for the fellowship program will be commensurate with NIH guidelines for research postdoctoral fellows for the applicable fiscal year, which is currently this is \$52,704 (FY 2021 salary not determined/published as of 10/2020). Fellows receive employer-sponsored medical, dental and vision benefits for themselves, with the additional option of adding family members at a standard price. Fellows are also entitled to participate in the medical school's 403B plan. In addition to 11 paid BCM holidays (including 7 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., virtual conference attendance/registration, local poster printing, etc.) are expected to be available, but confirmation and determination of amount are pending and subject to budget approval.

Fellows are provided with office space, an individual computer, and an individual telephone line. Each computer is connected to the BCM and TCH intranet systems, with access to electronic medical records and access 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 assistants, appointment/referral center coordinators, and business manager, as well as the hospital's information services, scheduling, admissions, and billing department personnel.

## Eligibility & Application Procedures

We are recruiting for 6 positions for the 2021-2022 fellowship class, with a planned start date of **September 1, 2021**. 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.

Our program adheres to the BCM policy for equal opportunity employment as well as other applicable BCM employment policies. Fellow selection is based on factors deemed directly relevant to prospective fellows' potential success in our program and the profession of pediatric/child clinical 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. Our Section values diversity and is committed to inclusion. We are committed to the recruitment, retention, development and promotion of psychologists of all backgrounds and experiences. We believe this reflects the multicultural values and experiences of our patients, families and broader community. Applications from bicultural/bilingual students and those underrepresented in psychology are welcome.

Applications will be accepted electronically through the APPIC Psychology Postdoctoral Application Centralized Application System (APPA CAS; <https://appicpostdoc.liaisoncas.com>). Applications entail 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 beginning of your cover letter your track or tracks of interest (i.e., Obsessive-Compulsive & Anxiety Disorders, Pediatric Psychology, Preschool, or Traumatic Stress & Resilience).**

## **Application Deadline: Monday, December 14, 2020\***

Interviews are planned to occur virtually in late January/early February. For all positions/tracks, our APPIC-member fellowship program is adhering to the APPIC Postdoctoral Selection Guidelines and the Uniform Notification Date of 2/22/21, with offers beginning at 10 a.m. Eastern time. Applicants are encouraged to review and ensure familiarity with the selection guidelines

(<https://www.appic.org/Postdocs/Selection-Resources/Timelines-for-Postdoctoral-Selection/Postdoctoral-Selection-Guidelines>).

Please address inquiries about program training experiences to the training director, Dr. Mariella Self, at [mmself@texaschildrens.org](mailto:mmself@texaschildrens.org).

Inquiries or concerns about application submission logistics or interview scheduling should be sent to [psycfellowship@texaschildrenshospital.org](mailto:psycfellowship@texaschildrenshospital.org) or otherwise addressed to:



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Senior Project Coordinator

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

## Pediatric/Clinical Child Psychology Fellowship Supervisors

**Marni E. Axelrad, Ph.D., ABPP** (SUNY Binghamton), Professor of Pediatrics, Clinical Child Psychologist; Clinical Program Director of the Clinical/Pediatric Psychology Program; Executive Director of Integrated Behavioral Health. Prevention and treatment of disruptive behavior disorders in young children; short term relationship/behavior consultation for families with young children (infant-preschool) with and without chronic/life threatening illness; psychosocial assessment and treatment of children with Disorders of Sexual Differentiation.



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

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



**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.



**Stephanie Chapman, Ph.D.** (University of Houston), Assistant Professor of Pediatrics. Associate Medical Director – Behavioral Health, Texas Children's Health Plan The Centers for Women and Children. Preschool and school-aged disruptive behaviors, primary care psychology, pediatric psychology, maternal behavioral health, and improving access to behavioral healthcare for historically underserved communities.

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



**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, young child feeding disorders, IBD, encopresis; pulmonary disorders including cystic fibrosis, lung transplant; management of somatic symptom and related disorders.

**Petra A. Duran, Ph.D.** (Kent State University), Assistant Professor of Pediatrics. Bilingual/Bicultural Psychologist, Co-Director of the Inclusive Excellence Program. Prevention of disruptive behavior disorders in young children, adaptation of evidence based treatments for Spanish speaking families and underserved populations, increasing multicultural awareness, provision of behavioral intervention for preschoolers with complex medical conditions, Autism Spectrum Disorder, and pediatric medical traumatic stress and injuries; multidisciplinary team member in Plastic Surgery.



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

**Katherine A. Gallagher, Ph.D.** (University of Kansas), Assistant Professor of Pediatrics, Pediatric Psychologist. Cognitive and behavioral interventions for psychosocial aspects of pediatric diabetes and other endocrine conditions; assist children, adolescents, and young adults with illness adjustment and coping, diabetes distress and “burnout”, diabetes-related family conflict, difficulties with treatment adherence, as well as depression, anxiety, emotion dysregulation, and behavioral difficulties in youth with chronic medical conditions; diagnostic assessment and gender-affirming supportive psychotherapy for transgender youth, especially pre-adolescents and adolescents.



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

**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.



**Lisa S. Kahalley, Ph.D.** Lisa S. Kahalley, Ph.D. (University of Memphis). Associate Professor of Pediatrics; Director of Research for the Psychology Section. 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.

**Claire L. Kirk, Ph.D.** (Auburn University), Assistant Professor of Pediatrics, Clinical Psychologist. Evidence-based assessment and treatment of trauma-exposed and bereaved children and adolescents; multidisciplinary Foster Care Clinic; inpatient consultation-liaison for non-accidental trauma.



**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

**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.



**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; candidacy evaluation of and intervention with patients in the Adolescent Bariatric Surgery Program; Research interests include quality improvement, adolescent bariatric surgery, selective mutism, and clinical outcomes research.

**Nicole Schneider, Psy.D.** (George Fox University), Assistant Professor of Pediatrics, Clinical Psychologist. Pediatric Psychology; Oncology and bone marrow transplant; palliative care; pediatric consultation and liaison; adjustment to chronic and acute illness; adherence to medical regimens; adolescent/young adult health psychology.





**Mariella M. Self, Ph.D., ABPP** (Texas A&M University), Associate Professor of Pediatrics; Board Certified Clinical Child and Adolescent Psychologist; Training Director, Pediatric/Clinical Child Psychology Postdoctoral Fellowship Program; 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, etc.).

**Angelique Trask Tate, Ph.D. (Tulane University)**, Assistant Professor of Pediatrics – Behavioral Health, Texas Children’s Health Plan: The Centers for Women and Children. Preschool and school-aged disruptive behaviors, anxiety and depression among pre-adolescents and adolescents, pediatric psychology, maternal behavioral health (specifically, fertility issues and emotional adjustment during the postpartum period), and providing culturally-responsive care to ethnically and racially diverse patients and their families.

**Gia Washington, Ph.D., ABPP** (Saint Louis University), Assistant Professor of Pediatrics, Board Certified Clinical Child and Adolescent Psychologist. Pediatric psychology; psychosocial adjustment related to sickle cell anemia, gastric bypass, and HIV/AIDS; cultural competence in clinical practice; psychotherapy with adolescents.



# 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, 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 not state or local income taxes.

Houston offers a wide range of cultural and recreational activities appealing to a wide range 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 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. Houston is also 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 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

- [Business Insider's "Best City in America"](#) and [Forbes' "next great global city."](#) Low cost of living and affordable housing
- [Low cost of living and affordable housing](#)
- Multicultural population that reflects our nations' demographic future; over 145 languages spoken, ranking 3<sup>rd</sup> in the country
- More than 40 colleges, universities, and institutes
- Average temperature of 68 degrees
- Permanent [ballet](#), [opera](#), [symphony](#), and [theater](#) companies and a [19-institution museum district](#)
- An "urban forest" with 350 [parks](#) and > 200 green spaces
- [NASA's Johnson Space Center](#)
- 11,000 [restaurants](#) ... The New York Times calls Houston "one of the country's most exciting places to eat."
- Professional and college sports