



# **POSTDOCTORAL FELLOWSHIP**

## in Clinical Child Psychology

*APA-Accredited Program*

Training Director  
Celia Heppner, PsyD, ABPP  
[celia.heppner@childrens.com](mailto:celia.heppner@childrens.com)

Associate Training Director  
Jamie Becker, PhD, ABPP  
[jamie.becker@childrens.com](mailto:jamie.becker@childrens.com)

Address  
1935 Medical District Drive  
Dallas, TX 75235

## CONTENTS

Philosophy of Training Program.....	5
Training Model.....	5
Concentrations and Positions.....	5
Eating Disorders.....	5
Outpatient Psychology.....	6
General Outpatient Psychology Position.....	6
Suicide/Depression Position.....	6
Pediatric Health Psychology.....	7
Pediatric Health Psychology/Consult-Liaison Positions.....	7
Foster Care Position.....	8
Financial Assistance, Support Services, and Benefits.....	8
Salary and Benefits.....	8
Facilities.....	9
Workspace and Administrative Support.....	9
Licensure & EPPP Preparation.....	10
Conference Attendance.....	10
Support Services.....	10
Application and Selection.....	11
Internship and Academic Preparation Requirements.....	11
Application.....	11
Selection Process.....	11
Non-Discriminatory Hiring, Selection, and Employment.....	12
Background Screening.....	12
Faculty & Fellows.....	13
Training Supervisors.....	13

Current Fellows .....	14
Previous Fellows .....	14
Learning Activities.....	15
Experiential Learning.....	15
Service Recipient Populations.....	15
Opportunities Related to Diversity .....	15
Supervision .....	15
Scholarly Activities and Fellowship Project.....	16
Didactics, Rounds, and Other Learning Opportunities.....	16
Aims & Competencies .....	18
Aims of Training Program .....	18
Aim 1: Produce clinicians who are competent to practice in the field of clinical child psychology.....	18
Aim 2: Produce clinicians with competence in ethical decision making and a sensitivity to individual differences.....	18
Aim 3: Produce clinicians with competence in professional development and scholarship.....	18
Aim 4: Produce competent clinicians who are prepared to function independently in the field of clinical child psychology.....	19
Core Competencies.....	19
Minimal Levels of Achievement .....	25
Program Policies and Procedures .....	26
Duration of Program .....	26
Performance Evaluation, Feedback, and Advisement.....	26
Performance Evaluation.....	26
Feedback and Advisement .....	26
Retention and Termination.....	27
Due Process Policy .....	27

Due Process Procedural Guidelines.....	30
Grievance Policy.....	33
Grievance Procedural Guidelines.....	35
Additional Policies .....	35
Accreditation Status.....	35
APA Accreditation Status.....	35

## 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 a 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

#### 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](mailto:jasmine.ghannadpour@childrens.com)

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.

## 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 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

### 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

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.

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>

## HIGHLIGHTS SUICIDE/DEPRESSION POSITION

**Focus on intervention in suicide prevention IOP**

**Diagnostically complex young children through adolescents**



Betsy Kennard, PsyD, ABPP  
[beth.kennard@utsouthwestern.edu](mailto:beth.kennard@utsouthwestern.edu)

## 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 specialized experience with at-risk populations within Child

## HIGHLIGHTS PEDIATRIC HEALTH PSYCHOLOGY POSITIONS

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

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



Jenna Oppenheim, PsyD, ABPP  
[jenna.oppenheim@childrens.com](mailto:jenna.oppenheim@childrens.com)  
Megan Tierney, PsyD, ABPP  
[megan.tierney@childrens.com](mailto:megan.tierney@childrens.com)

Maltreatment and Gender Health clinics. 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 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.

**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

## FINANCIAL ASSISTANCE, SUPPORT SERVICES, AND BENEFITS

### SALARY AND BENEFITS

Salary for postdoctoral fellows at Children’s is \$54,840/year for the 2022-2023 academic year. Fellows accumulate paid time off (PTO) 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 are provided 5 paid education/professional days during their fellowship 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. Fellows who are



employed at Children's for a full calendar year will be compensated for any unused PTO in a lump sum. Children's also provides professional liability insurance at no cost to fellows.

As Children's employees, fellows have access to a robust 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:

<https://jobsearch.childrens.com/our-benefits-perks>

## 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. In addition to the professional days described above, fellows receive additional support for licensure and EPPP preparation. 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

Funding may be available for partial support of fellows' conference attendance, particularly if they will be presenting scholarly work completed while at Children's. Fellows are able to use education time for conference attendance rather than using Paid Time Off (PTO). To request funding to attend a conference, fellows must be in good standing.

## SUPPORT SERVICES

As CHST 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

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. 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.

## 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 Health<sup>SM</sup>) 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. – 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  
*Associate Training Director*  
W. David Brown, Ph.D. – Sleep Medicine  
Angela Canas, Ph.D. - Neuropsychology  
Randi Cheatham-Johnson, Ph.D. - Cardiology  
Shannon Clark, Ph.D. - Gastroenterology  
Alexis Clyde, Ph.D., ABPP – Outpatient Psychology, Early Childhood Mental Health Clinic  
*Primary Supervisor for General Outpatient Psychology Position*  
Julie Germann, Ph.D., ABPP – Center for Cancer and Blood Disorders  
Jasmine Ghannadpour, Ph.D., ABPP – Eating Disorders  
*Primary Supervisor for Eating Disorders Position*  
Lana Harder, Ph.D., ABPP – Neuropsychology, Demyelinating Disorders  
*Director for Neuropsychology Training Program*  
Jessica Heerschap, Ph.D. – Suicide Prevention and Depression  
Celia Heppner, Psy.D., ABPP – Plastic and Craniofacial Surgery  
*Training Director*  
Alice Ann Holland, Ph.D., ABPP – Neuropsychology, Center for Cancer and Blood Disorders  
Suzanne Holm, Ph.D. – Center for Cancer and Blood Disorders  
Beth Kennard, Psy.D., ABPP – Suicide Prevention and Depression  
Hillary Kimbley, Ph.D. - Epilepsy  
Laura Kuper, Ph.D., ABPP – Gender Health  
Andrew McGarrahan, Ph.D. – Eating Disorders  
Joy Neumann, Psy.D. - Neuropsychology  
Jenna Oppenheim, Psy.D., ABPP – Center for Cancer and Blood Disorders  
*Co-Primary Supervisor for Pediatric Health Psychology Positions*  
Sarah Pennant, Ph.D. – Pain Management  
Stevie Puckett-Perez, Ph.D., ABPP - Gastroenterology  
Eileen Santa-Sosa, Ph.D., ABPP – Thrive (NICU Follow-up Primary Care), Infant Mental Health  
Lisa Schuster, Ph.D. – Child Maltreatment  
Kristin Scott, Ph.D. – Foster Care  
Sunita Stewart, Ph.D., ABPP – Outpatient Psychology  
*Chief Psychologist*  
Megan Tierney, Psy.D., ABPP – Pediatric Health Psychology  
*Co-Primary Supervisor for Pediatric Health Psychology Positions*  
Kelli Triplett, Ph.D., ABPP – Solid Organ Transplant  
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. – Suicide Prevention and Depression

## CURRENT FELLOWS

### 2022 – 2023

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

## PREVIOUS FELLOWS

### 2021 – 2022

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

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 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.

### 2016 – 2017

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

### 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 have the opportunity to 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

Training at Children's Health offers postdoctoral fellows rich and varied training in cultural and individual diversity. Fellows have the opportunity to work with patients and patient families of diverse backgrounds. Diversity topics are also a focus of individual supervision, group supervision, and postdoc seminar. Additionally, fellows at Children's can participate in the following diversity-related activities:

- 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
- Collaboration and mentorship with the Cultural Diversity Scholar, a first year graduate student in clinical psychology completing research and clinical work at Children's Health
- Participation in the 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

Children's Health Children's Medical Center  
Postdoctoral Fellowship in Clinical Child Psychology  
Updated 12.2022



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 #1: CLINICAL ASSESSMENT

**Core Competency 1.1:** Each fellow will demonstrate the ability to complete an effective and efficient clinical interview.

Measurement—Ratings of acceptable or above on supervisor ratings of the following area:  
1) Obtains adequate information about presenting problem, background, and differential diagnoses during clinical interview.

**Core Competency 1.2:** Each fellow will demonstrate knowledge of appropriate assessment techniques and measures for the population with which he or she is working.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:  
2) Can develop an assessment plan with patients, including tests appropriate for age, language, setting, and assessment goals.  
3) Administers and scores assessments effectively and in a standardized manner.

**Core Competency 1.3:** Each fellow will demonstrate an ability to accurately interpret assessment reports and interview data.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 4) Interprets data from assessments and interviews accurately; incorporates into overall conceptualization of the patient, making an accurate diagnosis.
  - 5) Provides clear and effective feedback to patient, family, and other professionals.
- 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 #2: CLINICAL INTERVENTION

---

**Core Competency 2.1:** Each fellow will demonstrate the ability to plan and implement evidence-based and effective interventions for patients and families.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 6) Conceptualizes cases independently and accurately.
- 7) Can develop and implement a treatment plan that uses evidence-based interventions appropriate for presenting issue; evaluates treatment effectiveness and role in treatment.
- 8) Independently recognizes and manages special circumstances in intervention (e.g., crises, need for supervision and consultation).
- 9) Develops rapport and relationship with a wide variety of clients in assessment, intervention, and consultation activities.

## CORE COMPETENCY AREA #3: CONSULTATION

---

**Core Competency 3.1:** Each fellow will demonstrate the ability to provide effective consultation services to patients, families, and the medical team.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 10) Identifies when psychology services may be beneficial to a patient in a medical setting.
- 11) Presents cases effectively in multidisciplinary rounds.
- 12) Demonstrates skill in interdisciplinary clinical settings in working with other professionals to incorporate psychological information into overall team planning and implementation.
- 13) 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.
- 14) Knowledgeable about each mental health condition with which he or she works.

## CORE COMPETENCY AREA #4: PROFESSIONAL DEVELOPMENT

---

**Competency 4.1:** Each fellow will demonstrate overall professionalism and respect for others.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 15) Generates timely reports and progress notes that include pertinent information for the medical team while demonstrating sensitivity to patient confidentiality.
- 16) Communicates clearly and effectively with clients and other professionals, in both verbal and written communication.
- 17) Maintains acceptable interpersonal relationships with clients, peers, faculty, allied professionals, and the public.

**Competency 4.2:** Each fellow will demonstrate self-awareness of their own knowledge, professional development, and limits of their competence.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 18) Regularly uses knowledge of self to monitor and improve effectiveness as a professional.
- 19) Systematically and effectively monitors and adjusts professional performance in action as situation requires.
- 20) Consistently recognizes and addresses own problems, minimizing interference with competent professional functioning.
- 21) Implements effective self care.
- 22) Takes responsibility for continuing professional development.

**Competency 4.3:** 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 acceptable or above on supervisor ratings of the following areas:

- 23) Fellow demonstrates knowledge of the process and steps toward licensure in the state or jurisdiction in which he or she plans to practice following fellowship.
- 24) Fellow takes EPPP prior to or during his or her training at Children's.

**Competency 4.4:** 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 acceptable or above on supervisor ratings of the following areas:

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

## CORE COMPETENCY AREA #5: SUPERVISION

---

**Core Competency 5.1:** Each fellow will use supervision effectively and will gain skills in providing supervision during the course of the training year.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 26) Comes to supervision prepared and uses time in supervision well.
- 27) Accepts, evaluates and implements feedback from others.
- 28) Accurately identifies level of competence across all competency domains and recognizes when new/improved competencies are required for effective practice.
- 29) Works increasingly autonomously throughout the training year with an appropriate awareness of own competence and when to seek supervision.
- 30) Provides supervision to less advanced students, peers, or other service providers in typical cases appropriate to the service setting.

## CORE COMPETENCY AREA #6: INDIVIDUAL AND CULTURAL DIVERSITY

---

**Core Competency 6.1:** 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 cultural diversity lectures offered as part of postdoctoral seminar.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 31) Can identify primary cultural variables for each patient (e.g. race/ethnicity, geographic region, religion) and how a specific cultural component may impact a patient's current presentation, hospitalization, interaction with physicians/team, and understanding of medical condition.
- 32) Incorporates information about cultural variables into assessment, consultation, and intervention with patients and families.
- 33) Articulates knowledge of culturally appropriate skills, techniques, and behaviors.
- 34) Independently articulates, understands, and monitors own cultural identity in relation to work with others.

## CORE COMPETENCY AREA #7: SCHOLARSHIP

---

**Core Competency 7.1:** 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—Fellow will attend at least 5 presentations or seminars focused on current reviews of research.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

- 35) Reviews scholarly literature related to clinical work and applies knowledge to case conceptualization.
- 36) Demonstrates an ability to educate non-psychology staff about psychological interventions and psychological concerns within the medical setting as appropriate.

**Core Competency 7.2:** Each fellow will demonstrate an ability to effectively apply knowledge of research to clinical practice.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

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

## CORE COMPETENCY AREA #8: ETHICAL/LEGAL STANDARDS

---

**Core Competency 8.1:** Each fellow will demonstrate knowledge of ethical, legal and professional standards and guidelines.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

Measurement—Fellow will attend at least 5 postdoctoral seminar sessions on ethics.

- 38) 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.

39) Integrates an understanding of ethical-legal standards policy when performing all competencies.

**Core Competency 8.2:** Each fellow will independently and consistently integrate ethical and legal standards with all foundational and functional competencies.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

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

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

42) 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.

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

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

#### CORE COMPETENCY AREA #9: EATING DISORDERS CONCENTRATION

---

**Core Competency 9.1:** Each fellow will demonstrate specific content knowledge and skills related to advanced practice training in Eating Disorders.

Measurement—Ratings of acceptable or above on supervisor ratings of the following areas:

45) Conducts individual therapy and family therapy with patients with eating disorders using evidence based treatments.

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

47) Competently co-facilitates a diverse set of evidence-based therapy groups, including: a. Patient groups (e.g., Acceptance and Commitment Therapy, DBT Interpersonal Effectiveness, DBT, Mindfulness, and DBT Distress Tolerance/Emotional Regulation); b. Parent education groups (e.g., DBT skills for parents, levels of care, role of dad in treatment, etc.); c. Family-based IOP groups (e.g., psychoeducational didactic group, skills/experiential group, etc.)

48) Demonstrates advanced case conceptualization skills and an ability to develop individualized treatment plans for patients and families based on this advanced conceptualization.

49) 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.

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

#### CORE COMPETENCY AREA #10: OUTPATIENT PSYCHOLOGY CONCENTRATION

---

**Core Competency 10.1:** 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:

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

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

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

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

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

## CORE COMPETENCY AREA #11: PEDIATRIC HEALTH PSYCHOLOGY CONCENTRATION

---

**Core Competency 11.1:** 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:

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

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

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

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

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

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



## 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.

- Clinical Assessment
- Intervention
- Consultation
- Professional Development
- Supervision
- Individual and Cultural Diversity
- Scholarship
- Ethical/Legal Standards
- 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.

---

## 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.

## DUE PROCESS POLICY

---

### 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 Association 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](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</p>

		have been successful at addressing the 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.



**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