

# POSTDOCTORAL FELLOWSHIP IN PEDIATRIC NEUROPSYCHOLOGY



Psychology  
Section

Department  
of Pediatrics



Baylor College  
of Medicine

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

Program Code: 9043

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

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Baylor College of Medicine®

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## Setting and Program Overview

The Psychology Section of Baylor College of Medicine's (BCM) Department of Pediatrics announces the availability of a two-year, postdoctoral fellowship designed to train scientist-practitioners in pediatric neuropsychology. The Postdoctoral Fellowship in Pediatric Neuropsychology is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and is designed to conform to the guidelines developed by [Division 40](#) of the [American Psychological Association \(APA\)](#), the [International Neuropsychological Society \(INS\)](#), and the training model formulated at the Houston Conference. Our goal is to provide advanced training for psychologists specializing in pediatric neuropsychology who plan to go on to earn certification through the [American Board of Clinical Neuropsychology \(ABCN\)](#), a member board of the [American Board of Professional Psychology \(ABPP\)](#). As such, our program includes a "major area of study" in neuropsychology according to the Taxonomy of Education and Training in Clinical Neuropsychology.

The Postdoctoral Fellowship in Pediatric Neuropsychology is one program encompassed within the overall education mission of the BCM Psychology Section. Our section also regularly serves as a training site for externs from area graduate programs, and we have an APA-accredited internship program that includes tracks in child clinical/pediatric health psychology as well as pediatric neuropsychology. Finally, our section also offers a Postdoctoral Fellowship in Child Clinical/Pediatric Health Psychology (Director: Mariella Self, Ph.D., ABPP). Given this broader educational context in which the Postdoctoral Fellowship in Pediatric Neuropsychology exists, our fellows are afforded opportunities to gain experience outside of pediatric neuropsychology. **The mission of the fellowship programs is to advance the profession of psychology and maximize child health outcomes through exemplary post-doctoral training that launches the independent careers of psychologists who are effectively prepared to balance and integrate clinical practice, research, and teaching within their subspecialty field of child and pediatric psychology. We will achieve this through direct teaching of advanced competencies, informed professional development, and an emphasis on individualized and contextually-relevant evidence-based care achieved through scholarly inquiry, commitment to a scientist-practitioner model, and a mutually-informative collaboration between multidisciplinary researchers and clinicians.**



The primary site for this fellowship is the Psychology Service of [Texas Children's Hospital \(TCH\)](#), which is the largest children's hospital in the United States and the primary teaching/training center for [BCM's Department of Pediatrics](#). BCM and TCH are located on the grounds of the Texas Medical Center, the largest medical center in the world. TCH was one of only ten hospitals nationally designated by [U.S. News and World Report](#) in 2020-2021 for Honor Roll status in pediatrics, ranked in 4<sup>th</sup> place overall. We ranked among America's best in 10 of 10 specialty areas evaluated,

including Cardiology and Heart Surgery (#1), Neurology & Neurosurgery (#2), Nephrology (#2), Pulmonology (#3), Cancer (#4), GI & GI Surgery (#4), Diabetes/Endocrine (#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 the surrounding suburbs (<http://www.texaschildrens.org/maps-and-directions>). Of the sixth main facilities, the [Wallace Tower](#) is the primary outpatient services facility, whereas the [West Tower](#) and the more recently opened [Legacy Tower](#) are the inpatient services facilities. The [Feigin Tower](#) houses research facilities, including labs,

administrative, and faculty offices. The Abercrombie Building houses additional patient care areas, other patient services (e.g., international patient services), and administrative offices. The Pavilion for Women houses the maternal-fetal medicine program and also connects to the Wallace Tower. The physical space of the Psychology Service occupies 13,000 square feet in the Wallace Tower, which is adjacent and connected to each of the other towers. Space designated for the Psychology Service's patient care includes: 10 neuropsychological testing/interview rooms; numerous individual and family therapy rooms, an indoor playground/gym, and additional swing spaces that can also be used for assessment or treatment activities. Select clinical space is equipped with observation rooms, one-way mirrors, and digital and VHS video capacity with microphones for supervision and consultation purposes. With the onset of COVID-19, TCH has developed a robust infrastructure for delivery of clinical services via telehealth, as clinically appropriate.



The Psychology Section 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, 7 in clinical child/pediatric health psychology), 5 interns in our APA-accredited Professional Psychology Internship Training program, and numerous graduate practicum students. At the fellowship level, a firm foundation is provided for those pursuing careers in academic medical centers, hospitals, or in private practice. The majority of our graduates enter directly into academic medical center or hospital-based positions. A small minority initially choose to enter private practice or a university placement.

With accomplished faculty neuropsychologists (13), pediatric/child psychologists (30), and research psychologists (4) that span a variety of specialties within the field of pediatric psychology, our program provides fellows with many professional role models. The client population served through TCH represents a wide range of conditions within primary and specialized pediatric medicine. The caseload of fellows is based upon their educational needs and training goals. Fellows have the opportunity to participate in evaluations and therapy with children with a variety of physical disorders and diseases as well other mental health disorders. Primary services in which the fellows engage include neuropsychological evaluation (inpatient and outpatient); consultation with families, schools, and referring physicians/medical teams; and individual, family, and group psychotherapy.

## **Fellowship Activities**

Pediatric neuropsychology fellows typically spend approximately 70% time in clinical service (divided across major and minor rotations, including supervision time), 20% time in research and professional preparation, and 10% time in didactic coursework. Professional preparation time supports important professional development efforts, including but not limited to time allotment toward EPPP and provisional licensure in Texas during fellowship year 1, and time allotment and mentorship toward full state licensure and American Board of Professional Psychology (ABPP) specialization in Clinical Neuropsychology during fellowship year 2. Fellows are strongly encouraged and incentivized to be 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., virtual conference attendance/registration, poster printing, etc.) are expected to be available, but confirmation and determination of amount are pending and subject to budget approval. It should be noted that, due to COVID-19, financial support for professional travel is currently on hold, but this will

continue to be re-assessed by the institution. Fellows spend 2/3 of their clinical service time focused in neuropsychology (4, 6-month major rotations) and 1/3 in minor rotations drawn from neuropsychology and other concentration areas. Select, qualified fellows may arrange for a more balanced research and clinical experience while maintaining at least 50% time in clinical service, in keeping with APPCN member program requirements. The following is *one example* of a possible rotation structure:

Experience	Year 1		Year 2	
Major Rotation (50%)	Core Faculty A	Core Faculty B	<b>Required:</b> Inpatient Rehabilitation	Core Faculty D
Minor Rotation (20%)	<b>Required:</b> Bluebird Clinic for Pediatric Neurology (Epilepsy)	<b>Optional:</b> BCM Neurosciences Course	Core Faculty C	Autism Center
Didactics (10%)	Child Neuropsych Conf. Neuropsychology Readings Multicultural Seminar Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar	Child Neuropsych Conf. Neuropsychology Readings Multicultural Seminar Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar	Child Neuropsych Conf. Neuropsychology Readings Multicultural Seminar Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar	Child Neuropsych Conf. Neuropsychology Readings Multicultural Seminar Neurology Grand Rounds Psychology Grand Rounds Training Program Seminar Research & Prof Dev Seminar
Research & Professional Prep (20%)	Research/Scholarship Project Presentation at National or Regional Conf. EPPP prep Professional Development Mentoring		Research/Scholarship Project Manuscript submission Job Talk/Interview prep/ABPP written exam prep Professional Development Mentoring	

## Clinical Service

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



Pediatric Neuropsychology Program (Major and Minor Rotations): The patient population served through the Pediatric Neuropsychology Program is representative of the wide variety of conditions seen in primary and specialized pediatric medicine practice. Particular emphasis is placed on chronic medical illnesses, including leukemia, brain tumors, neurofibromatosis type 1, sickle cell disease, stroke, traumatic brain injury, and organ failure and transplantation. Other typical referrals include neurodevelopmental delays and disorders, genetic disorders, diabetes, lupus, HIV, neuropsychiatric disorders, pre- and post-surgical evaluations, and other neurological or systemic medical conditions.

The clinical populations served vary by rotation and the specialty area(s) of the rotation supervisor (see the Pediatric Neuropsychology Program Rotations and Core Training Faculty sections of this brochure). Across rotations, the children seen through this program range in age from early childhood to early adulthood and come from very diverse cultures and socio-economic backgrounds. Given the demographics of our typical patient population, fellows gain significant experience in the assessment of bilingual/bicultural patients.

Primary services in which fellows engage vary by rotation but generally include outpatient neuropsychological assessment and consultation with families, schools, and referring physicians/medical teams. Neuropsychological services include telepsychology services for clinical interviews, feedbacks, and other clinical services for which telehealth is deemed clinically-appropriate. Neuropsychological test administration and some other clinical services (e.g., select clinical interviews and feedbacks, inpatient neuropsychological services not appropriate for telehealth) have resumed as in person services, though with robust, COVID-19 infection control procedures in place at this time.

There is support from licensed psychological associates for test administration and scoring, as available and developmentally appropriate for a given fellow. Fellows may also participate in multidisciplinary clinics/staffings as well as rotation-specific clinical/didactic meetings (e.g., multidisciplinary staffing in brain tumor and organ transplant teams; brain tumor boards, etc.) in addition to their ongoing didactic programming (see Seminars/Didactics).

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

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



Within this rotation, fellows will have the opportunity to engage in psychological, behavioral, and/or neurocognitive assessment of individuals with (or suspected of having) ASD, including evaluations using gold standard diagnostic tools such as the Autism Diagnostic Observation Schedule, 2<sup>nd</sup> Edition (ADOS-2). Fellows will also have the opportunity to (1) conduct psychological/neurocognitive assessment of children with various neurologically-based developmental problems; (2) participate in diagnostic differentiation and formulation of further assessment and treatment plans; and (3) participate in family consultations/feedback and provide recommendations for intervention services. The Autism Center rotation currently includes telepsychology services for clinical interviews, feedbacks, and other clinical services for which telehealth is deemed clinically-appropriate. Test administration and some other clinical services (e.g., select clinical interviews and feedbacks) have resumed as in person services, though with robust, COVID-19 infection control procedures in place at this time. Opportunities also exist for clinical research, particularly projects involving behavioral phenotyping of ASD and genetic conditions. The clinical caseload will vary according to the developmental needs and the range of clinical duties of the individual fellow, but general guidelines are:

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

While assessment will be the primary focus of this rotation, depending on supervisor availability, there may be opportunities for fellows to participate in Parent Management Training with families with preschool-age children with ASD and comorbid disruptive behavior.

Leandra Berry, Ph.D., Rachel Fein, Ph.D., and Sadiqa Cash, Ph.D. are the primary faculty supervisors, but some supervision may be available from Robin P. Kochel, Ph.D. (ADOS/ADI-R training and research experiences, only). We are currently recruiting for at least one additional faculty member in this program.

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



The TCH Inpatient Rehabilitation Unit (IRU) is a CARF accredited, 12-bed unit. Responsibilities of the rotating fellow under the supervision of the attending faculty member include team consultation and participation in multidisciplinary team and family conferences, comprehensive clinical interviews aimed at care planning and psychological service triage, performance of serial assessments of neurobehavioral status and neurobehavioral management, family education and training about brain injury and home/school/community re-entry, and pre-discharge neuropsychological evaluations. These services are generally delivered in-person with robust COVID-19 infection control procedures in place. Opportunities for direct provision of behavioral management and other psychotherapeutic services (e.g., Family Choice Family Problem-Solving Therapy [F-PST; Wade, Cassidy, Taylor, et al., 2019]) as well as school consultation, cognitive rehabilitation, and participation in the IRU Follow-up Outpatient Clinic also exist based upon the training interests of the individual fellow and the children's need for this service. These

services are largely provided through telehealth at this time. At present, this rotation typically involves the comprehensive management of 3-to-5 children and families throughout the course of their IRU admission (through provision of the activities described above, as indicated). The remainder of the clinical rotation time is comprised of supervision and article reviews.

Kimberly Davis, Ph.D. is the primary supervisor for this rotation.

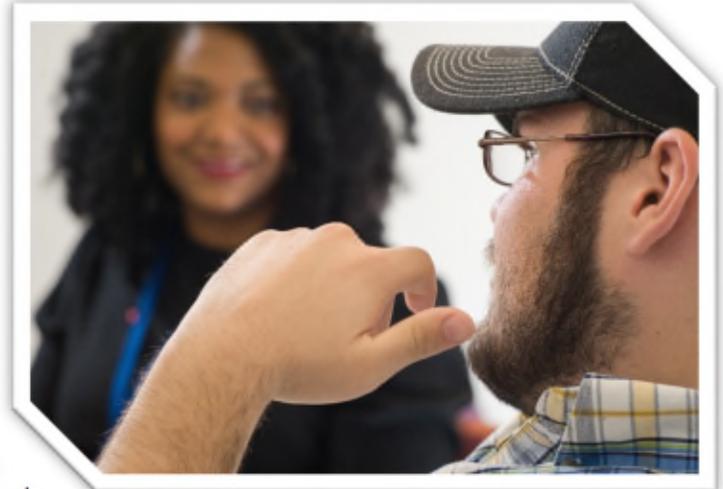
Blue Bird Clinic for Pediatric Neurology and Neurosurgery (Required Minor or Major Rotation): The Blue Bird Circle Clinic rotation occurs in the outpatient multidisciplinary pediatric neurology and neurosurgery service at Texas Children's Hospital. The rotation also involves some inpatient consultations to neurologic populations. Child and adolescent patients seen in this rotation have a broad spectrum of neurological disorders, ranging from neurodevelopmental disabilities to rare neurodegenerative disorders. A high percentage of patients have epilepsy. Neuropsychology is a vital component of the active epilepsy surgery program at Texas Children's Hospital. We are also actively involved in all Neurology clinics to include demyelinating disorders, neurodegenerative disorders, genetic disorders, stroke, prematurity, muscular dystrophy, and autoimmune encephalitides. Patients range in age from infancy to late adolescence and come from very diverse language, cultural, and socioeconomic backgrounds. Depending on the supervisor, there may be an emphasis on evaluating epilepsy surgery candidates or autoimmune encephalitides, demyelinating and other white matter disorders, and neurodegenerative disorders. Fellows who elect a Major Rotation in the Blue Bird Circle Clinic typically gain experience in all of these populations. Clinical responsibilities include conducting diagnostic intakes, patient interviews, and parent result conferences as well as associated case management activities. Presently, these services are delivered via telepsychology with some occurring as in person visits when clinically appropriate and necessary. Neuropsychological test administration continues to be an in-person service with support from licensed psychological associates. For all in-person services, we strictly adhere to rigorous COVID-19 infection control procedures. Fellows are responsible for writing integrated reports. Fellows typically see 2 to 3 cases per week on a Major Rotation and 1 to 2 cases per week on a Minor Rotation. Fellows are expected to attend and contribute

to weekly epilepsy surgery conference and pediatric neurology grand rounds. Attending neuropsychologists will provide guidance to fellows who want a more in depth exploration of specific neurological disorders.

Faculty supervisors include Karen Evankovich, Ph.D. and Jennifer Haut, Ph.D., ABPP-CN. Secondary supervisors include Thomas Duda, Ph.D. and Beatriz MacDonald Wer, Ph.D.

### **Clinical Experiences Potentially Available for Minor Rotations:**

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 [Baylor College of Medicine 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.



Pediatric Health Psychology (PHP) Rotation: The Pediatric Health Psychology Program serves children/adolescents and their families who are having difficulty managing physical symptoms, adapting to chronic/acute medical conditions, and/or adhering to medical regimens. Referrals are received from a wide array of pediatric subspecialties including: Cardiology, Diabetes/Endocrinology, Gastroenterology/Nutrition, Hematology-Oncology, Neurology, Orthopedics, Physical Medicine & Rehabilitation, Plastic Surgery, Pulmonology, and Transplant Services with additional referrals coming from Allergy/Immunology, Bariatric Surgery, the Fetal Center/NICU, Gender Medicine, Gynecology, 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 staffings/clinics and receive mentoring in effective work with interprofessional health care teams. Depending on interest and feasibility, fellows have the opportunity to participate in on-going research projects. Faculty supervisors for this rotation include Marni Axelrad, Ph.D., ABPP, Ginger Depp Cline, Ph.D., ABPP, Katherine Cutitta, Ph.D., Danita Czyzewski, Ph.D., Petra Duran, Ph.D., Katherine Gallagher, Ph.D., Rachel Kentor, Ph.D., Lisa Noll, Ph.D., Nicole Schneider, Psy.D., Mariella Self, Ph.D., ABPP and Gia Washington, Ph.D., ABPP.

Obsessive Compulsive Disorder and Anxiety Disorders Program Rotation (OC-ADP): The OCD and Anxiety Disorders Program provides specialized assessment and intervention services to 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 comorbid 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; and 4) collaborating with school personnel, psychiatrists, pediatricians, and medical subspecialists. Supervision is provided by clinical psychologists trained in exposure-based cognitive-behavioral and family-based approaches to treatment. Faculty supervisors for this rotation include: Kelly Banneyer, Ph.D., Liza Bonin, Ph.D., and Karin Price, Ph.D., ABPP.

Preschool Rotation: The Psychology Service provides specialty care for toddler through preschool populations. The preschool rotation provides fellows with the opportunity to conduct diagnostic evaluation, conceptualization, and intervention for toddler through preschool age children with and without chronic/life threatening illness. Healthy children who have difficulty with behavior, mood, and/or family relationships are treated within the Brief Behavioral Intervention. Families are self-referred to this intervention or referred when they present to their pediatricians with these concerns. A preventative, developmentally-based behavioral treatment model is applied within the Brief Behavioral Intervention. Therapy focuses on short-term, goal-oriented techniques and parent training with live coaching of skills. Fellows have the opportunity to participate in extensive training and receive live supervision while providing services. Within the Brief Behavioral Intervention component of this rotation, fellows will have the opportunity to interact with members of multidisciplinary teams, including preschool teachers and directors as well as medical residents in family medicine and developmental pediatrics.

Services for children with chronic/life threatening illness include family-based intervention focused on behavior and mood, medical adherence, adjustment, and normalization. Our pediatric patients are typically referred through their primary medical team (e.g. pediatric cancer, neurology, cleft palate, medical trauma, etc.), and we are often called on to provide recommendations to the medical team in addition to family-based intervention. Within the pediatric component of this rotation, fellows will have the opportunity to work both inpatient and outpatient and interact with physicians, nurses, and other medical professionals involved in the child's medical care. Our patient population is ethnically and culturally diverse, and specialized training is available in providing culturally competent care. Fellows have many opportunities to strengthen their multicultural awareness and translate their knowledge regarding individual and cultural diversity into daily clinical practice. The rotation also includes the opportunity for bilingual (Spanish) supervision. Marni Axelrad, Ph.D., ABPP and Petra Duran, Ph.D. are the faculty supervisors for the Preschool rotation.

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

Inpatient Consultation Service: In addition to inpatient experiences that are integrated into many of our other rotations (most significantly the Inpatient Rehabilitation Rotation and the Bluebird Circle Clinic Rotation), all neuropsychology fellows provide clinical services through our inpatient neuropsychology consultation service under the



supervision of attending neuropsychologists. Coverage is provided through a rotation system in which attending faculty rotate on a weekly basis and fellows rotate on a case-by-case basis, with current adjustments to

account for the fact that fellows are currently onsite on a reduced schedule due to COVID-19 as well as allowances for provision of offsite telehealth services. Consultation services are provided during normal business hours, and fellows are not required to carry a pager for after-hours services. Services provided currently include neuropsychological assessment (typically brief and targeted to the referral question) and consultation, including neurobehavioral status examinations and tracking of inpatients who are not cognitively ready for more comprehensive, standardized neuropsychological assessments. This includes patients with disorders of consciousness. All in person, inpatient consultation services follow robust infection control procedures that have been put in place due to COVID-19. Some inpatient consultation services are conducted via telehealth, as clinically appropriate.

## **Seminars/Didactics**



Pediatric Neuropsychology Fellows will be required to have taken courses in Functional Neuroanatomy, Developmental and/or Child Neuropsychology, Developmental Theory, and Clinical Child Psychology. If these courses have not been taken earlier in graduate training, enrollment in an appropriate course at BCM, Rice University, or the University of Houston (depending upon specific course offering and resident needs) often can be arranged.

A variety of didactic experiences are included in the fellowship experience itself. Some of these experiences are mandatory, whereas others are strongly encouraged or optional depending on the specific rotations selected by a given fellow. Mandatory didactics throughout the two-year, training experience include

Child Neuropsychology Conference (3 to 4 times monthly), Neuropsychology Readings Group (twice monthly), Psychology Grand Rounds/Continuing Education Series (approximately monthly), Research and Professional Development Seminar (includes multicultural seminar/twice monthly), additional ethics seminars (variable), and select adult neuropsychology didactics through collaboration with other fellowship programs in the Houston area. The following didactic experiences are strongly encouraged unless they conflict with a fellow's current, clinical rotation schedule: Pediatric Neurology Grand Rounds

(weekly), Pediatric Brain Cuttings/Neuropathology Rounds (weekly), and Pediatric Grand Rounds (for pertinent topics). Individual rotations may involve participation in rotation-specific didactics or conferences, such as Tumor Board or multidisciplinary rounds. A large number of optional, didactic opportunities are also available throughout the TCH, BCM, Texas Medical Center, and Houston communities (e.g., Psychiatry Grand Rounds, Psychopharmacology Seminar, CNS Toxicity Seminar, Houston Neuropsychological Society Continuing Education). Fellows who have not previously taken an intensive course in the neurosciences and neuroanatomy are strongly encouraged to take the BCM Neuroscience Course (a module within the standard medical school curriculum) as a minor rotation in the Spring of fellowship year 1.

## **Research and Scholarship**



Pediatric Neuropsychology Fellows are required to maintain active involvement in research/scholarship throughout the two-year, training program and, as such, maintain 20% protected time for research and professional development activities each year of fellowship. Fellows will select one supervisor with whom they will focus their research/scholarship over the two-year training period. One of two training tracks may be selected.

**Research Track:** There is much opportunity for fellow participation in funded and unfunded clinical research, though project selection must take into account the duration of the fellowship as well as the trainee's professional development goals. Select, qualified candidates with interest in research-oriented careers and evidence of strong past

research/scholarship productivity can be considered for more intensive research experiences to replace some of their clinical training time, though APPCN membership guidelines prohibit <50% clinical time during the course of the fellowship. Productivity commensurate to the degree of protected research time will be expected and included in the fellow's individualized training plan. Examples of currently funded research projects include: late effects of childhood brain tumors; genetic polymorphisms and neurocognition in ALL; epigenetics research in pediatric cancer, natural history (including neurodevelopment, adherence, and emotional factors) of perinatal HIV infection; executive function in perinatal HIV/AIDS; neurocognitive effects of diabetes, and various projects in the area of autism.

Fellows on this track are expected to participate in project selection and design, data collection (if applicable), coding, analysis, and manuscript preparation. The process of project selection is expected to begin soon after the start of fellowship in order to allow sufficient time for project execution. Fellows are required to present their fellowship research at a regional or national conference at least once (this presentation may be virtual due to COVID-19 related travel barriers) and to submit at least one manuscript for peer-review during the course of fellowship.

**Scholarship Track:** Fellows on this track are expected to select a scholarship mentor and develop a plan for completion of at least one scholarly product during the course of fellowship. The selected scholarly product will require approval of the Training Director prior to commencing work on the project. Submission of an original manuscript/product for peer review is required prior to graduation. Options include but may not be limited to case studies, book chapters, review articles, and MedEd Portal submissions.

## Teaching/Supervision

All faculty involved in the training program have medical staff appointments at TCH and academic appointments in the BCM Department of Pediatrics. Fellows will work clinically with a variety of faculty members throughout the two-year fellowship. Fellows will also select one research/scholarship mentor with whom they will focus their research/scholarship over the two-year training period. Both clinical and research/scholarship supervision will occur during individual meetings with the identified supervisor(s) on a regular basis. On occasion, group supervision supplements individual supervision. Some rotations also involve “live” supervision during sessions with children and families.

In addition to their clinical and research supervision, fellows will have at least quarterly group meetings as well as periodic individual meetings with the fellowship training director to discuss issues related to the fellowship experience and professional development. Fellows will also select a professional development mentor within the first 6 months of fellowship. Individual meetings with this mentor will occur at least monthly. Primary goals of this professional development mentoring process include supporting the fellows’ successful navigation of their fellowship experience, provision of mentoring around the fellows’ individual professional development goals, and coaching the fellows’ timely completion of tasks instrumental to successful completion of fellowship and successful transition into their next professional endeavor. Particular emphasis is placed on the fellows’ role and responsibility in directing their own professional development in preparation for their post-graduation status as independent professionals.

## Salary/Benefits

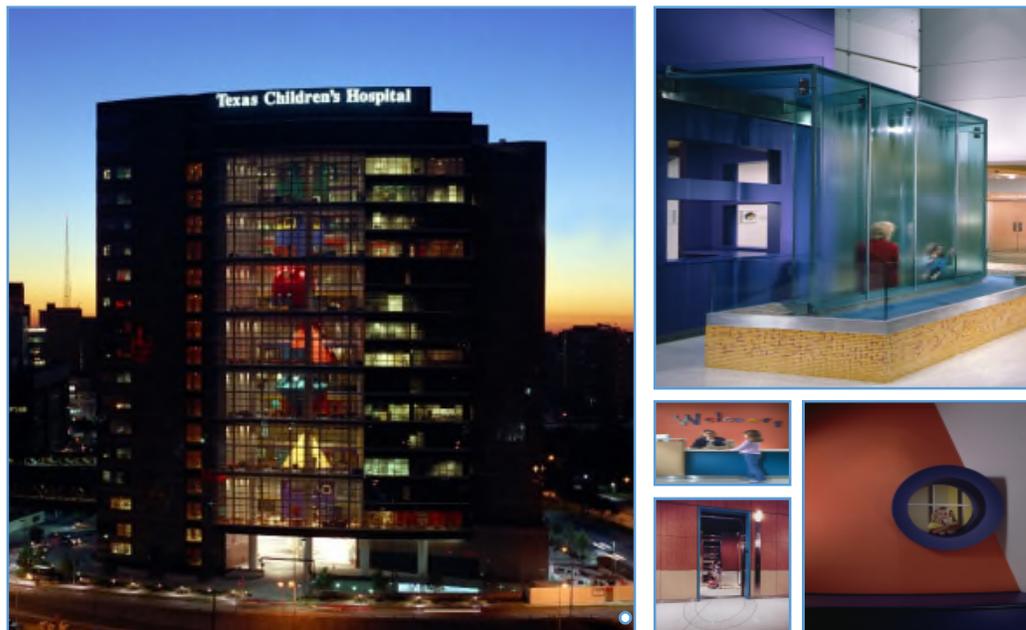


The fellowship positions are funded through the Psychology Section’s budget. The salary for fellowship years 1 and 2 will be set according to the NIH stipend for research postdocs for the applicable fiscal year, which is currently \$52,704 and \$53,076 for 1<sup>st</sup> and 2<sup>nd</sup> year postdocs for FY 2020 (FY 2021 not yet determined/published as of 10/2020). Fellows have the option to purchase employer-sponsored medical, dental and vision benefits for themselves, with the additional option of adding family members at a standard price. Fellows are also entitled to participate in the medical school’s 403B plan. In addition to 11 paid BCM holidays (including 7 set holidays and 4 other “floating” holidays with dates selected by

the employee) and 12 sick days, fellows are given 15 days to be used for vacation and personal days as well as 5 days for professional release time for conferences and other professional development activities approved by the training director. Per current BCM policy, fellows who have been employed  $\geq$  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 (e.g., EPPP) and/or toward other professional endeavors (e.g., virtual conference attendance/registration, poster printing, etc.) are expected to be available, but confirmation and determination of amount are pending and subject to budget approval. It should be noted that, due to COVID-19, financial support for professional travel is on hold, but this will continue to be re-assessed by the institution.

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

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



# Application Procedures

There are 2 anticipated positions for the 2021-2023 training cycle. The planned start date is September 1, 2021, and the planned end date is 8/31/2023, 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.liasoncas.com>). If this link is not functional, please copy and paste it into your browser to access the APPA CAS registration/login page. Applicants must be graduates of APA- and CPA-accredited clinical programs and internships, and prior training with children is required. **The deadline for the receipt of all application materials for our program within the APPA-CAS system is Friday January 1, 2021.** 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 15, 2021 is the recommended deadline for online registration with the National Matching Services, Inc. (416-977-3431; [www.natmatch.com/appcnmat](http://www.natmatch.com/appcnmat)).

*This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.* Our program also adheres to the BCM policy for equal opportunity employment and other applicable BCM employment policies. Fellow selection is based on factors deemed relevant to prospective fellows' potential success in the profession of pediatric neuropsychology. Particularly relevant factors include: clinical/research experiences; education; references from past supervisors as they relate to past training/work performance; fellowship training objectives; and long-term professional goals. The Psychology Section is committed to the recruitment of bicultural/bilingual trainees, staff, and faculty at all levels to better meet the needs of our patients, their families, and the greater Houston community. Applications from bicultural/bilingual students and those underrepresented in psychology are encouraged.

## ❖ **Application deadline: Friday January 1, 2021**

Address all inquiries to:

[psycfellowship@texaschildrenshospital.org](mailto:psycfellowship@texaschildrenshospital.org)

OR

Post-doctoral Fellowship Training Program (Neuropsychology)  
Department of Pediatrics, Psychology Section  
Attn: Kerrianna Floyd, MHA  
Sr. Project Coordinator  
Texas Children's Hospital  
6701 Fannin Street, CC 1630.00  
Houston, TX 77030-2399  
Phone: 832-822-1519



### **Interviews:**

Interviews will be conducted virtually for all applicants due to the current impact of COVID-19. Interviews will be arranged by invitation following review of applications. The target timeframe for interviews will be Friday 1/29/2021, Monday 2/1/2021, Tuesday 2/2/2021, and Wednesday 2/3/2021, though 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.



So what about that heat? Yes, the summers are hot, but there's plenty of air conditioning and water activities to beat the heat. And the upside is that winters are mild and virtually carefree, since snowfall and ice are rare. With an average temperature year-round of 68 degrees and average rainfall of 46 inches, you can enjoy the outdoors as much as you'd like to.

## Houston Highlights

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

# Core Training Faculty

## Neuropsychology



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

[Douglas Bloom, PhD](#) (University of Houston), Assistant Professor of Pediatrics. Neuropsychological assessment and consultation related to a wide variety of neurological and neurodevelopmental disorders in school-age children and adolescents. Special interests include assessment and intervention of learning and attentional disorders; concussion; traumatic brain injury.



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

[Thomas A. Duda, Ph.D.](#) (University of Windsor), Assistant Professor of Pediatrics, Pediatric Neuropsychology. Comprehensive outpatient neuropsychological assessment and inpatient neuropsychological consultation services (Inpatient Rehabilitation Unit and other inpatient consultations including neurobehavioral status examinations, discharge evaluations, and pre-transplant evaluations) for pediatric patients ranging from young childhood through young adulthood. Primary clinical populations include those with acquired CNS injury (TBI, mTBI) and neurological disease (epilepsy). Patients with a variety of other neurodevelopmental, genetic, and medical conditions affecting the CNS are also seen. Current research interests: performance validity testing and quality improvement in the provision of neuropsychological services.



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

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



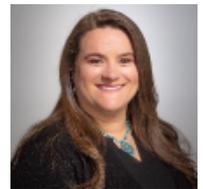
[Marsha Nortz Gragert, PhD, ABPP-CN](#) (Washington University in St. Louis), Associate Professor of Pediatrics, Director of the Postdoctoral Fellowship in Pediatric Neuropsychology. Neuropsychological evaluation and intervention in pediatric brain tumor patients and other pediatric cancer survivors;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

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



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

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



[Lisa Noll, PhD](#) (Loyola University). Assistant Professor of Pediatrics. Pediatric health psychology; neuropsychological evaluation in liver and heart 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, PhD](#) (University of Houston). Assistant Professor of Pediatrics, Duncan Family Scholar in Pediatric Neuropsychology. Neuropsychology consultation and assessment. Research interests include neurocognitive correlates and academic functioning in survivors of pediatric cancer, the role of epigenetic mechanisms on neurocognitive outcomes following treatment for pediatric cancer.



[David Schwartz, PhD, ABPP](#) (University of Delaware), Associate Professor of Pediatrics. 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 projects include: predicting risk for medical and psychological outcomes in children and youth with type 1 diabetes; relationship between neurocognitive functioning, structural and functional brain abnormalities, and changes in central and peripheral hemodynamics in youth with type 2 diabetes and prediabetes; longitudinal effects of urea cycle disorders on neurocognitive functioning; neurocognitive functioning following solid-organ transplant; neurocognitive development in individuals with Costello syndrome and in individuals with Robinow syndrome.

## **Pediatric and Child Clinical Psychology**

[Marni E. Axelrad, PhD, ABPP](#) (SUNY Binghamton), Professor of Pediatrics, Clinical Child Psychologist; Coordinator of Preschool Program; Clinical Director Clinical/Pediatric Psychology Program; Executive Director of Integrated Behavioral Health. Prevention of and treatment for disruptive behavior disorders in young children with and without chronic/life threatening illness, short term relationship/behavior consultation with families with young children, diagnostic assessment in young children (infant through preschool) with and without chronic/life threatening illness, psychosocial assessment and treatment of children with Disorders of Sexual Differentiation. Interests also include program development and professional development.



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

[Liza Bonin, PhD](#) (University of Texas at Austin), Associate Professor of Pediatrics, Clinical Psychologist; Director of Psychology Doctoral 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.



[Danielle R. Busby, PhD](#) (The George Washington University), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include adolescent depression, suicide risk assessment and intervention, trauma and grief informed assessment and intervention. Dr. Busby's research interests include decreasing barriers to mental health service use for underserved patient populations, examining the effects of traumatic and environmental stressors on psychological and academic outcomes for adolescents and emerging adults, and identification of effective interventions relevant for adolescents and emerging adults at risk for suicide and/or exposed to traumatic stressors.

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



[Sadiqa Cash, PhD](#) (Howard University), Assistant Professor of Pediatrics, Clinical Psychologist. Clinical interests include evidence-based and culturally responsive diagnostic, developmental, and psychological assessment of school-aged children at risk for or diagnosed with Autism Spectrum Disorder (ASD). Research interests include diagnostic disparities in autism among ethnic minority populations, as well as, improving autism awareness in minority communities through the use of culturally-appropriate psychoeducation tools. Dr. Cash is also a member of the Psychology section's Collaborative on Racial Equity and Inclusion for Black Youth.

[Stephanie Chapman, PhD](#) (University of Houston), Assistant Professor of Pediatrics, Counseling Psychologist. Assistant Professor of Pediatrics, Associate Medical Director TCHP's The Center for Women and Children. Clinical interests: preschool and school-age disruptive behaviors, primary care psychology, pediatric health psychology, maternal behavioral health, and improving access of behavioral health for historically underserved communities.





[Ginger Depp Cline, PhD, ABPP](#) (University of Kentucky), Associate Professor of Pediatrics – Pediatric Health 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; multidisciplinary orthopedic and PM & R clinics (orthopedic deformity and deficiency clinics); pre-liver transplant evaluations; primary care diagnostic evaluations.

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



[Danita Czyzewski, Ph.D.](#) (Purdue University), Assistant Professor of Pediatrics, Pediatric Psychologist. Evidence-based treatment related to adjustment, adherence, and treatment of pediatric disorders, especially gastrointestinal disorders including functional abdominal pain, young child feeding disorders, IBD, encopresis; pulmonary disorders including cystic fibrosis, lung transplant; Management of somatic symptom and related disorders. Research interests in understanding and management of functional abdominal pain disorders.

[Petra A. Duran, Ph.D.](#) (Kent State University), Assistant Professor of Pediatrics, Bilingual/Bicultural Pediatric Psychologist, Co-Director of the Inclusive Excellence Program. Clinical interests include prevention of disruptive behavior disorders in young children, adaptation of evidence-based treatments for Spanish speaking families and underserved populations. Provision of behavioral intervention to preschoolers with complex medical conditions, Autism Spectrum Disorder, and pediatric medical traumatic stress and injuries; Diagnostic and psychosocial assessments across specialty clinics, pre-liver transplant evaluations, and multidisciplinary team member within the department of Plastic Surgery.



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

[Katherine A. Gallagher, Ph.D.](#) (University of Kansas), Assistant Professor of Pediatrics, Pediatric Psychologist. Cognitive and behavioral interventions for psychosocial aspects of 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 occurring in the context of medical conditions. Diagnostic assessment and gender-affirming supportive psychotherapy for transgender youth, especially pre-adolescents and adolescents.



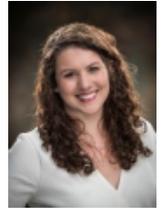
[Ryan M. Hill, Ph.D.](#) (Florida International University), Assistant Professor of Pediatrics, Psychologist. Evidence-based assessment and treatment of suicide-related behaviors in children and adolescents, assessment and treatment of traumatized and/or grieving children and adolescents, training in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

[Marisa E Hilliard, PhD](#) (The Catholic University of America), Associate Professor of Pediatrics, Pediatric Psychologist; Research interests: Research interests: Strengths-based assessment and intervention strategies to promote good quality of life, high self-management, and optimal health outcomes of youth and young adults with type 1 diabetes and their families.



[Lisa S. Kahalley, PhD](#) (University of Memphis), Associate Professor of Pediatrics and Director of Research for the Psychology Section. Research interests include: 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 inpatient consultation and liaison, oncology and bone marrow transplant, palliative care, 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, and provider well-being.



[Claire L. Kirk, Ph.D.](#) (Auburn University), Assistant Professor of Pediatrics, Clinical Psychologist. Assessment and treatment of traumatized youth, Foster care multidisciplinary clinic, Traumatic Stress and Resilience Center, Inpatient consultation liaison for non-accidental trauma.

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



[Karin Price, PhD, ABPP](#) (University of Connecticut), Associate Professor of Pediatrics; Section Chief; Clinical Psychologist; Evidence-based assessment and treatment of anxiety disorders in children and adolescents with specialty emphasis in selective mutism and social anxiety disorder; evaluation of ADHD and comorbid conditions; measurement based care; organizational factors that impact implementation of evidence-based practice

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



[Mariella M. Self, PhD, ABPP](#) (Texas A&M University), Associate Professor of Pediatrics; Director, Pediatric/Clinical Child Psychology Postdoctoral Fellowship Program; Pediatric Psychologist. Inpatient consultation and outpatient psychotherapy to improve medical regimen adherence/self-management, pain or symptom management, and adjustment/functional adaptation for children with chronic illnesses including cardiac conditions and heart transplantation, functional and organic gastrointestinal disorders, medically unexplained physical symptoms, demyelinating disorders, among others.

[Gia Washington, PhD, ABPP](#) (Saint Louis University), Assistant Professor of Pediatrics, Clinical Psychologist. Co-Chair of the Collaborative on Racial Equity and Inclusion for Black Youth. Pediatric health psychology; psychosocial adjustment related to sickle cell anemia, HIV/AIDS and other chronic health diseases affecting adolescents; pre-surgical evaluations for gastric bypass and breast reductions and reconstruction; cultural competence in clinical practice; provider well-being and self-care.



Other Faculty Contributors:

Beth Garland, PhD (Psychology; Adolescent Medicine Service)

Grace Kao, PhD (Psychology; Pain Service)

Cortney Taylor, PhD (Psychology; Renal Service)

Rachel Wolfe, PhD (Psychology; Adolescent Medicine Service)

## Pediatric Neuropsychology Program Rotations

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

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

**George Neuropsychology Rotation:** A fellow's primary clinical duty is clinical neuropsychological assessment of children diagnosed with sickle cell anemia, stroke, and other hematological disorders including childhood leukemia. The fellow will also occasionally see a variety of other cases (neuropsychiatric presentations including brain tumors, low birth weight, developmental disorders, and prenatal exposure to substances). The focus is primarily on outpatients but may also include occasional inpatient evaluations. The fellow will have opportunities to attend weekly meetings with multi-disciplinary treatment teams in Sickle Cell Disease.

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

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

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

- Involvement in all aspects of the neuropsychological evaluation, including test battery selection, parent diagnostic interviewing, child interview, feedback to parent, report writing, and associated case management activities
- Completion of at least a portion of test administration in most cases (Major and Minor Rotation), with technician testing support in some cases and to cover time spent in diagnostic interviews with parents. In general, greater technician support is available to second year fellows.

**Harris Neuropsychology Rotation:** The focus of this rotation is neuropsychological evaluation of chronic medical conditions and their treatments, with the primary patient population including children treated for brain tumors or leukemia and children who are recipients of bone marrow transplant. A small proportion of the patient population includes children with metabolic storage diseases (e.g., leukodystrophies, mucopolysaccharidoses), immune dysfunction (e.g., HIV/AIDS, SCID), hematological disorders (e.g., SCD, histiocytosis), and occasionally other medical conditions. Evaluations are primarily conducted in the outpatient setting, with occasional inpatient consultation/evaluation. Trainees are involved in all aspects of the evaluation, including diagnostic interviewing, test selection and administration, integration and interpretation, report writing, and verbal dissemination of findings and recommendations. Other activities include involvement in review of relevant research literature and evidence-based practice, completion of insurance pre-authorization request forms as needed, consultation with multi-disciplinary treatment teams, and attendance at hematology/oncology staffings and research seminar when relevant. For fellows, there is potential to participate more actively in ongoing research. Current research projects include oxidative stress, genetic polymorphisms, and neuropsychological functioning in newly diagnosed leukemia patients, and neuropsychological outcome and adherence issues in patients with perinatally-acquired HIV/AIDS. The size and structure of the clinical caseload and the distribution of effort across activities will vary according to the trainee's developmental needs and professional goals. General expectations are as follows:

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

**Noll Neuropsychology Rotation:** A fellow's primary clinical duty is outpatient, clinical neuropsychological assessment of infants and toddlers with a history of prematurity and/or congenital anomalies, including liver and cardiac disease. Assessment includes diagnostic interviewing of the parent, direct test administration or utilization of technical testing services, provision of feedback to families, identification of appropriate medical and community referrals, and report writing. This rotation also involves less intensive experiences with infants, toddlers, and preschoolers with a history of craniosynostosis and wide-ranging medical neuropsychology referrals. Other clinical duties include consultation with multidisciplinary treatment teams. Fellows will review a curriculum of readings to support their knowledge of prematurity, craniosynostosis, heart and liver disease, and medical concerns presenting in children referred for purposes of engaging in evidence based practice. A developmental, competency-based, supervision model will be utilized, taking into consideration the fellow's prior experience. Thus, the outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows, but general guidelines are as follows:

- 3-4 cases per week (Major Rotation) or 1-2 cases per week (Minor Rotation)
- Involvement in parent diagnostic interviewing, child interview (if appropriate), feedback to parent, report writing, and associated case management activities
- Completion of all test administration in 1-2 of these cases (Major and Minor Rotations), with technician testing support in the remaining cases and to cover time spent in diagnostic interviews with parents.

- In general, greater technician support is available to second year fellows, and caseload will be adjusted for level of involvement in patient-focused multidisciplinary staffing/meetings.

**Schwartz Neuropsychology Rotation:** A fellow's primary clinical duty is outpatient clinical neuropsychological assessment of children, youth, and young adults diagnosed with a wide array of medical conditions, including diabetes (T1 and T2), solid organ disease/transplant (congenital heart disease, renal disease, liver disease), disorders that affect or involve the endocrine system (e.g., CAH, Turner's, Klinefelters), and cancer (brain tumors, leukemia). Fellows will receive supervised experience with diagnostic interviewing of caregivers, direct test administration and utilization of technician testing services, provision of feedback to parents, report writing, consultation with multidisciplinary teams, and attendance at medical review board meetings when relevant. Some cases fall under research protocols: I am the site neuropsychologist for the multisite CKiD study (involving children with chronic kidney disease), and for two studies of cognitive functioning in urea cycle disorders. Trainees will have the opportunity to be involved in data collection for any/all of these projects. More direct opportunities for participation in different research studies may also be available. Readings will be provided on a case-by-case basis. The outpatient caseload will vary according to the developmental needs and the range of clinical duties of individual fellows, but general guidelines are:

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