



CHILDREN'S HEALTH/CHILDREN'S MEDICAL CENTER

APA-ACCREDITED POSTDOCTORAL FELLOWSHIP IN  
CLINICAL CHILD PSYCHOLOGY

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## PHILOSOPHY, AIMS, & COMPETENCIES

### 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 CHST. The training at CHST 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.

### CONCENTRATION AREAS

**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 take part in 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, dieticians, nurses, teachers, family therapists and other unit staff in their work with patients. Fellows also have the opportunity to gain additional skills in a variety of areas based on their future goals. Such opportunities include taking part in unit research, potentially co-supervising practicum students, completing psychological assessments, and developing outpatient therapy skills.

**OUTPATIENT PSYCHOLOGY:** Two positions are available within the Outpatient Psychology concentration.

General Outpatient Psychology. The general outpatient psychology concentration offers the postdoctoral fellow clinical experience with a broad range of patients presenting with behavioral, learning, thought, and anxiety/mood disorders. In addition, the fellow will receive specialized training in early childhood diagnostic assessment with a multidisciplinary team, collaborative therapeutic assessment, and therapeutic intervention programs for patients and their families. The fellow will work closely with the clinical team, which includes

psychiatry, neuropsychology, psychology, speech language pathology, occupational therapy, applied behavior analysis, case management, neurology, genetics, and pediatrics. Approximately 50% of the position will focus on treatment and intervention, while the other 50% will focus on assessment. The fellow will be involved in a combination of outpatient group therapy, individual therapy, parent-training and consultation. The chance to work with multiple supervisors allows the fellow the opportunity to experience a full range of patients as well as an array of theoretical perspectives. Group therapy opportunities vary by semester and may include working with children with mood, anxiety, and behavioral disorders as well as children with disorders on the autism spectrum. Individual therapy caseloads are flexible and are tailored to fit the fellow's interests, experiences, and schedule.

Suicide/Depression Position. This fellow will receive supervised experience in the evaluation and treatment of depressed and suicidal youth across the spectrum of care including inpatient, intensive outpatient, and outpatient levels. Opportunities will be available for assessment, individual, group and family therapy. Training and experience with evidenced based treatments for reducing risk for suicidal behaviors will be provided. 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 will have the opportunity to work with researchers and clinicians to develop their skills with this population.

**PEDIATRIC HEALTH PSYCHOLOGY:** Positions are available in two areas within the Pediatric Health Psychology concentration.

General Pediatric Health Psychology/Consult-Liaison. Postdoctoral fellows in the General Pediatric Health Psychology positions work with a variety of patients with chronic and acute medical diagnoses. Fellows obtain experience on the consult-liaison service throughout the year, 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, Endocrinology, Epilepsy, Gastroenterology, Hematology/Sickle Cell, Oncology, Infant Mental Health/NICU, Pain Management, Sleep Medicine, Solid Organ Transplant, and Weight Management/Bariatric Surgery. Opportunities may also be available for specialized experience with at-risk populations within Child Maltreatment, HIV, and Transgender clinics. Fellows in these positions evaluate how a child is functioning in the context of a medical condition, conduct both short-term and long-term interventions, and consult with other staff and medical team members.

Foster Care Position. One fellow in the Pediatric Health Psychology concentration will specialize 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 specialized focus in trauma treatment. This fellow will provide integrated primary care services as part of a behavioral health team responsible for mental health treatment planning in coordination with patients' medical care. Additional clinical opportunities include individual intervention, psychological assessment, and caregiver education.

## 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 comprise the evaluation of 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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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

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**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).

## FACULTY, FELLOWS, & FACILITIES

### TRAINING SUPERVISORS

Corinne Anton, Ph.D.

Jamie Becker, Ph.D.

*Associate Training Director*

Mary Lazarus Bonsu, Psy.D.

W. David Brown, Ph.D.

Angela Canas, Ph.D.

Alexis Clyde, Ph.D., ABPP

*Primary Supervisor for Outpatient Psychology Concentration*

Julie Germann, Ph.D., ABPP

Jasmine Ghannadpour, Ph.D.

*Primary Supervisor for Eating Disorders Concentration*

Brittany Gresl, Ph.D.

Lana Harder, Ph.D., ABPP

*Director for Neuropsychology Training Program*

Celia Heppner, Psy.D.

*Training Director; Primary Supervisor for Pediatric Health Psychology Concentration*

Alice Ann Holland, Ph.D., ABPP

Suzanne Holm, Ph.D.

Daniel Horton, Ph.D.

Lily Iteld, Ph.D.

Beth Kennard, Psy.D., ABPP

Jessica King, Ph.D.

Laura Kuper, Ph.D.

Laura Lamminen, Ph.D., ABPP

Dailyn Martinez, Ph.D.

Andrew McGarahan, Ph.D.

Joy Neumann, Psy.D.

Jenna Oppenheim, Psy.D.

Sara Pollard, Ph.D.

Stevie Puckett-Perez, Ph.D.

Eileen Santa-Sosa, Ph.D.

Lisa Schuster, Ph.D.

Kristin Scott, Ph.D.

Sunita Stewart, Ph.D., ABPP

*Chief Psychologist*

Hillary Thomas, Ph.D.

Megan Tierney, Psy.D.

Kelli Triplett, Ph.D.

Nicholas Westers, Psy.D.

Alison Wilkinson-Smith, Ph.D., ABPP

### OTHER INSTITUTION SUPERVISORS AND CONTRIBUTORS

Ashley Ariail, LPC

Jeff Armstrong, LPC

Laura Austin, Ph.D.

Sadie Batson, LPC

Katherine Bellone, Psy.D.

Haley Burgess, LPC

Beth Valentine Carpenter, LMFT, LPC

Hillary Carrington, LPC-S

Brooke Castillo, LPC

Candace Genest, Ph.D.

Kelsey Hammoor, LPC

Ana Hernandez

Susan Homack, Ph.D.

Michele Horn, LMFT-S

Jenny Hughes, Ph.D.

Catherine Karni, MD

Roshini Kumar, LPC

Jane LeVieux, LPC-S

Sara Loftin, LPC

Jane Miles, MD

Remy Nadelman, LCSW

Cassandra Newsom, Psy.D.

Syed Nizami, MD

Bridget Redondo-Doan, LMFT

Mikah Smith, LPC-S

J. Kathlene Trello-Rishel, MD

Annie Walley, LCSW

Gail Weisblatt, LCSW

## CURRENT FELLOWS

### 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.

## PREVIOUS FELLOWS

### 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.

### 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.

### 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.

### 2009-2010

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

### 2008-2009

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

### 2007-2008

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

### 2006-2007

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

### 2005-2006

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

### 2004-2005

Brandy Miller, Ph.D.

### 2003-2004

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

## FACILITIES

Fellows in the Outpatient concentration primarily provide services in an outpatient psychology clinic, which is located near the main hospital in an outpatient building. Fellows in the Pediatric Health Psychology concentration provide services on inpatient medical floors and in ambulatory medical clinics, which are all located on the

campus of the main hospital. The fellow in the Eating Disorders concentration provides spends the majority of his or her time at Children's Medical Center Plano, located about 20 miles north of Dallas. That fellow joins the other fellows for weekly didactics, group supervision, and postdoctoral seminar.

In all service locations, fellows have access to private therapy rooms, computers and phone lines, and shared or individual offices.

## LEARNING ACTIVITIES

### EXPERIENTIAL LEARNING

A minimum of 50% of fellows' time in a given week is spent in indirect (25%) and direct (25%) 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 training activities:

- Bilingual group supervision (in Spanish)

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

- Participation in the Diversity Club offered at UTSW's Clinical Psychology program

### SUPERVISION

Postdoctoral fellows will receive at least two hours of individual face-to-face supervision weekly (from two different supervisors) and another two hours of structured learning (e.g., group supervision, didactics, postdoctoral fellow seminar). Postdoctoral fellows will also have at least two supervisors during the training year, at least one of whom is a psychologist who serves as the fellow's primary supervisor. Postdoctoral fellows must spend at least half their time in clinical (direct and indirect) activities.

## DIDACTICS

### Psychological Services

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

### UTSW/CHST

UTSW Psychiatry Grand Rounds

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

### Concentration-Specific

Eating Disorders/Inpatient Psychiatry Rounds  
Consult Grand Rounds  
Consult-Liaison Rounds

## DURATION OF PROGRAM

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

## PROGRAM POLICIES AND PROCEDURES

### 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 August 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 or suicide/depression], Pediatric Health Psychology [general or foster care]) in their application materials.

#### 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 is emphasized throughout the selection process. 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, Skype, or phone interview.

After completion of interviews with Psychological Services and Psychiatry 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.

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## 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.

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## WORK SPACE AND ADMINISTRATIVE SUPPORT

Fellows are provided with an individual or shared workspace, individual computers and phone lines, and a therapy space that can be reserved as needed. Resources for therapy, intervention, and education are also available. 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.

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## FINANCIAL ASSISTANCE, SUPPORT SERVICES, AND BENEFITS

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### SALARY AND BENEFITS

Postdoctoral fellows at Children's earn \$47,500/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 an additional 5 education/professional days during their fellowship year. 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.

Fellows are offered the same benefits packages as all Children's employees:

(<http://jobsearch.childrens.com/Content/Childrens/Assets/2017%20Benefits%20at%20a%20Glance.pdf>).

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### LICENSURE & EPPP PREPARATION

Passing the EPPP and being license-eligible is a key goal of the fellowship program. 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. Seminars also include tips for preparing for the EPPP as well as EPPP review sessions.

Studying for the EPPP, taking the EPPP, and completing the licensure process is expensive (approximately \$2000 total). Fellows must consider these costs when budgeting for the fellowship year, as they will be expected to begin the licensure process and pass the EPPP during their fellowship year.

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## CONFERENCE ATTENDANCE

Some years, funding is available for partial support of trainees' conference attendance. Fellows are able to use education time for this conference attendance rather than using Paid Time Off (PTO). Priority for conference funding is given to trainees who are presenting at a conference. To request funding to attend a conference, fellows must be in good standing with the training program.

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## SUPPORT SERVICES

As CHST employees, fellows are entitled to access the following support services:

Free parking	Human Resources Department access
Dependent care support	Occupational Health access
Subsidy for child care costs	Free flu shots and TB testing annually
Discount at hospital dining facilities	On-site virtual physician visit through Occupational Health kiosk
Employee Assistance Program services	Access to employee discount program
Reduced memberships to local fitness centers	

## PERFORMANCE EVALUATION, FEEDBACK, AND ADVISEMENT

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### PERFORMANCE EVALUATION

Multiple types of evaluations occur during the training year to ensure that 1) fellows are making adequate progress toward core competencies, 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., the supervision, the program as a whole).

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.

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## FEEDBACK AND ADVISEMENT

Should concerns about a fellow's progress arise between evaluations, the supervisor will discuss these with the fellow to ensure that areas of needed growth are addressed in a timely manner to allow the fellow adequate time and support for improvement.

Constructive feedback is a natural part of the supervision process, and is used as a means of facilitating trainees' development. Fellows who are eager to learn about their progress and development will benefit from this feedback in supervision. Fellows who become defensive and/or take feedback personally may miss out on useful opportunities for growth and development.

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## 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**

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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

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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 written improvement plan for the trainee, incorporating the	<p>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> <p>If improvements are not observed in a reasonable timeframe, a written plan will be developed in</p>

	<p>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>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 identified problems.</p>
<p>Section F of CHST Policy:</p>	<p>All or any of trainees’ permission to participate in a training program at Children’s Health may be restricted</p>	<p>These restrictions will be implemented immediately upon training staff or hospital staff learning of the</p>

	<p>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>	<p>conduct.</p>
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**PSYCHIATRY DEPARTMENT POLICY**

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Title: Grievance Process for Psychological Services Training Policy No: PY 1.12

Originator: Psychiatry Page: 1 of 2

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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. Similarly 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