



children'shealth[®]

postdoctoral fellowship

in clinical child psychology

APA-ACCREDITED PROGRAM

Celia Heppner, PsyD, ABPP
TRAINING DIRECTOR

Jenna Oppenheim, PsyD, ABPP
ASSOCIATE TRAINING DIRECTOR



1935 Medical District Drive
Dallas, TX 75235

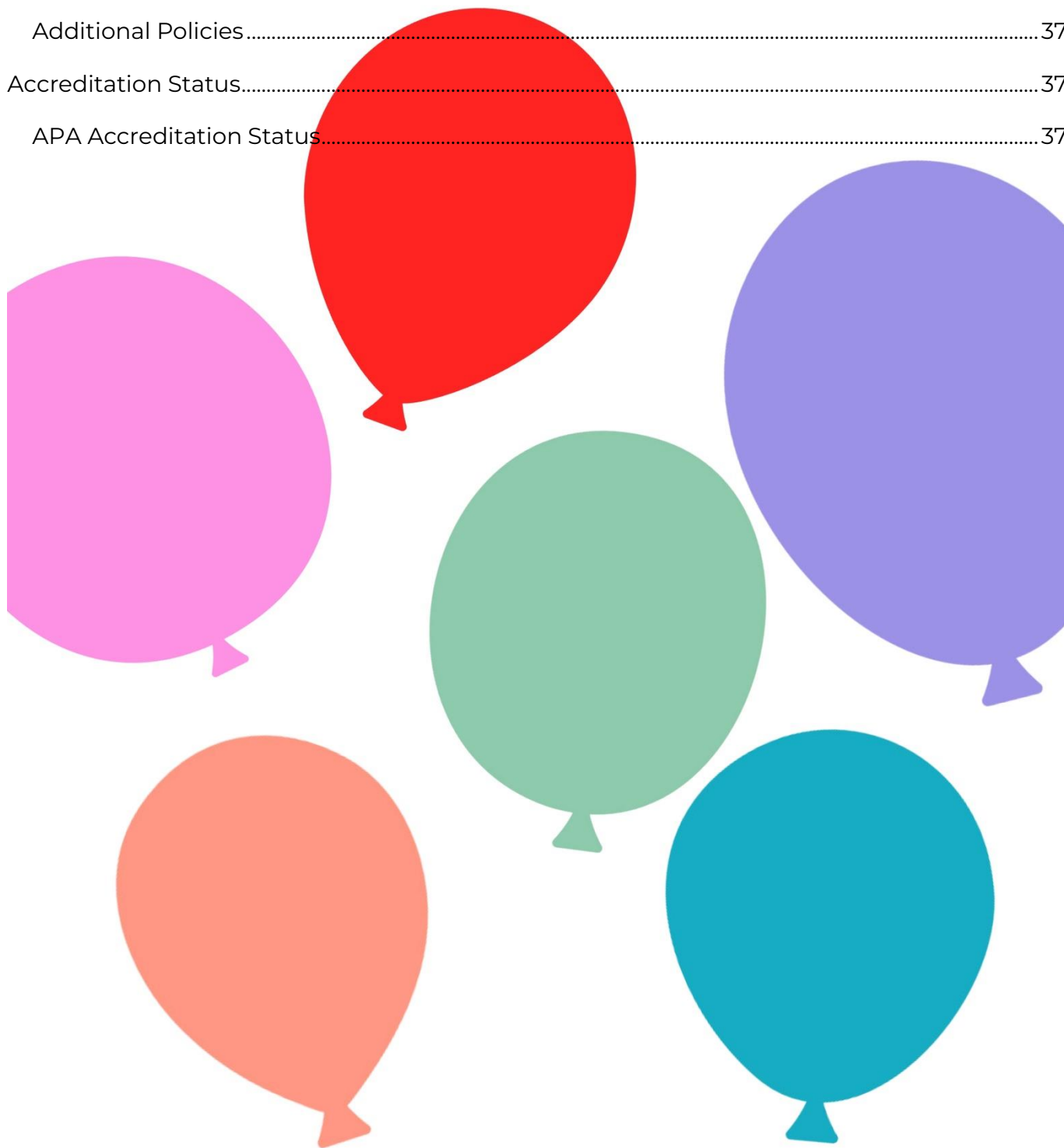
ClinicalChildPsychologyFellowship@childrens.com
www.childrens.com/clinicalchildpsychfellowship

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about us

As one of the largest pediatric healthcare systems nationally, Children's Health has been serving children and families in North Texas and surrounding regions and states for over 110 years, offering a full range of services from prenatal diagnosis through young adulthood. Located in the Dallas-Fort Worth metroplex, Children's is the leading pediatric healthcare provider in the fourth-largest metropolitan area in the United States.

Over the last 20 years, the Postdoctoral Fellowship in Clinical Child Psychology at Children's has provided advanced, specialized training to future child and pediatric psychologists. Our program received APA accreditation in 2011 and offers clinical experience with complex medical and mental health diagnoses, in addition to mentorship in interprofessional collaboration, supervision, and research/program development. We are proud to have an alumni network practicing in academic medical centers, hospitals, and in community settings across the country.

We invite you to consider spending your fellowship year as part of our team. This program brochure highlights our primary training opportunities and other details that may help you learn more about our program. If you have any questions, please don't hesitate to reach out to us at ClinicalChildPsychologyFellowship@childrens.com.

PHILOSOPHY OF TRAINING PROGRAM

The Postdoctoral Fellowship in Clinical Child Psychology at Children's Health/Children's Medical Center provides advanced competence training in clinical child psychology through the incorporation of specialized experiences in Eating Disorders, Outpatient Psychology, and Pediatric Health Psychology in the pediatric setting. Fellows are trained as practitioner-scholars through a focus on direct clinical care and evidence-based practice. These skills are developed through multidisciplinary experiences in assessment, intervention, and consultation, including individual and group supervision, didactics, and a postdoctoral seminar. Supervision follows a developmental model. Multicultural competence and ethical practice are integral components of all areas of training. At the completion of the training year, fellows will be prepared for licensure and independent practice with children and adolescents and their families.

TRAINING MODEL

The training model of the program, **a practitioner-scholar model**, emphasizes clinical competence, the ability to be an effective consumer of research, and the ability to apply knowledge of research to clinical work, which are all key aspects of the training program at Children's. The training at Children's offers both depth and breadth of clinical opportunities. Evidence-based practice drives clinical practice. Trainees are expected to learn to incorporate scholarship fluidly with their clinical work.

CONCENTRATIONS AND POSITIONS

EATING DISORDERS

This concentration offers fellows specialized experience with the evaluation and treatment of eating disorders. Specifically, fellows conduct individual therapy, family therapy and group therapy with patients who have a wide variety of eating disorders, sometimes with comorbid general psychiatric disorders and other medical conditions. Fellows obtain experience providing therapy across the spectrum of care, including inpatient, partial hospitalization, and intensive outpatient levels of care. Fellows are an important part of the multidisciplinary treatment team and collaborate with attending psychiatrists, psychiatry fellows, dietitians, nurses, teachers, family therapists and other unit staff in their work with patients. Fellows in the eating disorders concentration also have the opportunity to gain experience in a variety of elective areas based on their future goals; such opportunities include taking part in unit research, providing umbrella supervision or co-supervision to practicum students, completing psychological assessments, and carrying a small outpatient intervention caseload. The eating disorders position is based at the Plano hospital campus.

HIGHLIGHTS EATING DISORDERS POSITION

Focus on intervention within higher levels of care

Children and adolescents with eating disorders, ARFID, and psychiatric comorbidities



Jasmine Ghannadpour, PhD, ABPP
jasmine.ghannadpour@childrens.com

OUTPATIENT PSYCHOLOGY

Two positions are available within the Outpatient Psychology concentration.

GENERAL OUTPATIENT PSYCHOLOGY POSITION. The general outpatient psychology position offers the postdoctoral fellow clinical experience with a broad range of patients presenting with behavioral, learning, thought, and anxiety/mood disorders, as well as disorders related to attachment and trauma. This fellow receives specialized training in early childhood diagnostic assessment with a multidisciplinary team, relationship-based assessment techniques with young children, collaborative therapeutic assessment, and therapeutic intervention programs for patients and their families. The fellow works closely with specialists across several clinics, with opportunities to collaborate with psychiatry, neuropsychology, psychology, speech language

HIGHLIGHTS GENERAL OUTPATIENT POSITION

Major rotations in assessment and therapy in outpatient clinic setting

Diagnostically complex young children through adolescents



Alexis Clyde, PhD, ABPP
alexis.clyde@childrens.com

pathology, occupational therapy, applied behavior analysis, case management, neurology, genetics, and pediatrics.

Approximately 50% of the general outpatient position is focused on treatment and intervention, while the other 50% is focused on assessment. Over the course of the year, fellows complete three major rotations in the Early Childhood Mental Health Clinic (ECMHC), Therapeutic Assessment, and outpatient therapy. Intervention experience includes outpatient group therapy, individual therapy, parent training, and consultation. Individual therapy caseloads are flexible and are tailored to fit the fellow's interests, experience, and schedule. This position also completes minor rotations in the monthly Functional Neurological Disorders Multidisciplinary Clinic and the Social Competence Intervention Program (SCIP) weekly social skills group. Other group therapy opportunities vary by semester and may include working with children with mood, anxiety, and behavioral disorders as well as children with autism spectrum disorders and adolescents with mental health diagnoses preparing for the transition to college and young adulthood.

SUICIDE/DEPRESSION POSITION. The suicide/depression position provides experience in the evaluation and treatment of depressed and suicidal youth across intensive outpatient and outpatient levels of care. Opportunities are available for assessment, individual, group and family therapy, with specialized training and experience in evidenced based treatments for reducing risk for suicidal behaviors provided to fellows in this position. Collaboration with other providers both internally and in the community is an important component of this training experience. Children's Health, in collaboration with UT Southwestern, has nationally recognized research and clinical programs in the treatment of pediatric depressive disorders, and the fellow in this position has the opportunity to work with researchers and clinicians to develop their skills with this population.

HIGHLIGHTS SUICIDE/DEPRESSION POSITION

Focus on intervention in suicide prevention IOP

Diagnostically complex young children through adolescents



Jessica Heerschap, PhD, ABPP
jessica.heerschap@childrens.com

For fellows in the suicide/depression position, clinical experience occurs primarily within the Suicide Prevention and Resilience at Children's Health (SPARC) program, a multidisciplinary intensive outpatient program (IOP) that is based in CBT and includes DBT-informed skills. Within the SPARC program, fellows provide individual, family, adolescent group, and multi-family group interventions. This position also provides the opportunity for a small outpatient caseload. More information on the SPARC program can be found at <https://www.childrens.com/specialties-services/specialty-centers-and-programs/psychiatry-and-psychology/conditions-and-programs/suicide-behaviors>

PEDIATRIC HEALTH PSYCHOLOGY

Positions are available in two areas within the Pediatric Health Psychology concentration.

PEDIATRIC HEALTH PSYCHOLOGY/CONSULT-LIAISON POSITIONS. Postdoctoral fellows in the pediatric health psychology/consult-liaison positions work with a variety of patients with chronic and acute medical diagnoses. Fellows obtain breadth of experience on the consult-liaison service, in addition to rotations within medical subspecialty areas. Rotation selection is guided by fellows' interests and training goals, with opportunities for specialization with populations of interest as well as breadth of experience in pediatric health psychology.

Options for rotations include Cardiology, Craniofacial/Plastic Surgery, Cystic Fibrosis and Pulmonary Medicine, Endocrinology, Epilepsy, Gastroenterology, Hematology/Sickle Cell, Oncology, Infant Mental Health/NICU, Nephrology, Pain Management, Sleep Medicine, Solid Organ Transplant, and Weight Management/Bariatric Surgery. Opportunities are also available for focused experience with at-risk populations within various programs. Clinical care for the pediatric health psychology positions may include assessment (with opportunities in some areas for formal testing), presurgical evaluation, interdisciplinary team care, short-term and long-term intervention in both inpatient and ambulatory settings, and consultation with other staff and medical team members.

FOSTER CARE POSITION. The fellow in the foster care position specializes in multidisciplinary assessment, intervention, consultation, and psychoeducation services for children ages birth to 19 years in foster care and their foster/kinship families, with a focus on trauma-informed care. Training experiences for this position are provided within the Rees-Jones Center for Foster Care Excellence, a primary care clinic for youth in the child welfare system in the Dallas area. This position offers specialization in trauma-informed integrated primary care, as well as trauma-informed psychological and developmental assessment. Ideally, fellows in this position will have some previous experience with evidence-based interventions such as Parent-Child Care (PC-CARE), Parent-Child Interaction Therapy (PCIT) and/or Trauma-Focused Cognitive Behavioral

HIGHLIGHTS PEDIATRIC HEALTH PSYCHOLOGY POSITIONS

**Rotations in medical specialties
adapted to fellows' interests**

**Infants, children, and AYAs
receiving medical care**



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HIGHLIGHTS FOSTER CARE POSITION

**Trauma-informed integrated
primary care focus**

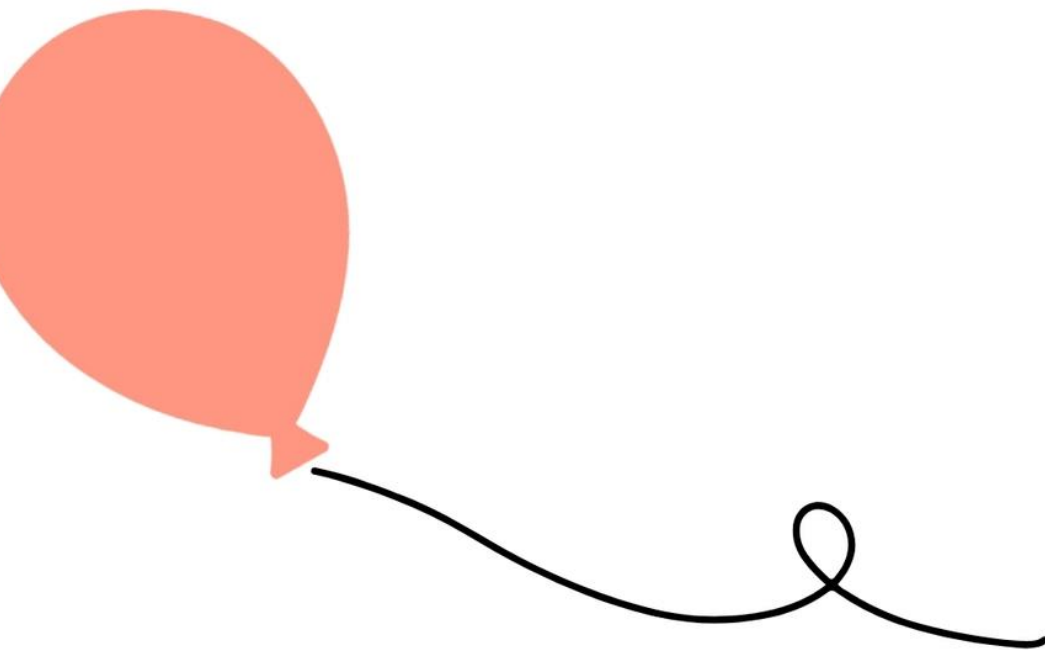
**Infants, children, and adolescents
in foster care system**



Kristin Scott, PhD
kristin.scott@childrens.com

Therapy (TF-CBT) to allow for focus on advanced applications of these modalities with diverse populations in a medical setting.

Fellows in the foster care position may have opportunities to collaborate on and receive mentorship related to mental health policy, research, and community outreach initiatives through the Center. Clinical care is based out of Dallas and Plano clinics, with the fellow splitting time between locations.



FINANCIAL ASSISTANCE, SUPPORT SERVICES, AND BENEFITS

at a glance



Educational allowance
of \$1,000



Relocation support
for >50 mile moves



Paid education
leave



Comprehensive health
and wellness benefits



Paid professional
liability coverage



Free onsite parking

SALARY AND BENEFITS

Salary for postdoctoral fellows at Children's is \$62,232/year for the 2025-2026 academic year. Other benefits and perks include the following:

- Fellows who are moving from more than 50 miles away are eligible for a one-time payment upon starting the program to support relocation expenses.
- Fellows accrue paid time off (PTO) accrual as Children's employees, earning 7.08 hours of PTO each pay period (every two weeks) to use for time off. Fellows begin with 24 hours of PTO available on their first day of work; additional PTO accrues beginning with the third pay period and can be used as soon as it is available. Fellows who are employed at Children's for a full calendar year will be compensated for any unused PTO in a lump sum upon ending their employment.
- Access is provided to an educational allowance of up to \$1,000 to be used during the training year.
- Fellows are eligible for 5 paid education/professional days during the year that are not deducted from regular PTO, with the option for an additional 5 days for approved conferences or trainings. These education/professional days may be used toward conference attendance, taking and/or studying for the EPPP and other licensing exams, and interviewing for jobs.
- Children's also provides professional liability insurance at no cost to fellows.

As Children's employees, fellows have access to a robust and industry-leading benefits package, which includes medical, vision, and dental insurance, short- and long-term disability coverage, basic life insurance with options for additional coverage, and paid parental, caregiver, and bereavement leave. An overview of these programs can be found [here](#).

FACILITIES

Clinical care and training activities take place at the flagship hospital campus in Dallas (Children's Medical Center Dallas), the hospital campus in Plano (Children's Medical Center Plano), and outpatient buildings near the hospital locations.

Fellows in the Outpatient concentration (General Outpatient and Suicide/Depression positions) primarily provide services in the outpatient psychology clinic, which is located near the Dallas main hospital campus in an outpatient building. Fellows in the Pediatric Health Psychology positions provide services on the Dallas main hospital campus, seeing patients on inpatient medical floors and in ambulatory medical clinics. The fellow in the Eating Disorders concentration spends the majority of their time at Children's Medical Center Plano, located about 20 miles north of Dallas, and the fellow in the Foster Care position splits their time between the clinic locations on the Dallas campus and the Plano campus. All fellows attend weekly didactics, group supervision, and postdoctoral seminar together on the Dallas campus.

All facilities are accessible and ADA-compliant. Fellows have access to free parking at all locations. Uniformed hospital security officers are on-site 24/7 at both campus locations. Children's provides all staff with access to LiveSafe, a mobile safety app that can be used to connect directly to Security, use location sharing in an emergency, and quickly access important phone numbers and information about safety-related events.

WORKSPACE AND ADMINISTRATIVE SUPPORT

Fellows are provided with a dedicated workspace in a shared or individual office, individual computers and phone lines, and private patient care space that can be reserved as needed (if the fellow's assigned office is not in a patient care area). Resources and materials for therapy, intervention, education, and assessment are also provided. Children's Medical Center uses an electronic medical records system.

Psychological Services has access to support staff who help schedule appointments, verify insurance benefits, process professional liability coverage, reserve meeting rooms within the hospital, and facilitate travel requests and conference hotel reservations. Support staff are also available to ensure that required training and orientations are scheduled, documented, and filed at the appropriate times during the training year.

LICENSURE & EPPP PREPARATION

Passing the EPPP and being license-eligible is a key goal of the fellowship program and a requirement for successful program completion. The fellow educational allowance may be used to cover licensure fees and exam preparation costs. In addition to the use of education days to prepare for and take the EPPP, education regarding licensure and EPPP preparation is built into the training program curriculum. Postdoc seminars educate fellows about the recommended timeline for the licensure process and details about the licensure process in

Texas. Seminar topics also include strategies for preparing for the EPPP as well as EPPP review sessions.

CONFERENCE ATTENDANCE

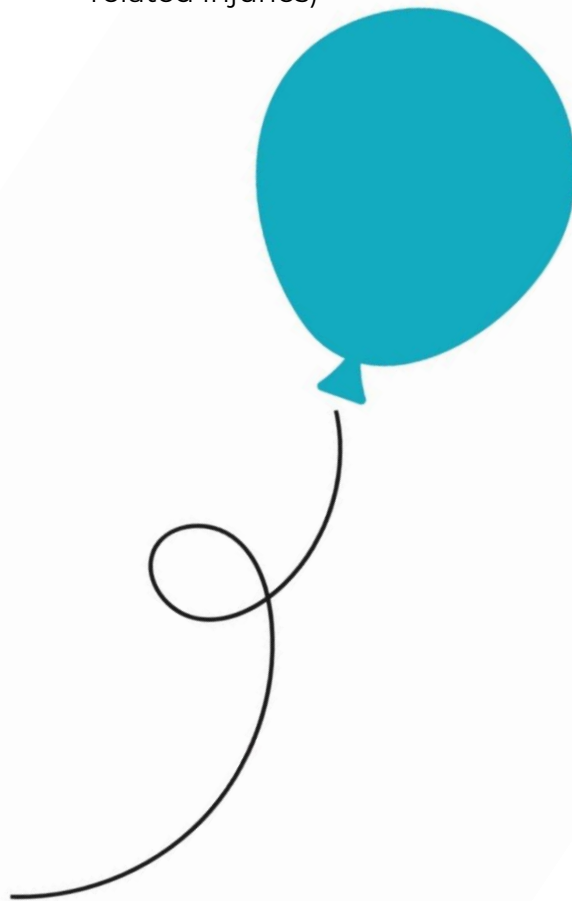
Fellows can apply their educational allowance towards conference attendance and may use allotted education time for conference attendance rather than using Paid Time Off (PTO). To utilize educational funds to attend a conference, fellows must be in good standing.

SUPPORT SERVICES

As Children's employees, fellows have access to the following services:

Free parking, with covered parking in some locations
Dependent care support
Subsidy for dependent care costs
Discount at hospital dining facilities
Employee Assistance Program services
Reduced memberships to local fitness centers
Pet insurance

Fitness subsidy to offset membership fees and other wellness expenses
Occupational Health
Free flu shots and TB testing annually
On-site or mobile virtual physician visit
Access to employee discount program
Safe@Work (financial protection for work-related injuries)



APPLICATION AND SELECTION

INTERNSHIP AND ACADEMIC PREPARATION REQUIREMENTS

Applicants for the Postdoctoral Fellowship in Clinical Child Psychology at Children's Health must have a Ph.D. or Psy.D. from an APA-accredited graduate program in Clinical, Counseling, or School Psychology, as well as an APA-accredited internship. The doctoral degree must be conferred by September of the year the applicant would begin fellowship training. Applicants who are invited to interview will be asked to provide documentation of their anticipated graduation date by their graduate program training director. Applicants are asked to indicate their area of interest in postdoctoral training (i.e., Eating Disorders, Outpatient Psychology [general outpatient or suicide/depression], Pediatric Health Psychology [pediatric health psychology/consult-liaison or foster care]) in their application materials.

APPLICATION

Applications are typically due in mid-December and are submitted through the APPA Centralized Application System utilized by APPIC. Required materials include:

1. Cover letter, addressing the following:
 - Concentration/position of interest (applicants may apply for only one position)
 - Statement of interest and fit with the position
 - Goals for fellowship training
 - Anticipated date of degree conferral
2. Curriculum vitae (CV)
3. Three letters of recommendation
4. Two de-identified work samples
5. Degree conferral attestation form, signed by applicant and graduate program advisor or DCT (available on APPA portal)

SELECTION PROCESS

Applications are initially reviewed by the primary supervisors of each fellowship concentration area, with interview and ranking decisions made by a committee of faculty for each concentration/position. Multiple sources of information, including academic preparation, clinical experience, future career goals, letters of recommendation, and progress toward satisfactory completion of the graduate program's requirements for licensure, are considered. An emphasis is placed on finding applicants who represent a good fit with the program; therefore, background experience and clear demonstration of interest in the type of training offered at Children's Health are emphasized throughout the selection process, as is the ability of the fellowship program to support the applicant in attaining their stated goals. Applicants whose previous experiences and career goals are well matched with the postdoctoral training program at Children's Health are invited to participate in an on-site, virtual, or phone interview.

After completion of interviews with training faculty and staff, applicants will be ranked by supervisor selection teams and offers will be extended. The program follows the [APPIC Postdoctoral Selection Standards](#); as such, the Common Hold Date will be utilized as the deadline for responses to offers made after interviews.

NON-DISCRIMINATORY HIRING, SELECTION, AND EMPLOYMENT

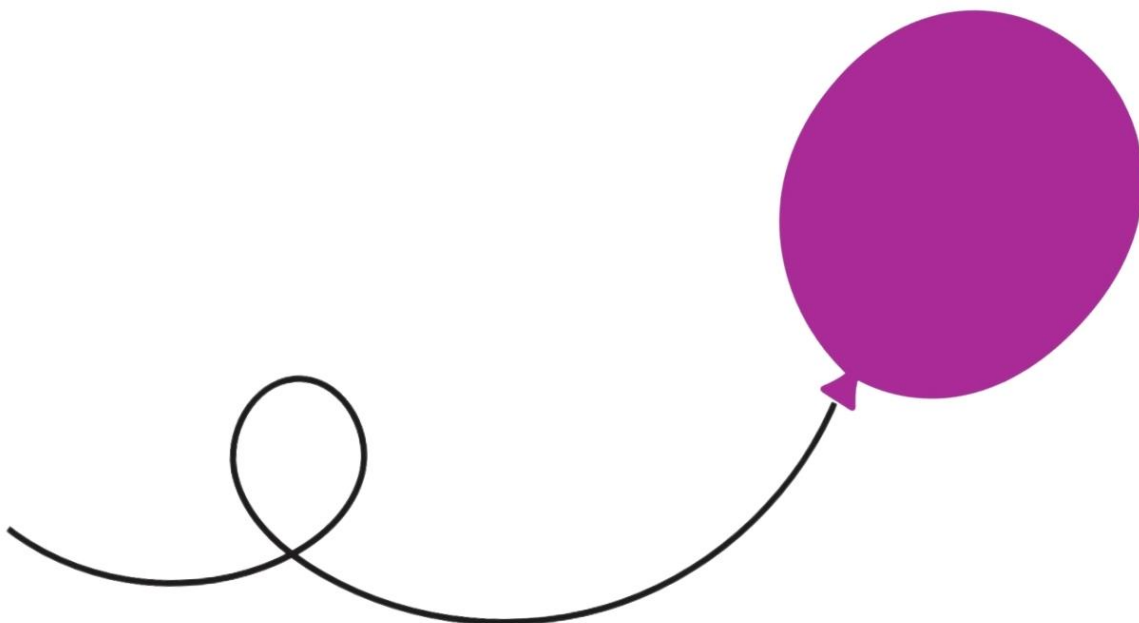
(from CHST Policy 1.02, Equal Employment Opportunity)

The success of Children's Health System of Texas and its affiliates (collectively, Children's HealthSM) is dependent on the talents of individuals with different experiences, strengths, cultures, and perspectives. As an equal opportunity employer, Children's Health does not discriminate against employees or applicants because of race, color, religion, sex, gender identity or expression, sexual orientation, age, national origin, military status, disability, or genetic information. This applies to all aspects of the employer-employee relationship including but not limited to recruitment, hiring, promotion, transfer, pay, training, discipline, reduction in staff, termination, employee benefits, and activities.

BACKGROUND SCREENING

(from CHST Policy 9.09, Background Screening)

Children's Medical Center is committed to providing a safe environment for its patients and their families, visitors, and its employees. In order to achieve this objective, background screenings are performed on all employees upon hire and annually thereafter. Background screening includes information about convictions and pending convictions and is conducted upon hire and annually thereafter. Pre-employment drug testing is also conducted. Passing the background screening and drug testing is a condition of employment.



FACULTY & FELLOWS

TRAINING SUPERVISORS

[Juliana Alba-Suarez, Ph.D.](#), ABPP – Cystic Fibrosis and Pulmonary Medicine

[Ranya Alnatour, Psy.D.](#) – Center for Cancer and Blood Disorders

[Adrienne Anderson, Ph.D.](#) - Nephrology

[Corinne Anton, Ph.D., ABPP](#) – Cardiology

[Jamie Becker, Ph.D., ABPP](#) – Consult-Liaison and Emergency Department

Fellowship Ombudsperson

Bethelhem Belachew, Ph.D. - Gastroenterology

Emily Bernstein, Ph.D. - Cardiology

[W. David Brown, Ph.D.](#), ABSM – Sleep Medicine

[Angela Canas, Ph.D.](#), ABPP - Neuropsychology

[Randi Cheatham-Johnson, Ph.D.](#) - Cardiology

[Alexis Clyde, Ph.D., ABPP](#) – Outpatient Psychology, Early Childhood Mental Health Clinic

Primary Supervisor for General Outpatient Psychology Position

Jordan Constance, Ph.D., ABPP - Neuropsychology

Savannah Davidson, Ph.D. – Consultation/Liaison

[Julie Germann, Ph.D., ABPP](#) – Center for Cancer and Blood Disorders

Candace Genest, Ph.D., ABPP - Neuropsychology

[Lana Harder, Ph.D., ABPP](#) – Neuropsychology, Demyelinating Disorders

Director for Neuropsychology Training Program

[Celia Heppner, Psy.D., ABPP](#) – Plastic and Craniofacial Surgery

Training Director

[Suzanne Holm, Ph.D., ABPP](#) – Center for Cancer and Blood Disorders

[Beth Kennard, Psy.D., ABPP](#) – Suicide Prevention and Depression

[Erin Kennedy, Psy.D.](#) - Neuropsychology

[Hillary Kimbley, Ph.D., ABPP](#) - Epilepsy

[Kate Magnuson, Ph.D.](#) – Health Psychology Assessment

[Andrew McGarrahan, Ph.D.](#) – Eating Disorders

Primary Supervisor for Eating Disorders Position

[Joy Neumann, Psy.D.](#) - Neuropsychology

Jamie Nguyen, Ph.D. – Suicide Prevention and Depression

[Jenna Oppenheim, Psy.D., ABPP](#) – Center for Cancer and Blood Disorders

Associate Training Director

Jyotsna Panthee, Psy.D. – Foster Care

Primary Supervisor for Foster Care Position

[Sarah Pennant, Ph.D.](#) – Pain Management

Erica Pollock, Ph.D. - Neuropsychology

[Stevie Puckett-Perez, Ph.D., ABPP](#) - Gastroenterology

Eman Rettig, Psy.D. – Neuropsychology, Center for Cancer and Blood Disorders

[Eileen Santa-Sosa, Ph.D., ABPP](#) – Thrive (NICU Follow-up Primary Care), Infant Mental Health

[Lisa Schuster, Ph.D., ABPP](#) – Child Maltreatment

[Kristin Scott, Ph.D.](#) – Health Psychology Intervention

Marsha Siebenmorgen, Ph.D., ABPP - Neuropsychology

[Clint Smith, Psy.D.](#) – Foster Care

[Megan Tierney, Psy.D., ABPP](#) – Pediatric Health Psychology

Primary Supervisor for Pediatric Health Psychology Positions

[Kelli Triplett, Ph.D., ABPP](#) – Solid Organ Transplant

Andrea Wahlberg, Ph.D., ABPP - Neuropsychology

Children's Health Children's Medical Center

Postdoctoral Fellowship in Clinical Child Psychology

Updated 9.2025

[Nicholas Westers, Psy.D., ABPP](#) – Outpatient Psychology
[Alicia Wheelington, Ph.D.](#) – Endocrinology, Weight Management
[Alison Wilkinson-Smith, Ph.D., ABPP](#) – Neuropsychology, Functional Neurological Disorders
[Kristin Wolfe, Ph.D., ABPP](#) – Suicide Prevention and Depression
Primary Supervisor for Suicide/Depression Position

CURRENT FELLOWS

2025 – 2026

Lisa Baer, Ph.D.
Samiha Islam, Ph.D.
Eunice Mendez, Ph.D.
Megan Rittenberg, Psy.D.

PREVIOUS FELLOWS

2024 – 2025

Brooke Carey, Psy.D.
Lauren Fennimore, Ph.D.
Jamie Nguyen, Ph.D.
Rebecca Sherrier, Psy.D.

2023 – 2024

Beth Belachew, Ph.D.
Afsoon Gazor, Ph.D.
Kitzia Moreno-Garza, Psy.D.
Jyotsna Panthee, Psy.D.
Megan Perry, Ph.D.
Sharyl Wee, Ph.D.
Jessica Wright, Psy.D.

2022 – 2023

Natalie Escalante, Psy.D.
Lindsay Kuo, Psy.D.
Lexi Moorehead-Durham, Ph.D.
Annum Rentiya, Psy.D.

2021 – 2022

Adrienne Anderson, Ph.D.
Shannon Clark, Ph.D.
Sarah Mitchell, Psy.D.
Andrea Moreno, Ph.D.
Anton Petrenko, Ph.D.

2020 – 2021

Juliana Alba-Suarez, Ph.D.
Daniel Elledge, Ph.D.
Mackenzie Hughes, Ph.D.
Alicia Kauffman, Ph.D.
Kelsey Klindt, Psy.D.
Kristine Pickwith, Psy.D.

2019 – 2020

Maegan Calvert, Ph.D.
Morgan Drake, Ph.D.
Jennifer Edgemon, Ph.D.
Rosie Hodges, Psy.D.
Sarah Pennant, Ph.D.
Oscar Widales Benitez, Ph.D.

2018 – 2019

Raquel Kirmse, Psy.D.
Jessica Klement, Ph.D.
Wade McDonald, Ph.D.
Ariel Smith, Ph.D.
Sheree Tarver, Psy.D.
Carl Waitz, Psy.D.

2017 – 2018

Michael Eaddy, Ph.D.
Ellen Henning, Ph.D.
Kelsy Newton, Psy.D.
Vicki Owen, Ph.D.
Kristin Scott, Ph.D.
Clint Smith, Psy.D.

2016 – 2017

Amanda Drake, Ph.D.
Jessica King, Ph.D.
Siddika Mulchan, Psy.D.
Ryne Pulido, Ph.D.
Elizabeth Victor, Ph.D.

2015 – 2016

Danette Beitra, Ph.D.
Courtney Craig, Psy.D.
Sarah Horton, Ph.D.
Heather Krol, Ph.D.
Laura Kuper, Ph.D.
Kat Marczyk Organek, Ph.D.
Natalie Nichols-Jones, Ph.D.
Brent Smith, Ph.D.

2014 – 2015

Corinne Anton, Ph.D.
Corey Heath, Ph.D.
Leslee Marcom, Ph.D.
Radu Pop, Ph.D.
Katie Rose, Psy.D.
Amanda Saddler, Psy.D.

2013 – 2014

Sonia Dutt, Ph.D.
Michele Ocen, Ph.D.
Stevie Puckett, Ph.D.
Mona Taylor, Ph.D.
Hillary Thomas, Ph.D.
Emily Reiss, Psy.D.
Chelsea Vaughan, Ph.D.

2012 – 2013

Rachael Katz, Ph.D.
Priscilla Khuanghlawn, Psy.D.
Meghan Marnell, Ph.D.
Rachel Oppenheimer, Ph.D.
Katie Sardone, Ph.D.
Lisa Schuster, Ph.D.

2009-2010

Heather Bensman, Psy.D.
Lauren Fryer, Ph.D.
Kelley Martin, Psy.D.
Gretchen Noble, Psy.D.
Lucy Smith, Ph.D.

2006-2007

Kathryn Sternweis-Yang, Ph.D.
Crista Wetherington, Ph.D.
Krista Kuleza, Ph.D.

2003-2004

Laura Golden, Ph.D.
Jennifer Unterberg, Ph.D.

2011 – 2012

Laura Dewey, Ph.D.
Celia Heppner, Psy.D.
Rosie Polifroni, Ph.D.
Mike Polito, Ph.D.
LaKaren Rickman, Ph.D.
Megan Tierney, Psy.D.

2008-2009

Lindsay Asawa, Ph.D.
Mary Hill, Ph.D.
Lark Huang-Storms, Ph.D.
Lara Pence, Ph.D.

2005-2006

Sarah Schnoebelen, Ph.D.
Holly Schrier, Psy.D.

2010-2011

Brenda Hernandez, Ph.D.
Erin Hyken, Psy.D.
Alexis Clyde, Ph.D.
Lily Iteld, Ph.D.
Matthew Leahy, Ph.D.
Michael McFarland, Ph.D.

2007-2008

Kim Davis, Ph.D.
Gabby Reed, Ph.D.
Dana Labat, Ph.D.
Mark Cartwright, Ph.D.

2004-2005

Brandy Miller, Ph.D.

LEARNING ACTIVITIES

EXPERIENTIAL LEARNING

A minimum of 50% of fellows' time in each week of the training experience must be spent in direct (at least 25%) and indirect patient care activities, with most fellows spending between 50-75% of their time in patient care activities.

SERVICE RECIPIENT POPULATIONS

During their training, fellows work with patients who are diverse in age, diagnosis, functioning, family structure, socioeconomic status, religious and cultural background, gender identity and expression, and sexual orientation.

OPPORTUNITIES RELATED TO DIVERSITY

Children's is the largest pediatric healthcare provider in North Texas, serving patients from a geographically large catchment area including urban and rural communities throughout Texas and surrounding states. Fellows have the opportunity to provide clinical care to patients and families from diverse and underrepresented groups.

Providing an inclusive environment for fellows with diverse identities is a priority of the fellowship program, as is developing a psychology workforce that reflects and represents the patients we serve. Training at Children's offers postdoctoral fellows rich and varied training in cultural and individual diversity, grounded in a Cultural Humility framework. Developing advanced skill in applying knowledge of individual and cultural diversity within clinical and interprofessional work as well as professional self-reflection is a program competency; individual supervision and other learning activities support fellows' growth in this area.

Diversity topics are a focus of group supervision and postdoc seminar, and diversity roundtable discussions in these forums allow for in-depth exploration of these topics and how they come up in fellows' professional activities.

The following diversity-related activities are also accessible to fellows at Children's:

- Membership and participation in the hospital's Health Equity, Diversity, and Inclusion Commission (HEDIC), including workgroups focusing on underrepresented and marginalized groups
- Bilingual (Spanish) individual supervision and group supervision including bilingual fellows and other psychology trainees when
- Collaboration and mentorship with the Mental Health Disparities Scholar, a first year graduate student in clinical psychology completing research and clinical work at Children's Health
- Mentorship of undergraduate student apprentice through program within department aimed at increasing professional exposure/experience for students from underrepresented backgrounds interested in a career in psychology.
- Participation in the Cultural Diversity Club offered at UTSW's Clinical Psychology program

SUPERVISION

Postdoctoral fellows receive at least two hours of individual supervision weekly (from two different supervisors) and another two hours of structured learning (e.g., group supervision, didactics, postdoctoral fellow seminar). Postdoctoral fellows have at least two supervisors during the training year, one of whom is a psychologist who serves as the fellow's primary supervisor and provides oversight of the fellow's training activities and evaluations throughout the year.

The training program provides fellows with umbrella supervision and co-supervision experience through a range of activities. Fellows take turns facilitating group supervision throughout the year with support from a licensed supervisor; most years, each fellow facilitates 3-4 group supervision sessions. Fellows may also have opportunities to provide umbrella supervision to interns and practicum students who are training in the same concentration or clinical program. As part of a large academic medical center, Children's is a clinical site for medical students, residents, fellows in pediatric subspecialty programs, and students from a variety of other health professions; postdoctoral fellows are often able to collaborate on didactic presentations and other teaching and supervision opportunities for multidisciplinary trainees.

SCHOLARLY ACTIVITIES AND FELLOWSHIP PROJECT

While this fellowship is a clinically focused program, many faculty within the training program are engaged in and leading clinical research initiatives. Fellows have many

opportunities to become involved in active research projects and receive mentorship in areas of research interest.

In order to provide applied experience in integration of science and practice in a clinically focused role, fellows will complete a fellowship project over the course of the year. Appropriate fellowship projects may be in the areas of traditional clinical research, program development, program evaluation, or quality improvement. Fellows are encouraged to consider projects that could be highlighted in a job talk or interview as an example of a skill set that would be applicable in settings and/or positions aligned with their interests. At the end of the year, fellows present their projects to their peers and program faculty; submission of projects as conference presentations and/or manuscripts is also supported and encouraged.

DIDACTICS, ROUNDS, AND OTHER LEARNING OPPORTUNITIES

Psychological Services

Psychological Services Didactics*
Psychological Services Group Supervision*
Postdoctoral Seminar*
Psychological Services Monthly Meeting
Bilingual Group Supervision
Multi-level Supervision Process Group
Neuropsychology Seminar

UTSW/Children's

Schwartz Rounds
UTSW Psychiatry Grand Rounds
Pediatric Grand Rounds
Psychology Didactic Series (UTSW Psychology Division)
Cultural Diversity Club Meetings
Ethics Grand Rounds

Concentration-Specific

Eating Disorders Rounds
Consult-Liaison Rounds

**Required weekly for all fellows. Other activities listed here are optional; concentration-specific activities may be part of the weekly schedule for some positions.*

AIMS & COMPETENCIES

AIMS OF TRAINING PROGRAM

The primary aims of the postdoctoral fellowship at Children's Health are to 1) produce clinicians who are competent to practice in the field of clinical child psychology, 2) produce clinicians with competence in ethical decision making and a sensitivity to individual differences, 3) produce clinicians with competence in professional development and scholarship, and 4) produce competent clinicians who are prepared to function independently in the field of clinical child psychology. These aims are achieved by providing fellows with advanced training serving children and their families in the core areas of assessment, intervention, and consultation, as well as the provision of focused supervision and didactic training in professional development. Through these clinical experiences fellows are also expected to obtain expertise through concentrated work in one of the following areas: Eating Disorders, Outpatient Psychology, and Pediatric Health Psychology.

AIM 1: PRODUCE CLINICIANS WHO ARE COMPETENT TO PRACTICE IN THE FIELD OF CLINICAL CHILD PSYCHOLOGY.

Aim 1a: Produce clinicians who are competent in assessment and evaluation.

Aim 1b: Produce clinicians who are competent in intervention and therapy.

Aim 1c: Produce clinicians who are competent in consultation.

Aim 1d: Produce clinicians with an expertise in an area of concentration (e.g., Eating Disorders, Outpatient Psychology, Pediatric Health Psychology).

AIM 2: PRODUCE CLINICIANS WITH COMPETENCE IN ETHICAL DECISION MAKING AND A SENSITIVITY TO INDIVIDUAL DIFFERENCES.

Aim 2a: Produce clinicians who can identify and resolve ethical dilemmas.

Aim 2b: Produce clinicians who identify and respect individual and cultural differences.

Aim 2c: Produce clinicians who integrate knowledge of ethical and diversity issues into all areas of their clinical practice.

AIM 3: PRODUCE CLINICIANS WITH COMPETENCE IN PROFESSIONAL DEVELOPMENT AND SCHOLARSHIP.

Aim 3a: Produce clinicians who are reflective of their own knowledge and professional development and know the limits of their competence.

Aim 3b: Produce clinicians who demonstrate overall professionalism and respect for others.

Aim 3c: Produce clinicians who understand, appreciate, and implement evidence-based practice.

Aim 3d: Produce clinicians who are life-long learners and appreciate the pursuit of knowledge.

AIM 4: PRODUCE COMPETENT CLINICIANS WHO ARE PREPARED TO FUNCTION INDEPENDENTLY IN THE FIELD OF CLINICAL CHILD PSYCHOLOGY.

Aim 4a: Fellows will obtain licenses to practice psychology within 6 months of completion of fellowship training.

Aim 4b: Upon completion of training, fellows will obtain positions in the field of clinical child psychology.

Aim 4c: Fellows who choose to will continue to hold positions in the field of clinical child psychology long-term (i.e., > 5 years after completion of fellowship).

CORE COMPETENCIES

Core competencies are behaviorally anchored measures of fellows' progress toward outcomes during the training year. Fellows must demonstrate these core competencies (which are reflected in the items on the supervisor's evaluation of the fellow) for successful completion of the training program. Fellows will be evaluated on their progress toward achievement of core competencies. Evaluation of fellow, self-evaluation, and program evaluation forms all use these items to assess the fellow's progress toward these competencies.

Core Competency Area: Ethical/Legal Standards

- **Competency EL.I:** Each fellow will demonstrate knowledge of ethical, legal and professional standards and guidelines.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:
 - Measurement—Fellow will attend at least 5 postdoctoral seminar sessions on ethics.

EL1) Demonstrates routine awareness and application of the APA Ethical Principles and Code of Conduct and other relevant ethical, legal and professional standards and guidelines of the profession.

EL2) Integrates an understanding of ethical-legal standards policy when performing all competencies.
- **Competency EL.II:** Each fellow will independently and consistently integrate ethical and legal standards with all foundational and functional competencies.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

EL3) Spontaneously and reliably identifies complex ethical and legal issues, analyzes them accurately, and proactively addresses them.

EL4) Develops strategies to seek consultation regarding complex ethical and legal dilemmas.

EL5) Demonstrates awareness of the obligation to confront peers and/or organizations regarding ethical problems or issues and to deal proactively with conflict when addressing professional behavior with others.

EL6) Takes independent action to correct situations that are in conflict with articulated professional values.

EL7) Appropriately identifies ethical issues and seeks appropriate supervision to address such issues.

Core Competency Area: Individual and Cultural Diversity

- **Competency ICD.I:** Each fellow will demonstrate an understanding of self and others as shaped by individual and cultural diversity and context, and can apply this knowledge to clinical work.

- Measurement—Fellow will attend at least 5 diversity-focused didactic lectures/postdoctoral seminars.
- Measurement—Ratings of MC or above on supervisor ratings of the following areas:

ICD1) Can identify how aspects of each patient's identity (e.g. race/ethnicity, gender identity, geographic region, religion) may impact a patient's current presentation, course of treatment, interaction with physicians/team, and understanding of their presenting concern or diagnosis.

ICD2) Incorporates information about identity and culture into assessment, consultation, and intervention with patients and families.

ICD3) Articulates knowledge of culturally appropriate skills, techniques, and behaviors.

ICD4) Independently articulates, understands, and monitors own identity in relation to work with others.

Core Competency Area: Integration of Science and Practice/Research

- **Competency SPR.I:** Each fellow will demonstrate an ability to effectively consume research through critical evaluation and application.

- Measurement—Fellow will conduct at least one journal club presentation during the fellowship year.
- Measurement—Ratings of MC or above on supervisor ratings of the following areas:

SPR1) Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.

SPR2) Demonstrates an ability to educate non-psychology staff about the relevant evidence base regarding psychological interventions and psychological concerns within the medical setting as appropriate.

- **Competency SPR.II:** Each fellow will demonstrate an ability to effectively apply knowledge of research to clinical practice.
 - Measurement – Successful completion of fellow project
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

SPR3) Incorporates knowledge from empirical articles and books into clinical work and supervision.

Core Competency Area: Professional Values, Attitudes, and Behaviors

- **Competency PV.I:** Each fellow will demonstrate self-awareness of their own knowledge, professional development, and limits of their competence.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

PV1) Regularly uses knowledge of self to monitor and improve effectiveness as a professional.

PV2) Systematically and effectively monitors and adjusts professional performance in action as situation requires.

PV3) Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning.

PV4) Implements effective self care.

PV5) Takes responsibility for continuing professional development.
- **Competency PV.II:** Each fellow will make progress toward licensure as a psychologist during the training year.
 - Measurement—Fellows will attend Professional Development portion of Postdoc Seminar.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

PV6) Fellow demonstrates knowledge of the process and steps toward licensure in the state or jurisdiction in which they plan to practice following fellowship.

PV7) Fellow takes EPPP prior to or during their training at Children's.
- **Competency PV.III:** Each fellow will have knowledge of the process of securing employment in clinical child psychology following fellowship.
 - Measurement—Fellows will attend Professional Development portion of Postdoc Seminar.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

PV8) Fellow can articulate steps necessary for finding relevant position postings, preparing an updated CV, interviewing for positions, and negotiating positions.

Core Competency Area: Communication and Interpersonal Skills

- **Competency COMM.I:** Each fellow will demonstrate professionalism and respect for others through effective and clear communication.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

COMM1) Generates timely reports and progress notes that include pertinent information for the medical team while demonstrating sensitivity to patient confidentiality.

COMM2) Communicates clearly and effectively with clients and other professionals, in both verbal and written communication.

COMM3) Maintains acceptable interpersonal relationships with clients, peers, faculty, allied professionals, and the public.

COMM4) Provides clear and effective feedback to patients, families, and other professionals.

Core Competency Area: Clinical Assessment

- **Competency ASMT.I:** Each fellow will demonstrate the ability to complete an effective and efficient clinical interview
 - Measurement—Ratings of MC or above on supervisor ratings of the following area:

ASMT1) Obtains adequate information about presenting problem, background, and differential diagnoses during clinical interview.
- **Competency ASMT.II:** Each fellow will demonstrate knowledge of appropriate assessment techniques and measures for the population with which he or she is working.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

ASMT2) Can develop an assessment plan with patients, including tests appropriate for age, language, setting, and assessment goals.

ASMT3) Administers and scores assessments effectively and in a standardized manner.
- **Competency ASMT.III:** Each fellow will demonstrate an ability to accurately interpret assessment reports and interview data.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

ASMT4) Interprets data from assessments and interviews accurately; incorporates into overall conceptualization of the patient, making an accurate diagnosis.

- Measurement—Fellow will present a thorough case presentation during a postdoc seminar, consult grand rounds, or a monthly psychology meeting during the training year that incorporates effective case conceptualization.

Core Competency Area: Clinical Intervention

- **Competency IV.I:** Each fellow will demonstrate the ability to plan and implement evidence-based and effective interventions for patients and families.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:
 - IV1) Conceptualizes cases independently and accurately.
 - IV2) Can develop and implement a treatment plan that uses evidence-based interventions appropriate for presenting issue; evaluates treatment effectiveness and role in treatment.
 - IV3) Independently recognizes and manages special circumstances in intervention (e.g., crises, need for supervision and consultation).
 - IV4) Develops rapport and relationship with a wide variety of clients in assessment, intervention, and consultation activities.

Core Competency Area: Supervision and Mentorship

- **Competency SM.I:** Each fellow will use supervision effectively and will gain skills in providing supervision during the course of the training year.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:
 - SM1) Comes to supervision prepared and uses time in supervision well.
 - SM2) Accepts, evaluates and implements feedback from others.
 - SM3) Accurately identifies level of competence across all competency domains for self as well as umbrella supervisees; recognizes when new/improved competencies are required for effective practice.
 - SM4) Works increasingly autonomously throughout the training year with an appropriate awareness of own competence and when to seek supervision.
 - SM5) Provides supervision to less advanced students, peers or other service providers in typical cases appropriate to the service setting.

Core Competency Area: Consultation and Interprofessional Skills

- **Competency CON.I:** Each fellow will demonstrate the ability to provide effective consultation services to patients, families, and the medical team.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

CON1) Identifies when psychology services may be beneficial to a patient in a pediatric healthcare setting.

CON2) Demonstrates a sophisticated understanding of the various roles of members of the multidisciplinary team and is able to appreciate and integrate perspectives from multiple professions.

CON3) Knowledgeable about each mental health condition with which they work.

Core Competency Area: Leadership

- **Competency LS.I:** Each fellow will demonstrate the ability to function as a leader within teams and programs.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

LS1) Presents cases effectively in multidisciplinary rounds.

LS2) Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.

LS3) Identifies topic for fellowship project, engages relevant stakeholders, implements project, and evaluates results and outcomes.

Core Competency: Eating Disorders Concentration Competencies

- **Competency ED.I:** Each fellow will demonstrate specific content knowledge and skills related to advanced practice training in Eating Disorders.
 - Measurement—Ratings of MC or above on supervisor ratings of the following areas:

ED1) Works with patients across the eating disorder levels of care (inpatient hospitalization, partial hospitalization, intensive outpatient program (IOP) and outpatient).

ED2) Personalizes treatment and gears treatment to the appropriate level of care, in consideration of the transtheoretical model of change.

ED3) Competently co-facilitates a diverse set of therapy groups (e.g., psychodynamic process groups, psychoeducational groups, latency groups, educational groups for the parents).

ED4) Demonstrates a working conceptualization of patients within their first few therapy sessions and an ability to articulate to supervisor how therapy will be individualized to meet the needs of the patient.

ED5) Creates individualized behavior plans for patients on the unit which include appropriate motivation for patients and capture the specific goals on which the patient is working.

ED6) Integrates outside reading and literature reviews to facilitate understanding of specific, complicated cases, and presents these readings to supervisor for further discussion.

Core Competency: Pediatric Health Psychology Concentration Competencies

- **Competency PHP.I:** Each fellow will demonstrate specific content knowledge and skills related to advanced practice training in Pediatric Health Psychology.
 - Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

PHP1) Utilizes a biopsychosocial framework to guide a thorough clinical interview and to develop a clear case conceptualization of each patient and family.

PHP2) Demonstrates understanding of evidence-based interventions in pediatric psychology, and uses that knowledge to develop and implement effective treatment plans.

PHP3) Collaborates and communicates effectively with various members of the multidisciplinary team within a medical setting to positively impact patient care.

PHP4) Demonstrates knowledge and understanding of ethical and cultural issues in pediatric psychology and child health issues.

PHP5) Demonstrates knowledge of the impact of various pediatric health conditions on patient and family adjustment and quality of life.

PHP6) Demonstrates knowledge of the impact of non-adherence across pediatric health conditions and can implement effective interventions aimed at improved patient and family adherence.

Core Competency: Outpatient Psychology Concentration Competencies

- **Core Competency OP.I:** Each fellow will demonstrate specific content knowledge and skills related to advanced practice training in Outpatient Psychology.
 - Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

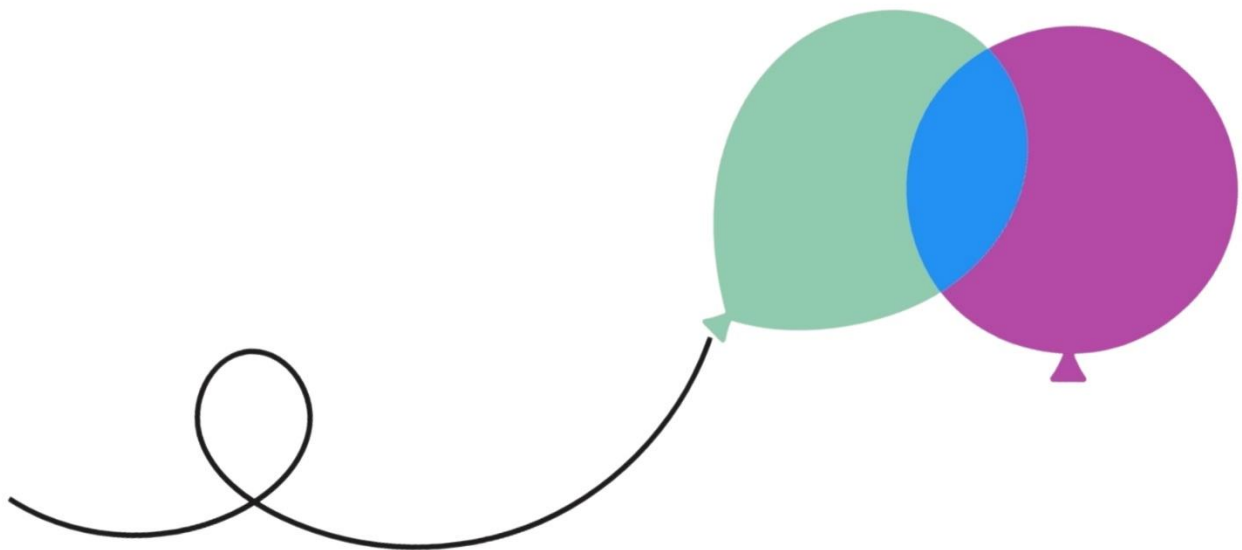
OP1) Demonstrates competency in administering, scoring, and interpreting standardized and projective measures specifically designed to assess for developmental, social, behavioral and emotional disorders in children.

OP2) Collaborates with professionals from other disciplines, as well as parents and teachers, in the assessment of children with developmental, social, behavioral and emotional disorders.

OP3) Demonstrates understanding of empirically validated treatments for common mental health conditions and is able to develop appropriate treatment plans.

OP4) Develops and provides individual and/or group therapeutic intervention in modalities appropriate for children with mental health conditions and their families.

OP5) Provides communication regarding diagnosis and treatment recommendations to school professionals and community providers to support appropriate intervention for patients diagnosed with mental health conditions.



MINIMAL LEVELS OF ACHIEVEMENT

During the training year, postdoctoral fellows are expected to attain minimal levels of achievement necessary for completing fellowship. These minimal levels of achievement are based on evaluation items which are derived from aims and competencies of the training program.

At each evaluation time point, supervisors will rate fellows on competency items using the following scale:

- I - Is able to do independently
- MC - Is able to do with minimal consultation
- MS - Is able to do with moderate supervision
- SS - Is able to do with significant supervision
- N - Is not able to do
- N/A - Insufficient data to rate at this time

Supervisors will also provide a summary rating of fellows' skills in each of the following core competency areas as being "acceptable for this point in the training year" or "not acceptable for this point in the training year." In order to receive a summary rating of "acceptable for this point in the training year" for the final evaluation, fellows must demonstrate advanced competence at a level sufficient to receive ratings of all "I" or "MC" for each individual element of the respective core competency area.

- Ethical/Legal Standards
- Individual and Cultural Diversity
- Integration of Science and Practice/Research
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Clinical Assessment
- Clinical Intervention
- Supervision and Mentorship
- Consultation and Interprofessional Skills
- Leadership
- Concentration Competencies

If a fellow were to obtain a rating of "not acceptable for this point in the training year" on any of the core competency areas at the time of the December or April evaluation, the supervisor would work with the fellow and training director to initiate due process and develop a training plan to address the area(s) of deficit. Similarly, due process would be initiated if the fellow was otherwise not on track to receive ratings of "acceptable for this point in the training year" on all core competency areas for the final evaluation. The training plan would include a timeline indicating when to reevaluate the fellow's progress toward goals. To receive a certificate at the end of the training year, the fellow must achieve ratings of "acceptable for this point in the training year" on all core competency areas at their final evaluation time point, driven by ratings of "is able to do independently" or "is able to do with minimal consultation" for all corresponding competency elements.

Additionally, by the end of the training year it is expected that:

- a) Due process policy was either not implemented for the fellow, or if implemented, the fellow responded to feedback and successfully remediated areas of skill deficit,
- b) The fellow has completed 12 months of supervised, full-time work during postdoctoral fellowship, and

- c) The fellow is prepared to apply for licensure as a psychologist (i.e., all requirements are completed for licensure once hours are accrued).

PROGRAM POLICIES AND PROCEDURES

DURATION OF PROGRAM

The training program in clinical child psychology is 12 months in duration.

PERFORMANCE EVALUATION, FEEDBACK, AND ADVISEMENT

PERFORMANCE EVALUATION

Multiple types of evaluations occur during the training year to ensure that 1) fellows are making adequate progress toward demonstrating core competencies at the independent level or with minimal consultation, 2) fellows are identifying their own areas for growth and working with supervisors to obtain experiences that enhance their growth, 3) fellows are able to provide feedback about the training program (e.g., supervision, the program as a whole). In addition to these more formal, structured opportunities to provide feedback, we also welcome and encourage less formal, ongoing, bidirectional feedback between fellows and supervisors, as well as fellows and training program leadership. Providing constructive, professional feedback in the context of an ongoing working relationship is an important competency for practicing psychologists, and we support fellows in developing increasing comfort and skill in this area.

Written evaluations are completed at the following times:

September: Fellow-Self Evaluation

December: Fellow-Self Evaluation, Evaluation of Fellow (by Supervisors), Evaluation of Supervisor

April: Fellow-Self Evaluation, Evaluation of Fellow (by Supervisors), Evaluation of Supervisor

August: Fellow-Self Evaluation, Evaluation of Fellow (by Supervisors), Evaluation of Supervisor, Evaluation of Training Program

Monthly throughout year: Monthly check-in survey

After a supervisor completes the evaluation of fellow, the supervisor and fellow will review the evaluation together. The supervisor will provide constructive feedback about the fellow's progress, areas of strength, and areas identified as needing growth. Together the supervisor and fellow will discuss a plan for strategies that will help fellow reach identified goals and make edits to the training plan as needed.

FEEDBACK AND ADVISEMENT

Should concerns about a fellow's progress arise between evaluations, the supervisor will discuss these with the fellow to communicate areas of needed growth in a timely manner, ensure mutual understanding of expectations, and allow the fellow adequate time and support to address concerns.

Constructive feedback is a natural part of the supervision process and is used to facilitate development, with the fellow's training and professional goals in mind. Fellows are encouraged to approach supervisory feedback as an opportunity to enhance their skills, expand their knowledge base, and progress towards attainment of advanced competencies. Fellows and supervisors are encouraged to discuss preferred feedback styles early in the supervisory relationship to allow for optimal communication of feedback throughout the year.

FELLOWSHIP OMBUDSPERSON

The Fellowship Ombudsperson is another resource available to support fellows; this is a psychologist leader and faculty member outside of the Behavioral Health and Psychology reporting structure who is available for non-evaluative consultation and feedback. This individual also provides assistance if fellows have concerns they are not ready to escalate and/or are not appropriate to escalate via the formal grievance process. While the ombudsperson is program faculty, a member of the Training Steering Committee, and has extensive working knowledge of the fellowship program, they do not take on individual supervision of fellows in order to remain available as a neutral party. Fellows may opt to seek out consultation from the ombudsperson for various matters including general professional development needs, making requests of the training program or department/medical team, reconciling different supervisor preferences, and negotiating internal job offers. If fellows are uncertain whether an issue is appropriate for consultation, they are encouraged to send a brief summary of the issue to the ombudsperson, who will either notify the fellow they may proceed with consultation or redirect them to the more appropriate resource, if needed.

Outcomes of consultation with the Fellowship Ombudsperson will vary depending on the issue and need for further action. The ombudsperson may support fellows in initiating discussions with supervisors, training program leadership, and/or HR. The consultation with the ombudsperson will not be documented in the fellow's record; however, follow-up with other parties may be documented, if appropriate and relevant to the fellow's training experience. In some situations, a clear resolution to a concern discussed with the ombudsperson may not be available, but there may be an opportunity to prevent similar issues from recurring; if the fellow does not wish to escalate a matter formally in those situations, the ombudsperson may discuss aspects of the concern with training program leadership (taking into account fellow preferences for identification and timing of information whenever possible) to guide future improvements to the program. Consultation with the ombudsperson does not absolve the fellow of their individual responsibility to

escalate concerns about violations of CHST policy, ethical/legal standards, or circumstances that may impact safety of patients, families, or staff.

RETENTION AND TERMINATION

Progress that is consistently significantly below expectation for level of training or egregious behavior that interferes with professionalism or clinical responsibility may be grounds for dismissal from the training program.

The program's Due Process policy and procedures outlines the steps that would be taken by the training program in these situations. CHST's Separation Process policy outlines steps related to termination.

PSYCHIATRY DEPARTMENT POLICY

Title:	Due Process for Post-Doctoral Fellows, Pre-Doctoral Interns, and Graduate Students	Policy No:	PY 1.11
Originator:	Psychological Services	Page:	1 of 3

Purpose

To provide guidelines for addressing concerning behaviors and difficulties meeting training expectations for post-doctoral fellows, pre-doctoral interns, and graduate students collectively, trainees) in the Psychiatry Department at Children's Health System of Texas (CHST) and its Affiliates (collectively, Children's Health).

Policy

- A. Participation in training programs at Children's Health by trainees is contingent upon adherence to all hospital policies, as well as all applicable sponsoring institution and individual training program requirements.
- B. The performance of trainees will be formally assessed and documented during the training year. Ongoing (day-to-day) performance will also be monitored closely by individual supervisors and the Training Committee. Behaviors and performance deficits that will be monitored including the following:
 - Inability to acquire professional skills in order to reach an acceptable level of competency
 - Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
 - Unprofessional and/or unethical behavior
 - Inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning
 - Criminal conviction
- C. Problems in the above or related areas will be identified and a strategy developed to address the problematic behavior or performance deficit.
- D. A supervisor who has significant concerns about a trainee's performance or behavior that do not improve within a reasonable and prescribed time frame after being discussed with the trainee will, in collaboration with the Human Resources consultant and the Psychology Training Director, develop a written improvement plan for the trainee, incorporating the primary supervisor's concerns as well as the input of other psychologists who supervise the trainee. The goal of this written improvement plan

will be to provide an opportunity for the trainee's performance or behavior deficits to be remediated.

- E. When a written plan has been developed, the Human Resources consultant, the trainee, and the Psychology Training Director will reconvene at an agreed-upon time to review the trainee's progress according to the written improvement plan since the initial meeting. A follow-up plan will be established, which may include:
- A recommendation that the trainee return to regular clinical work
 - Additional opportunity for the trainee to demonstrate further improvement in the areas of concern
 - A recommendation that the concerns be discussed with the Chief Psychologist to determine whether it is appropriate for the trainee to complete or be dismissed from the training program.
- F. Trainees may appeal decisions made by their supervisor by submitting their concerns to the Training Director, The Chief Psychologist, and finally, to Human Resources.
- G. All or any of trainees' permission to participate in a training program at Children's may be restricted if their conduct may result in imminent danger to the health or safety of any individual, or if they violate any hospital policy. The following persons have the authority to restrict permission to participate in or continue training and patient care activities at Children's:
- Senior Vice President and Chief Nursing Officer
 - VP and Associate Chief Nursing Officer
 - Senior Director of Psychiatry
 - Chief Psychologist

In this case, the trainee shall not be allowed to participate in training or patient care activity at Children's until the Vice President and Chief Nursing Officer or designee (see above) accepts the recommendation of the training program regarding an action plan to appropriately address the issue.

- H. Children's Human Resources Department shall work in collaboration with the trainee's primary supervisor(s), the Psychology Training Director, and the Sponsoring Institution, if applicable, to address incidents that may arise that require formal review or restriction of participation in a training program within Children's.

Responsibility

Trainees, Chief Psychologist, Psychology Training Director, Licensed Supervisors

Other Applicable Policies

Medical/Dental Staff Policy #2.06 Resident Due Process

Procedure

None

References

Association of Psychology Postdoctoral and Internship Centers (APPIC) Training Resources (n.d.). Due Process Documents. Retrieved February 25, 2010 from http://www.appic.org/Templates/Due%20Process%20Documents%201_08.htm.

DUE PROCESS PROCEDURAL GUIDELINES

	Due Process Policy	Due Process Supplemental Procedures
Section B of CHST Policy	Assessment/evaluation of fellows' behavior and progress toward training goals	<p>Informal Assessment: Weekly during supervision</p> <p>Formal Assessment: Three times per year during training year</p>
Section C of CHST Policy	Problems in the above or related areas will be identified and a strategy developed to address the problematic behavior or performance deficit.	<p>Supervisors will review their completed evaluation with fellows three times per year, and at that time will develop a plan for performance deficits.</p> <p>Significant behavior problems or more problematic performance deficits will be discussed with fellows once they are observed and in a timely manner.</p>
Section D of CHST Policy:	A supervisor who has significant concerns about a trainee's performance or behavior that do not improve within a reasonable and prescribed time frame after being discussed with the trainee will, in collaboration with the Human Resources consultant and the Psychology Training Director, develop a	Supervisors will provide fellows with guidelines for how quickly improvements in performance and/or behavior should occur, and will monitor progress toward this goal at a minimum of weekly during scheduled supervision sessions.

	<p>written improvement plan for the trainee, incorporating the primary supervisor's concerns as well as the input of other psychologists who supervise the trainee. The goal of this written improvement plan will be to provide an opportunity for the trainee's performance or behavior deficits to be remediated.</p>	<p>If improvements are not observed in a reasonable timeframe, a written plan will be developed in accordance with CHST policy guidelines.</p>
<p>Section E of CHST Policy:</p>	<p>When a written plan has been developed, the Human Resources consultant, the trainee, and the Psychology Training Director will reconvene at an agreed-upon time to review the trainee's progress according to the written improvement plan since the initial meeting. A follow-up plan will be established, which may include:</p> <p>A recommendation that the trainee return to regular clinical work</p> <p>Additional opportunity for the trainee to demonstrate further improvement in the areas of concern</p> <p>A recommendation that the concerns be discussed with the Chief Psychologist to determine whether it is appropriate for the trainee to complete or be dismissed from the training program.</p>	<p>The written plan will designate the time at which the Training Director, Human Resources Consultant, and the trainee will reconvene. In most instances, this review of the written plan will occur between 2 - 12 weeks after the plan is initially implemented.</p> <p>Decisions made after review of the written plan will determine what further steps are needed.</p> <p>Continued difficulties with behaviors or lack of progress toward goals will be assessed to determine whether further actions (e.g., termination of training program) may be warranted.</p> <p>Fellows given a written plan of remediation will also be provided written feedback about the extent to which their corrective actions have been successful at addressing the</p>

		identified problems.
Section F of CHST Policy:	<p>All or any of trainees' permission to participate in a training program at Children's Health may be restricted if their conduct may result in imminent danger to the health or safety of any individual, or if they violate any hospital policy. The following persons have the authority to restrict permission to participate in or continue training and patient care activities at Children's Health:</p> <p>Senior Vice President and Chief Nursing Officer</p> <p>VP and Association Chief Nursing Officer</p> <p>Senior Director of Psychiatry</p> <p>Chief Psychologist</p> <p>In this case, the trainee shall not be allowed to participate in training or patient care activity at Children's Health until the Vice President and Chief Nursing Officer or designee (see above) accepts the recommendation of the training program regarding an action plan to appropriately address the issue.</p>	These restrictions will be implemented immediately upon training staff or hospital staff learning of the conduct.

GRIEVANCE POLICY

PSYCHIATRY DEPARTMENT POLICY

Title:	Grievance Process for Psychological Services Training	Policy No:	PY 1.12
Originator:	Psychiatry	Page:	1 of 2

Purpose

To provide a process for post-doctoral fellows, pre-doctoral interns, and graduate students (collectively, trainees) as well as training faculty and staff to resolve concerns or disputes that arise during training in the Psychiatry Department.

Policy

- A. Trainees are expected to develop a working relationship with their supervisors, peers, and other staff that allows for open and honest communication. Open and honest communication will include being able to express concerns or disputes directly through face-to-face contact with the intention of developing a resolution strategy.
- B. At any time, trainees or staff with a concern or dispute may speak with a direct supervisor, and/or the Psychology Training Director, and/or the Chief Psychologist and/or a Human Resources consultant (for trainees who are also Children's Health employees) without retaliation.
- C. Trainees and staff are encouraged to speak first with their supervisor(s) and then with others following the reporting structure at Children's Health. However, if trainees and staff do not feel comfortable following the reporting structure, they may express their concerns to any one of the individuals previously listed. Similarly, trainees and staff can appeal the decision made by their supervisor by expressing their concerns to the Training Director, Chief Psychologist, and Human Resources without fear of retaliation. The program leadership will strive to ensure that trainees and staff who pursue concerns or disputes in good faith do not experience adverse personal or professional consequences.

Responsibility

Trainees, Chief Psychologist, Psychology Training Director, Licensed Supervisors

Other Applicable Policies

Human Resources Policy #HR 3.11 Employee Problem Solving, Termination Review and Appeal Process

Procedure
None

References
None

GRIEVANCE PROCEDURAL GUIDELINES

When a fellow requests a meeting with a supervisor or Training Director to discuss a grievance, the fellow should request the meeting in writing and indicate that he or she would like to meet regarding concerns or problems with the training program. The supervisor, Training Director, or someone designated to fill in for one of these people (e.g., if either of these individuals is out of the office) will respond to the request within 5 business days of receipt of the request and offer possible times to meet with the fellow within 2 weeks of the receipt of the request. Similar to the procedural guidelines for the due process policy, extenuating circumstances will be accommodated as needed to make the process effective and response to the needs of the trainee and the training program.

ADDITIONAL POLICIES

Additional policies the training program and trainees are expected to follow can be found on the Policy Tracker tool on the CHST intranet.

ACCREDITATION STATUS

APA ACCREDITATION STATUS

The Postdoctoral Fellowship Training Program in Clinical Child Psychology is accredited by the American Psychological Association (APA). Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation & Accreditation
750 First Street NE
Washington, DC 20002-4242

202-336-5979