



The Children's Hospital

Department of Psychiatry and Behavioral Sciences ***Postdoctoral Fellowships 2010 - 2011***

The Children's Hospital (TCH) offers two post-doctoral psychology fellowships in Child Clinical and Pediatric Psychology:

- 1). Anxiety Disorders and Primary Care – a clinical and research fellowship focused jointly on treatment and evaluation of anxiety disorders as a part of an outpatient Stress/Anxiety program, and treatment and evaluation in an integrated mental health consultation service through the Pediatric Primary Care Clinic.
- 2). Eating Disorders – a clinical and research fellowship focused on treatment and evaluation of children and adolescents diagnosed with eating disorders along a full spectrum of levels of care from medical stabilization, inpatient hospitalization, day treatment, intensive outpatient and outpatient services.

The fellowship is designed as a full-time 12-month program beginning June 30, 2010 and ending on June 25, 2011. *Start date is negotiable based on internship completion date, however, fellows will be required to participate in a week of orientation at the beginning of July.* Fellows will receive a salary of \$38,000, subject to the withholding of taxes. As a full-time Children's Hospital employee, fellows are eligible for medical, dental, vision, disability, and life insurance options. Fellows are eligible for a total of 21 days of paid time off for holiday, vacation, and sick days, and 5 professional leave days. Malpractice insurance is provided by The Children's Hospital.

Requirements for Admission

Applicants must have completed their training in an APA or CPA accredited PhD or PsyD program in Clinical, Counseling, or School Psychology, and an APA accredited internship. Candidates are expected to have sufficient training and experience in Child Clinical and Pediatric Psychology to be able to maximally benefit from the experiences offered. *Applications will be accepted from doctoral candidates who expect to have completed all doctoral degree requirements by the fellowship start date, including completion of internship and successful dissertation defense.* Positions are contingent upon official verification of completion of all doctoral degree requirements (e.g., diploma, transcript) through the graduate school conferring the degree prior to starting the fellowship. The training program is committed to the recruitment of culturally and ethnically diverse interns. Bilingual Spanish speaking applicants, and all other qualified applicants, are encouraged to apply.

By the beginning of the postdoctoral year, the fellow is expected to:

- Possess a good understanding of child and adolescent development
- Have a good working knowledge of psychiatric diagnosis
- Have practicum or internship experience providing individual, family and group therapy operating from a variety of theoretical approaches, including empirically supported interventions (CBT, DBT, ACT, PCIT, FFT).
- Have experience providing consultation services in a pediatric setting
- Have an identified area of research interest and research experience
- Have a good working knowledge of test administration, scoring, and interpretation

Application Procedures

To apply, please submit in one complete packet: 1) a cover letter specifying your interest in the position, your previous relevant clinical and research experience, and how you anticipate your professional development will be enhanced in the position; 2) a current Curriculum Vitae; and 3) three letters of recommendation with the recommender's signature over the back of a sealed envelope. Should you be interested in applying for both positions, please specify the one you are most interested in and discuss why you have chosen that particular experience. **Application preferred deadline is November 30, 2009, but applications will be accepted until the position is filled.**

Please address your application or other written communications to:

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For questions, contact the following individuals:

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The Department of Psychiatry and Behavioral Sciences Mission

Consistent with the mission of the hospital, the shared mission of the UCHSC Division of Child Psychiatry and The Children's Hospital's Department of Psychiatry and Behavioral Sciences is "to improve the mental, physical and emotional health of children, adolescents and families through the provision of high quality, coordinated programs of patient care, research, education, and advocacy. We, in partnership with the community, will enhance our position as a national leader in child psychiatry and behavioral health sciences." The specific objectives of the department include provision of:

1. High quality treatment along a continuum of care with emphasis on crisis management, stabilization, and short-term care
2. Comprehensive intake and assessment services for children, adolescents, and families
3. Collaboration with affiliated agencies and internal departments to enhance optimal integration of service
4. Specialized services that address the needs of children, adolescents and families with co-morbid psychiatric and medical problems
5. Provision of care to children and families living in rural communities and other under-served populations
6. Direct education and consultation services for the professional and lay communities related to the treatment of children, adolescents and families
7. Training of students in pediatrics, child psychiatry, psychology, social work, nursing, creative arts, and other therapies
8. Research regarding the mental health treatment and outcomes of children, adolescents, and families
9. Advocacy for the mental health needs of children, adolescents, and families

The patient population served by the Department covers the life span from newborns through 21 years of age. Patients are from a broad spectrum of socio-economic levels and diverse ethnic and cultural backgrounds. Patients present with difficulties ranging from age-typical problem behaviors and situational reactions to serious mental disorders. Many patients and their families also seek psychological assistance to cope with acute or chronic medical problems.

The hospital and department staff is culturally, ethnically, and theoretically diverse in composition. Interns participate as members of multidisciplinary teams in order to experience first-hand the roles and functions assumed by practitioners of different disciplines working in collaboration. This process ensures that the interns are exposed to many professional role models. Interns are provided with numerous formal and informal opportunities to cultivate professional understanding of the social, ethical, and legal responsibilities of a professional psychologist in the current health care environment.

The Department of Psychiatry & Behavioral Sciences includes the following multidisciplinary programs:

1. Eating Disorder program (EDU, EDT, IOP)
2. Intensive Psychiatric Services team (IPST), includes:
 - a). Child and Adolescent Psychiatric Inpatient Units (CPU, APU)
 - b). Child and Adolescent Psychiatric Day Treatment program (PDT)
3. Medical Day Treatment program (MDT)
4. Neuro-developmental Special Care Unit (NSCU)
5. Outpatient Behavioral Health Clinic (formerly CACCH clinic), includes:
 - 5 Specialty Care Programs:
 - Intensive Outpatient (IOP) groups for children, adolescents and parents
 - Disruptive Behavior Disorders Program (DBD)
 - Integrated Health Program
 - Stress and Anxiety Program
 - Mood and Psychotic Disorders Program

- A general outpatient service for intake evaluations and psychological testing
- 6. Pediatric Primary Care Psychology (Project CLIMB)
- 7. Ponzio Creative Arts Therapy team (CAT)
- 8. Psychiatric Consultation-Liaison Emergency Services team (PsyCLES)
- 9. Research and Training (R&T)

Psychology Postdoctoral Fellowship Position Descriptions

The postdoctoral fellowships in Child Clinical and Pediatric Psychology are designed to prepare a doctoral level psychologist to further enhance and consolidate his/her clinical and research skills in child clinical and pediatric psychology.

1. The Anxiety Disorders and Primary Care fellow will be integrated into two multidisciplinary outpatient teams: one a pediatric primary care clinic, and the other a specialty outpatient Stress and Anxiety program. In both settings, the fellow will provide direct clinical care (individual, family and group psychotherapy), and consultation to patients, families, physicians, and residents in conjunction with a team of psychologists, psychiatrists, psychology interns and child psychiatry residents. Experiences will be provided to enhance skills in early identification and treatment of child and adolescent mental health problems, delivery of evidence-based interventions (CBT, DBT), implementation of clinical outcomes research, teaching, and supervision of a psychology intern or extern. The psychology fellow will provide back-up emergency on-call support to the PsyCLES team one week-end day per month. The fellow will be expected to participate in the development or continuation of programmatic research within the area of anxiety disorders. Funding will be provided for the fellow to attend the Anxiety Disorders Association of America conference, with expectations of either a poster or oral presentation. The fellow's time will be split approximately 50/50 between the two outpatient settings. Of that time, 60% will be spent in clinical activities and 40% in research, programmatic development and evaluation endeavors.
2. The Eating Disorder program at The Children's Hospital provides full spectrum services to families of children and adolescents (ages 8-21) diagnosed with Anorexia Nervosa, Bulimia or Eating Disorder Not Otherwise Specified. The program offers treatment at various levels of care - medical stabilization, inpatient psychiatric hospitalization, day treatment, Intensive Outpatient Program and outpatient services. The Eating Disorder program provides evidence-based interventions including Family Based Therapy, Motivation Enhancement Therapy, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and psychopharmacology. The program also incorporates the Creative Arts Therapy services, including yoga, music therapy, movement therapy and art therapy. One hundred percent of the fellow's time will be spent in the Eating Disorders Program. That time will be dedicated to 60% time participating in clinical activities and 40% in research, programmatic development and evaluation endeavors. The primary clinical responsibilities will be to provide direct clinical care to patients and their families throughout the full continuum of care. This includes initial diagnostic evaluations, individual, family and group psychotherapy. The research component of the fellowship includes participation in the development and/or continuation of programmatic research within the area of eating disorders. The primary research role of the fellow will be to coordinate, manage and facilitate the ongoing clinical research for the Eating Disorder program. There are

many opportunities for the fellow to develop individual projects using the data. Additionally, the fellow will have the opportunity to work with Guido Frank MD providing structured diagnostic interviews and participating in research on the neurobiology of eating disorders in the Developmental Brain Research Program. The TCH Eating Disorders team presents research and clinical data at national and international meetings (AED, NEDA, AACAP) and it is expected that the fellow will actively participate in these activities. Additionally, the psychology fellow will provide back-up emergency on-call support to the PsyCLES team one week-end day per month. Psychology fellows will receive primary supervision for research and clinical activities by the Eating Disorder Program psychologist. Additional research supervision will also be provided by the principal investigators on the various research projects. Fellows are also expected to work collaboratively with the Eating Disorder Program multi-disciplinary team comprised of pediatricians, psychiatrists, social workers, nutritionists, mental health clinicians, nursing staff, child life specialists, and community providers.

In Depth Information about *The Children's Hospital, Denver* including the Psychology Training Programs

The Children's Hospital (TCH) is a pediatric health care facility serving Colorado and the nation. <http://www.thechildrenshospital.org/> The Children's Hospital Mission is "to improve the health of children through the provision of high quality coordinated programs of patient care, education, research, and advocacy." The Vision states: "The Children's Hospital will be the leader in providing the best healthcare outcomes for children. We will be the driving force, in partnership with others, in providing children and their families with an integrated pediatric health-care delivery system. We will be a national leader in pediatric research and education." The hospital's core values are quality patient care, employee excellence, teamwork, and innovation.

The Children's Hospital in Denver has gained a national reputation as a leader in newborn, pediatric and adolescent care. The Children's Hospital has once again been honored as one of the nation's top 10 hospitals following the release of U.S. News & World Report's 2009 America's Best Children's Hospitals listing. More than 4,000 metro Denver physicians have consistently rated The Children's Hospital as the place they would entrust with the care of a loved one.

www.usnews.com/childrenshospitals.

Since its founding in 1908, The Children's Hospital has grown to a 250-bed tertiary care hospital with more than 100 specialty clinics that treat both outpatients and inpatients. The hospital campus moved to our new facility in Aurora at the end of September, 2007. The Children's Hospital is a pediatric health-care facility staffed by more than 1,000 physicians employed in over 40 sub-specialties. The hospital staff, including associated professional staff members, number approximately 5,000 employees and volunteers. The hospital is the only Level 1 pediatric trauma facility in the region.

The hospital staff treats newborns, infants, toddlers, school-age children, adolescents, and young adults. Individual psychological therapy is provided to parents of children, as a collateral treatment with their children, and much care is provided in a family therapy context. Patients served by the hospital come from all socioeconomic levels, and from urban, rural, and frontier settings. The patients and their families are diverse in terms of their ethnic, cultural, and religious backgrounds and affiliations. The hospital provides services to all individuals who seek treatment in the facility, thus it often provides care to the underserved populations in the region. TCH is both a private insurance and Medicaid provider, and its reimbursement mix is consistently about equal parts private and public funding.

In addition to the Department of Psychiatry and Behavioral Sciences, Psychologists are situated in the Departments of Neuro-trauma Rehabilitation, Neuropsychology, the Neonatal Intensive Care (NICU), Adolescent Medicine, the Pain Team, the Burn Unit, the Child Health Clinic, The International Adoption Clinic, Metabolic and Good Life Clinics, the Child Development Unit, The Sleep Disorders Unit and the Kempe Center. Other specialized services within the hospital include Neuropsychology, Neurology, Neuro-trauma Rehabilitation, Pediatric and Intensive Care, Inpatient and Outpatient Surgery, Adolescent Medicine, Burn Care, Cardiology, Gastroenterology, Orthopedics, Neurosurgery, Pulmonary, Hematology/Oncology, and Organ Transplant, among others.

The Children's Hospital affiliated with the University of Colorado Denver School of Medicine (UCHSC) pediatric programs in 1990. <http://www.ucdenver.edu/Pages/UCDWelcomePage.aspx> This affiliation strengthened the hospital's commitment to research and training, and enhanced the hospital's ability to provide access to cost-effective primary, secondary and tertiary care. In 2002, Marianne Wamboldt, MD was appointed chair of both the Department of Psychiatry and Behavioral Sciences at TCH and the Division of Child Psychiatry at the UCHSC, further strengthening the affiliation at a departmental level. This enhanced relationship has resulted in greater cross-fertilization between the research expertise at the CU Denver and the clinical expertise at TCH, as well as movement toward more integrated

interdisciplinary training activities.

The Children's Hospital is also affiliated with the Kempe Center, an internationally renowned research and treatment facility for children who have been physically or sexually abused or who have witnessed violence. <http://www.kempe.org/>. The Kempe Center publishes the International Journal of Child Abuse and hosts a biennial international conference on child abuse issues. Researchers within the institute have significant local and federal funding to conduct long term outcome studies with infants at risk and with children in the foster care system.

The Children's Hospital is an affirmative action equal opportunity employer and the hospital abides by all laws pertaining to fair employment practices. Established policies regarding race, color, religion, creed, age, gender, national origin, ancestry, marital status, physical or mental disability, veteran status, or sexual orientation have been approved by the Board of Directors to ensure equitable treatment of all employees and applicants. This policy also prohibits sexual harassment and/or intimidation, including verbal harassment or abuse, and demands or subtle pressure for sexual activities or favors.

The Psychology Training Program

The Research and Training program provides educational opportunities in the fields of psychiatry, psychology, social work, creative arts therapy, and nursing for the purpose of professional development. The Department has training programs for two postdoctoral fellows in psychology, six pre-doctoral psychology interns, seven psychology graduate students on field placement (Externs), four social work interns, 10 child psychiatry residents, four creative arts therapy interns, as well as nursing and medical interns. Psychology fellows, interns and externs participate jointly in some seminars and supervision with trainees from these other disciplines. They also participate together on multidisciplinary teams, in family sessions, and as co-leaders for group therapy.

The Psychology Training Model

The Children's Hospital Psychology Training program reflects an integration of the scientist-practitioner and practitioner-scientist models of psychological practice. The aspiration of our training program is to provide a clinically intensive training year within the context of encouraging and modeling practice that meets the broader definition of evidence-based practice adopted by the Institute of Medicine (IOM, 2001). The IOM definition attaches equal weight to three core values: best research evidence, clinical expertise, and patient values. We value the professional practice of psychology in which clinical and research expertise mutually influence each other. Additionally, as a family centered care organization, we share the value of tailoring treatment to take into account patient and family values.

The Goals and Objectives of the Psychology Training Program

The first goal of the psychology training program is to prepare postdoctoral fellows, interns, and externs for the professional practice of psychology as scientist-practitioners or practitioner-scientists. At each level of training we provide opportunities for direct clinical experience, supervision and mentorship, didactic instruction in seminars and conferences, and assigned and self-directed reading materials, to provide a learning environment which encourages thoughtful and informed integration of clinical practice with clinical expertise and evidence-based and empirically-supported practices. The postdoctoral level of training includes opportunities for active direction of your own research study, as well as participation in on going research projects. At the intern and extern level, there is exposure to on-going research studies and some opportunities for active participation.

Our second goal is to train fellows, interns and externs, at the professional developmental level appropriate to each, to become competent child clinical psychologists. In order to achieve this goal, fellows, interns, and externs are exposed to a variety of treatment approaches, interventions, and modalities through instruction and observation to augment their previous clinical experience in traditional

psychological service settings. The training experiences are organized to provide direct clinical, assessment, and consultation experiences. The training year is structured to provide a core set of required training opportunities, and is flexible enough to accommodate individual training preferences.

Our third goal is to train fellows and interns, at the professional developmental level appropriate to each, to become competent pediatric psychologists. In order to achieve this goal, fellows and interns provide clinical assessment, consultation, intervention and psycho education in inpatient and outpatient medical services of the hospital. In some settings services, traditional consultation-liaison services are provided, whereas in others, fellows and interns are co-located side-by-side with medical colleagues. The training year is structured to provide a core set of required training opportunities, and is flexible enough to accommodate individual training preferences.

The integration of clinical practice and scientific research is best achieved through direct experience. The separate veins of clinical and research experience are woven together through supervision, individual reflection, and discussion with mentors, peers, and colleagues. In the clinical environment, fellows, interns, and externs must expand their knowledge base, their skill repertoire, and their understanding of system dynamics in ways that greatly enhance their awareness, competence and confidence. In the face of the demand to provide meaningful assistance to their patients and families, the fellows rapidly acquire and internalize their own sense of expertise and effectiveness as they further consolidate their professional identities.

Direct experience is guided, processed, and integrated with information about best practices through supervision provided by appropriately trained and credentialed psychologists who are active members of the teams where the interns provide service. These experiences are further augmented by formal didactic instruction in seminars and conferences; by collateral consultation with multidisciplinary colleagues; and by reading supplementary materials.

Over the course of the year, fellows, interns and externs are progressively encouraged to identify their areas of competence and need for improvement. They are guided to function increasingly autonomously in the areas where they are competent to do so. They are simultaneously guided to seek appropriate support and instruction in areas where they are challenging themselves to learn a new skill and work with a new patient population, in order to further develop their knowledge, skills, and abilities.

The trainees and supervisors mutually evaluate each other in order to promote communication and growth for both, and to ensure that the training needs of the fellows, interns, and externs are being met. The training directors work with the fellows, interns, externs, and supervisors to develop an individualized training plan for each trainee. Feedback gathered from all trainees, in formal and informal settings, is used to continuously evaluate the training program, and to inform program modifications in an on-going manner.

The Psychology Training Program Structure

The Chief of Psychology and Director of Postdoctoral Fellowship training is Dr. Joy Browne. Dr. Jason Williams is Director of the Psychology Internship and Externships programs. The Psychology Training Program is under the supervision of the Directors of Training (Drs. Browne and Williams), and the Psychology Training committee. The directors of training and the committee are charged with overseeing the progress of the fellows, interns, and externs; facilitating interdisciplinary clinical experiences; and developing the program. The Training committee meets regularly to review the trainee's performance and training needs, and to discuss program development. Trainees provide ongoing verbal feedback on the program to the training directors. At the end of the training year, the training directors conduct exit interviews with the fellows, interns, and externs covering all major aspects of the training year to elicit their feedback. Trainee feedback is consistently used to make adjustments to caseload expectations, program structure, and available rotations.

Training Plan

Each psychology fellow, intern and extern, in coordination with his or her supervisors and the training director, will develop a specific program that addresses the requirements and goals of the training program, the fellow/intern/extern's individual training needs and interests, and the patient care needs within the Department and Hospital. As they demonstrate readiness over time, fellows, interns, and externs are given increasing clinical responsibility, autonomy, and exposure to more challenging treatment cases. All of these experiences are titrated and reviewed by supervisors who are active treatment providers and team members on the units. The development of increasing competence is evaluated informally in supervision, and formally every three six through written evaluations.

Supervision

The training staff provides close supervisory support while guiding trainees toward assuming increasing autonomy in the clinical responsibility of their cases. The goal of supervision is to support the fellow, intern and extern during exposure to new patient populations, assessment tools and intervention strategies, and to build feelings of competence and functional autonomy in areas of strength.

Weekly supervision is provided by licensed psychologists. Most supervising psychologists are full-time staff members on the service where they supervise. Staff members of other mental health disciplines, who are qualified and experienced, may provide additional supervision in specific areas for duties that they regularly perform. All trainees will receive weekly supervision on each service where they provide clinical treatment, and for psychological testing. Fellows and interns will receive back-up on-call supervision from their outpatient or primary supervisor. Postdoctoral fellows will be supervised to provide weekly supervision to externs. Interns will receive a minimum of four hours of regularly scheduled face-to-face supervision per week. Additional supervision and consultation is provided as needed. Some supervision may occur to group settings with other trainees.

Evaluation Process

The evaluation process is designed to provide fellows with information that will inform their professional growth. The expectation is that fellows and supervisors will engage in on-going evaluation of the fellow's performance, and that the supervisory relationship will support optimal learning and development. At the end of each six-month period, the fellow and supervisor will complete a more formal written evaluation of each other. The mutual exchange of feedback between the supervisor and fellow is designed to enhance professional growth of both by identifying strengths, areas needing improvement, and personal goals.

The training director meets regularly with the fellows to monitor achievement of training goals and to facilitate professional development. The training director also maintains regular contact with all supervising psychologists regarding the progress and functioning of the fellows under their supervision.

Didactic Seminars, Meetings, and Conferences

Psychology fellows and interns, and child psychiatry residents have dedicated didactic time on Tuesday mornings. Attendance and participation in seminars is required, and the time is protected from other clinical demands. The fellows will participate in the Consultation & Liaison seminar, Developmental Psychobiological Research Group (DPRG), and Child Psych Grand Rounds (CPGR). They also attend monthly department and outpatient program meetings. Weekly group therapy supervision for all outpatient groups is provided on the didactic day.

1. Consultation & Liaison Seminar – held jointly with first year child psychiatry residents - speakers include in-house medical and mental health professionals who provide information about medical disorders and their treatment, and how to intervene as a psychological and psychiatric consultant in the treatment of medically ill children.

2. Child Psych Grand Rounds – research and clinical presentations by invited speakers, faculty, child psychiatry residents, psychology interns and fellows to the combined UCHSC Child Psychiatry faculty and the Department of Psychiatry and Behavioral Sciences staff.
3. Developmental Psychobiological Research Group (DPRG) – research presentations by academic faculty, post-doctoral research fellows, and invited speakers.
4. Department of Psychiatry and Behavioral Sciences Meetings – monthly meetings. Topics include research presentations, clinical interventions, and information about departmental policies, procedures and activities.
5. The Rosenberry Conference – sponsored by the Department of Psychiatry and Behavioral Sciences is held each year in April. Previous conference speakers have included: Anne Marie Albano, PhD; Stuart Ablon, Ph.D.; Dimitri Papolos, M.D.; Neil Bernstein, Ph.D.; Matt Selekman, LCSW; Efrain Bleiberg, M.D.; Mark Katz, Ph.D.; Anna Ornstein, M.D.; Bruce Perry, M.D., Ph.D.; Michael Rutter, M.D.; Alan Sroufe, Ph.D.; and Lenore Terr, M.D.
6. Colorado Psychological Association conferences – Fall Risk Management and Spring special topic conferences.
7. Colorado Mental Health law training events – participate in at least two trainings open to all Denver psychology interns on the Colorado mental health laws and their implementation in practice. Discussion includes ethical considerations.

Fellows and staff are encouraged to also attend continuing education, technical assistance, and wellness programs offered within and outside of the hospital.

Orientation

Psychology fellows, interns, and externs, and child psychiatry residents all orient at the beginning of the training year. As hospital employees, fellows and interns must complete hospital required human resource (HR) activities, some of which must be completed prior to employment (fingerprinting, criminal background and child abuse registry checks, employee health and drug and alcohol screening). Fellows and interns also attend a required all-day hospital orientation. Whenever feasible, fellows, interns, externs, and child psychiatry residents will orient together, to facilitate interdisciplinary socialization and support. During orientation, fellows, interns, and externs meet individually with their Directors of Training to develop their personal training goals for the year. They will also be introduced to department and hospital staff, services, and activities. All trainees will receive training to chart, bill and complete reports in the electronic medical record (EPIC). Fellows and interns will be trained to conduct back-up emergency on-call evaluations.

Resources and Support

The psychology fellows are hospital employees, therefore they are granted the same rights and responsibilities as employees. Fellows are provided with seven paid holidays and fourteen days to take as vacation or sick time. Fellows are also allowed five professional leave days. The training program pays for the fellows to attend two conferences: 1) an all-day all-Denver metro intern conference on Colorado law and ethics, and 2) the Department's annual Rosenberry conference. The Stress and Anxiety program will cover costs of the fellow to attend the annual Anxiety Disorders Association of America conference.

Fellows may choose benefits from a cafeteria plan of options including health, dental, vision and life insurance benefits. Current medical insurance providers are Cigna and the HMO Kaiser Permanente. Dental insurance is provided by Delta Dental. Fellows are provided with parking at the employee cost of \$7.00 per pay period. Fellows will be provided malpractice insurance by The Children's Hospital. As employees, the fellows and interns have access to the on-site employee health service, and they may also access the employee assistance program (EAP).

The fellows are provided with individual desks, phones, and computers. They each co-share an office with a second year child psychiatry resident. The shared office may be used for therapy and testing

sessions. Additional larger family and group therapy offices are available for use as well on a sign out basis. Several of the shared therapy rooms are equipped with video monitoring and taping capacity for supervision, training, and research purposes. The training program has regularly scheduled access to rooms for seminars and other training opportunities.

Fellows have access to the hospital medical and patient libraries, and to the University of Colorado, Denver, School of Medicine library for access to books and journals. All trainees have access to resources on the hospital Intranet, and to on-line medical search engines and journals. The fellows are provided with an email account, access to transcription services, voice mail and text pagers.

In Depth Program Descriptions

Eating Disorders Program (EDU, IOP, EDT)

The Eating Disorders Program provides evaluation and treatment to children, adolescents and young adults with anorexia nervosa, bulimia nervosa and other eating disorders. The treatment services are provided in conjunction with the outpatient Adolescent Medicine clinic, 8th floor inpatient medical unit, Eating Disorder Inpatient Unit, and Eating Disorder Day Treatment Program. This inter-departmental programming allows for a full continuum of services including medical hospitalization, psychiatric hospitalization, day treatment programming, intensive outpatient, and outpatient assessment and follow-up services. The Eating Disorder staff includes physicians, psychiatrists, psychologists, social workers, nutritionists, recreational specialists, nurses and other psychiatric staff working collaboratively as a multidisciplinary team.

In the Eating Disorders Program, fellows conduct initial diagnostic evaluations, make referrals and treatment recommendations, and provide individual, family and group therapy as part of the multidisciplinary team. Fellows may be involved in performing formal psychological testing of patients with eating disorders. All team members follow their patients across the continuum of care within the hospital as needed, including medical, and psychiatric hospitalization, day treatment and outpatient care. Fellows may participate in community education programs, and possibly attend a variety of professional meetings. Fellows receive weekly supervision from the on-staff psychologist who is also available for additional consultation as needed.

While working in the Eating Disorders Program, fellows will have the opportunity to work with patients with various co-morbid diagnoses including Major Depressive Disorder, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder and Axis II disorders. Fellows will also be exposed to a variety of treatment approaches, including cognitive-behavioral therapy, psychodynamic therapy, dialectical behavioral therapy (DBT), motivational interviewing, and the Maudsley method of family based therapy for patients with eating disorders.

The fellow's research activities will include participation in several on-going projects directed by Dr. Jennifer Hagman, Dr. Guido Frank, Dr. Mindy Solomon and Dr. Tami Roblek.

Outpatient Behavioral Health Clinic (formerly called CACCH Clinic)

Psychology fellows, interns, and externs provide individual, family and group psychotherapy in the Outpatient Behavioral Health clinic throughout the year. The outpatient clinicians conduct urgent, routine, complex, and comprehensive evaluations for children and families in the Denver metropolitan area, as well as rural areas within Colorado and surrounding states. Services include diagnostic evaluation, medication evaluation, psychological testing, psychotherapy, intensive outpatient, specialty care group therapies, and consultation to children, adolescents, adults, families, schools, and professional health care providers. Children are referred to the clinic by patients, physicians, schools, mental health professionals, social service agencies, residential treatment centers, and other hospitals. The services are provided by psychiatrists, psychologists, psychology postdoctoral fellows,

interns, and externs, and child psychiatry residents. Therapy provided in the outpatient mental health clinic may be longer-term than in other areas of the department. All psychology trainees receive weekly supervision by an on-staff psychologist who is available as needed for additional consultation.

General Clinic

1. *Intake Evaluations*

Psychology fellows, interns and externs perform routine diagnostic evaluations throughout the year. The evaluation is the entry point into outpatient services for patients who are new to the department, or who have not recently received services. The intake clinician makes recommendations to the Intake Disposition Review (IDR) team regarding follow-up services. Recommendations can include internal referrals to a higher level of care, to outpatient individual, family or group therapies in the specialty programs, or for psychopharmacology evaluations.

2. *Psychological Testing*

Psychology interns and externs perform psychological assessments throughout the year. Psychology fellows may perform some evaluations based on interest and programmatic need. Referral questions include diagnostic clarification, assessment of cognitive capacity, and clarification of intrapsychic and interpersonal dynamics. Testing findings are used to guide treatment and discharge planning, and as a second opinion to clarify complex and treatment refractory diagnostic presentations. Test batteries are constructed based on the referral question. Commonly used instruments include: cognitive measures (WISC-IV, DAS, or WASI), projective measures (incomplete sentences, drawings, story cards and the Rorschach), patient and parent self-report measures (BASC, Conners, ACT-ers, TSCL, MMPI-A, MACI, CBCL), visual-motor tasks (VMI, Bender), and developmental assessments (Mullens, Bayley, Vineland).

All trainees are provided with supervision on assessments at all phases of the testing process. A weekly seminar for the interns and externs focuses on training in assessment. However, it is very beneficial to enter the training year with a strong foundation in test administration, scoring, and interpretation. Due to the short length of stay in the acute treatment settings, testing, report writing, and feedback to the patient, parents and staff must occur in a timely manner. Fellows, interns, and externs should have prior coursework that taught factors underlying test construction, norms, and advantages/disadvantages of different test instruments. Projective instruments are utilized in our site due to the nature of the referral questions, which are not as well addressed by other measures. Didactic training and experience with projective measures prior to the training year is recommended

Specialty Care Programs

The specialty care clinics are designed to become centers of excellence combining clinical best practices with on-going research and evaluation. Most of the clinics were newly implemented in the fall 2006, while the most recent program was launched in October 2008. Each specialty care program is co-lead by a psychiatrist medical director and psychologist clinical director. The programs are additionally staffed by psychology fellows, interns, externs, and child psychiatry residents to provide at least one half-day clinic. Some of the programs have additional psychology and psychiatry faculty, social workers, and creative arts therapists. The clinics are structured with intakes in the early afternoon, medication clinics, individual, family and group therapy in the afternoons, and a team meeting to review new referrals and shared patients. The fellow will be involved in the Stress and Anxiety Disorders Program.

Stress and Anxiety Disorders Program

The Stress and Anxiety Disorders Program provides evaluation and treatment to children and adolescents with anxiety disorders and their families. The services include diagnostic evaluations, individual, family and group psychotherapies using empirically validated cognitive behavioral treatment, psychopharmacological interventions, school and hospital wide consultations and training. Our mission is early identification and prevention of anxiety disorders in youth. The Stress and Anxiety Disorders Program is staffed by psychologists, a psychiatrist, a social worker, recreational therapists, psychology externs, psychology interns, psychiatry fellows and the postdoctoral fellow.

In the Stress and Anxiety Disorders Program, fellows conduct initial diagnostic evaluations, individual, family and group therapy, consultations and training as part of the multidisciplinary team. Fellows will become familiar with a wide range of anxiety disorders with children and adolescents between 5-18 years of age. The full spectrum of anxiety disorders are assessed and treated in the program including Obsessive Compulsive Disorder, Social Phobia, Separation Anxiety Disorder, Generalized Anxiety Disorder, Specific Phobias and Posttraumatic Stress Disorder. Co-morbid disorders associated with anxiety are also assessed and treated in the program including Tourettes, Trichotillomania, School Refusal and eating disorders.

Fellows will participate in community outreach activities and will attend the Anxiety Disorders Association of America (ADAA) conference where they will be expected to present a poster on an area of interest within the anxiety field. Fellows will also gain experience teaching and training psychology externs, psychology interns, and psychiatry fellows on anxiety related topics. Fellows receive weekly supervision from the psychologist who is also available for additional consultation and supervision as needed.

The fellow's research activities will include participation in several on-going research projects under the direction of Dr. Roblek with collaborators from the Eating Disorders Program (Drs. Hagman and Soloman) and Project CLIMB (Drs. Talmi and Stafford). Fellows will also obtain experience in leading a research lab consisting of volunteer research assistants from local universities.

Pediatric Primary Care Psychology (Project CLIMB)

Project CLIMB (Consultation & Liaison in Mental health & Behavior) is a collaborative effort between the Department of Psychiatry and Behavioral Sciences and the Child Health Clinic at The Children's Hospital to facilitate early identification and treatment of mental health and behavioral issues within a primary pediatric care setting and to increase access to mental health services in an underserved population. The Child Health Clinic is the main source of pediatric primary care and continuity clinics at The Children's Hospital, providing over 20,000 visits each year. Project CLIMB is staffed by a transdisciplinary team, which includes a psychiatrist, psychologist, pediatricians, psychiatry and psychology fellows, psychology interns, pediatric residents, and staff from the Child Health Clinic. The team provides developmental interventions, diagnostic assessments, medication evaluations, staff consultation and training, psychosocial and behavioral group and individual interventions, and recommendations for treatment of infants, children and adolescents seen in a primary care setting.

With CLIMB, fellows provide integrated mental health services through consultation, assessment, and treatment to infants, children and adolescents in the primary care setting and in the outpatient mental health clinic. Treatment modalities include developmental and psycho educational interventions during well-child visits, individual and group therapy for children and parents, consultation and staff training, co-facilitation of post-partum depression groups, and assessment and screening for psychological and behavioral difficulties. Fellows also function as developmental specialists in the Healthy Steps for Young Children program and carry a caseload of newborns during well-child checks in the first year of

life. A central focus of the rotation involves ongoing collaboration with primary care physicians in developing and delivering coordinated and comprehensive services that include both pediatric and mental health components to children and their families. Fellows interested in infancy and early childhood will have an opportunity to focus on providing services to this age group. Fellows will also gain experience in teaching and training health care providers on mental health, behavioral, and developmental topics.

Emergency On-Call Evaluations

All psychology interns and fellows provide back-up emergency on-call evaluations as part of the PsyCLES team one week-end day per month.

Psychiatric Consultation-Liaison and Emergency Services (PsyCLES)

The PsyCLES clinicians staff the Emergency Department 24 hours a day during the week-days, and 9:00 am to 9:00 pm on week-ends. The team conducts evaluations of children, adolescents, and families who present with a mental health emergency. The PsyCLES team includes psychiatrists, psychologists, social workers, masters level clinicians, and flex clinicians. Clinical presentations include acute psychosis, suicidal or homicidal ideation and actions, acting out and aggressive behavior, runaway, substance use, and reactions to trauma or other psychiatric symptoms with an acute exacerbation. Clinical assessment leads to psychiatric admission to the inpatient or day treatment programs, transfer to another facility, or discharge to home with a crisis plan and treatment recommendations.

After-hours Psychiatric Emergency Service On-call

The emergency on-call service is an extension of the Psychiatric Consultation-Liaison and Psychiatric Emergency Services team (PsyCLES). On-call clinicians provide telephone triage, authorize admissions from other facilities to the inpatient psychiatric units, and conduct emergent evaluations in the Emergency Department as back-up for the PsyCLES clinicians on week-ends. At all times a psychiatrist, psychiatry fellow, and nursing administrator are also on-call. Fellows receive back up on-call supervision from their outpatient supervisor. On-call clinicians are expected to return pages within 15 minutes, and to be able to arrive in the Emergency Department to conduct an emergent evaluation within one hour of the initial page. Training is provided prior to beginning this service. The fellow is paid a minimal flat rate for each hour of being on call, and an additional flat rate fee for coming into the ED to conduct an evaluation.

Psychology Staff: Special Interests

** Colorado Licensed Psychologist*

Beth Bennett, PhD 1999, University of Denver*

Primary Program - Child Development Unit

- Cognitive, learning, and emotional assessment
- Interest in developmental delays, autism spectrum disorders
- Interest in Neuropsychology
- Interest in cognitive patterns associated with genetic conditions
- Interest in collaboration with schools to design interventions and accommodations
- Interest in comorbidity; multiple diagnoses

Richard Boada, PhD, ABPP-CN, 2001, University of Denver*

Primary program - Neuropsychology Service, Neurology Department

- Bilingual assessment (Spanish)
- Research in neurodevelopmental disorders/learning disabilities
- Child clinical neuropsychology
- Neurological sequelae of medical illnesses
- Neuropsychological assessment of children with stroke, seizures, and brain tumors

Richard E. Boles, PhD 2006, University of Kansas*

Primary Programs –GoodLIFE Clinic, BAND Clinic

- Behavioral therapy for pediatric obesity
- Adolescent bariatric surgery
- Environmental factors related to early childhood weight development
- Childhood food preferences and nutritional intake
- Psychometric instrument development
- Observation-based methodology

Joy Browne, Ph.D., PCNS-BC, IMH-E (IV), 1990, University of New Mexico,; Fielding Graduate University, Santa Barbara, California, 2006 *Primary Program – *Center for Family and Infant Interaction; Neonatal Intensive Care Unit*

- Neurobehavioral assessment and intervention in newborns.
- Transition from NICU to home
- Infant Mental Health—Newborns to early childhood
- Systems building and change

Susan Crane, Psy.D., 2005, University of Northern Colorado

Primary Program - Pulmonary Sleep Clinic

- Behavioral/psychological aspects of sleep disorders
- Empirically supported trauma interventions
- Play therapy [filial, PCIT, child-centered, sand trays]
- Family/systems interventions
- Effective parenting training & interventions

Jeanne E. Dise-Lewis, PhD 1984, University of Denver*
Primary program - Neuro-trauma Rehabilitation Department

- Pediatric rehabilitation psychology
- Post-traumatic stress assessment and intervention
- Developmental issues related to chronic illness or disability
- Stress and coping
- Psycho-educational consultation program following brain injury

Jeffrey I. Dolgan, PhD 1967, Ohio State University*
Primary programs - Outpatient Mental Health Clinic, Intensive Service Team

- Psychotherapeutic process
- Therapeutic assessment
- Child and adolescent psychology and sexuality
- Solution-focused therapy
- Adolescent behavioral medicine
- Inpatient / residential / milieu treatment and Hospital psychology
- Transitional objects and process research
- Board of Psychologist Examiners issues for Colorado
- Professional ethics and affairs and professional development

Jennifer H. Epstein, PsyD 1994, Wright State University*
Primary Program - Child Development Unit

- Psycho-diagnostic Evaluation
- Assessment of/Designing intervention for Developmental Disabilities
- Autism Spectrum Disorders
- Fragile X Syndrome
- Behavioral Intervention
- School Consultation

Robin Gabriels, PsyD 1997, University of Denver*
Primary Program – Neuropsychiatric Special Care Program

- Autism Spectrum Disorders and other developmental and genetic disorders
- Diagnostic assessment of individuals with disabilities from a medical, psychiatric, behavioral, and family perspective
- Cognitive-behavioral treatment of Developmental Disabilities
- Family therapy and assessments
- School Consultation
- Art Therapy

Jennifer Janusz, PsyD, ABPP-CN, 1998, Virginia Consortium Program in Clinical Psychology
Primary programs –Neuropsychology Service, Neurology Department

- Neurological sequelae of medical illnesses
- Neuropsychological evaluation of children with neurofibromatosis and other genetic disorders, brain tumors, and prematurity
- Research in neuropsychological and social consequences of neurofibromatosis
- Research in longitudinal evaluation of children with genetic disorders

Michele Kelly, PsyD 1990, University of Northern Colorado*
Primary program - Kempe Center - Child Protection Team

- Psychotherapy with children and families using play therapy and a developmental therapeutic approach
- Assessment and treatment of child abuse cases, group therapy for child victims of sexual abuse, children who have witnessed violence, and post-traumatic stress disorder
- Forensic court testimony

Sheryl Kent, PhD 2006, Virginia Commonwealth University*
Primary Program - Pain Consultation Service

- Acute, Chronic, and Procedural Pain Management
- Inpatient consultation-liaison services
- Psychotherapy with medically ill children
- Stress and coping

John Kirk, PsyD, ABPP/CN, 2002, University of Denver
Primary Program – Neuropsychology / Rehabilitation Department / Concussion Program

- Neuropsychological assessment
- Neurobehavioral effects of brain injury and other medical problems – particular interest in concussion
- Research in concussion and symptom validity testing in pediatric neuropsychological assessment

Michael Kirkwood, PhD, ABPP/CN, 1998, DePaul University *
Primary Program - Neuropsychology/ Rehabilitation Department / Concussion Program

- Neuropsychological assessment within a developmental systems model
- Neurobehavioral effects of brain injury and other medical problems – particular interest in concussion and other traumatic brain injury
- Research in moderate/severe TBI and concussion

Javier Negrón, PsyD 2007, Carlos Albizu University
Primary program - Neuro-trauma Rehabilitation Department

- Pediatric medical and rehabilitation psychology
- Psychotherapy with medically ill children and their families (specialty in brain injury)
- Bilingual assessment (Spanish)
- Psycho-educational consultation program following brain injury

Kristin Nicholas Vaver, PhD 1997, University of Virginia *
Primary program - Neuro-trauma Rehabilitation Department, International Adoption Clinic

- Rehabilitation psychology
- Neurological development
- Infant mental health
- Early intervention

Alyssa Oland, Ph.D., 2006, University of Pittsburgh

Primary Programs – MedPsych Clinic, Consult-Liaison Service, Intensive Services Team:

- Psychological adjustment, coping, and quality of life in medically ill children and their families
- Helping children and families with grief issues and death/dying
- Self injurious behavior and suicidality in children and adolescents
- Psychological assessment

Lina Patel, PsyD, 2006, University of Denver

Primary Program - Example: Intensive Services, Clinical Director of Mood and Thought Disorder Clinic, Stress and Anxiety IOP

- Multicultural Issues
- Family Therapy
- Group Therapy
- Multisystemic Interventions
- Training and supervision in psychodiagnostic testing
- Mood and Thought Disorders
- Interest in developmental delays, autism spectrum disorders

Diane Reichmuth, PsyD 2004, Pepperdine University

Primary program - Medical Day Treatment

- Behavioral medicine
- Youth with acute psychiatric illness
- Youth with chronic medical illness
- Mental Health Evaluation

Tami Roblek, PhD, 2003, University of Louisville

Primary program – Clinical Director of the Stress and Anxiety Program

- Cognitive Behavioral treatment of children and adolescents with anxiety disorders
- Specific interest in anxiety based school refusal behavior, obsessive compulsive disorder
- Research interest in family factors related to the prevention, development and maintenance of anxiety disorders; Co-morbidity of anxiety and eating disorders; treatment outcome in group therapy
- Clinical supervision, internship training, and professional development

Wendy Smith, PhD 1979, University of Denver*

Primary program - Intensive Services - Day Treatment

- Integrative treatment from a psychodynamic background with children, adolescents and adults
- Individual, family and group therapy
- Case management with day treatment children and adolescents
- School psychology issues
- Parent counseling
- Eating disorder treatment

Mindy Solomon, PhD., 2005 California School of Professional Psychology, LA*
Primary program - Psychologist for the Eating Disorder Program

- Eating Disorder treatment in children and adolescents
- Psychological Assessment/work with gifted children
- Training and supervision
- Teaching Child Development

Ayelet Talmi, PhD 2001, University of Denver*

Primary programs – CLIMB/Pediatric Primary Care, C&L, Systems of Care for Babies and Young Children, Harris Program

- Birth to five/infant mental health specialist
- Pediatric Primary Care consultation services
- Clinical consultation and supervision
- Neurodevelopmental assessment of fragile babies
- Training and professional development in systems of care
- Trauma and child abuse

Natalie Walders Abramson , PhD 2002, Case Western Reserve University*

Primary program - Metabolic Syndrome Clinic

- Behavioral treatment of pediatric obesity
- Pediatric endocrinology
- Pediatric pulmonology
- Outpatient consultation-liaison services
- Research specializations in Type II Diabetes, Pediatric asthma, and physical activity

Elizabeth (Beth) Wehner, PhD 1992, University of Denver*

Primary program - Child Development Unit

- Psycho-diagnostic Evaluation
- Autism Spectrum Disorders
- Behavioral Intervention
- Attachment/Assessment and treatment of young children

Deedre D. Werner, PsyD 1998, Pepperdine University *

Primary program - Neuro-trauma Rehabilitation Department

- Pediatric medical and rehabilitation psychology
- Psychotherapy with medically ill children and their families (specialty in Oncology)
- Traumatization and post-traumatic treatment
- Play therapy/developmental therapeutic approach

Greta N. Wilkening, PsyD, ABPP-CN, 1980, University of Denver*

Primary program - Neuropsychology/Dept. of Neurology

- Neurological sequelae of medical illnesses
- Neuro-oncology
- Evaluation of children with seizures, including candidates for seizure surgery
- Evaluation of children with neurofibromatosis , metabolic disorders, and stroke
- Multiple multi-center studies focused on use of AED's, and sequelae of treatment for neoplastic and liver diseases

Jason D. Williams, Psy.D. M.S. Ed., 1996 California School of Professional Psychology, Los Angeles*
Primary program-Director of Training, Outpatient Mental Health Clinic-Disruptive Behaviors Clinic,
Intensive Services Team

- Attention Deficit Hyperactivity Disorders in Children
- Psychological Assessment
- Use of technology in the mental health settings
- Electronic Medical Records

Rebecca Wilson, PsyD 1996, University of Denver*
Primary Program - Child Development Unit

- Projective assessment of emotional concerns of developmentally delayed children
- Assessment of complex cases, where the concerns are both developmental and psychiatric
- General psychological assessment
- Fragile X assessment and research

Robin Gabriels, PsyD, 1997, University of Denver*
Primary Program - Neuro-developmental Special Care Unit

- Assessment of Developmental Disabilities
- Neurodevelopmental assessment
- Developmental psychopathology
- Family assessments
- Child and parent therapy Individual, group and family therapy

Terry Katz,
Primary program – Child Development Unit

Samantha Simms Piper, PhD 2006, University of Denver*
Primary program - Child Development Unit

- Learning, Cognitive, and Developmental Assessments
- Interests in developmental disabilities, learning disabilities, ADHD, and mood/anxiety disorders

Organizational Structure

Department of Psychiatry and Behavioral Sciences

Department Leadership

Department Chair.....Marianne Wamboldt, MD
Outpatient Services Medical Director.....Mary Nord Cook, MD
Program Director.....Andrea LeClaire, RN, SHA
Child & Adolescent Psychiatry Resident Training Director.....Debbie Carter, MD
Intensive Services Medical Director.....Isabelle Guillemet, MD

Research and Training

Interim Chief of Psychology.....Joy Browne, PhD
Director of Training.....Jason Williams, PsyD, MS Ed
Social Work Training DirectorTerrie Casey, LCSW

Outpatient Behavioral Health Clinic (formerly CACCH clinic)

Medical Director.....Mary Nord Cook, MD
Psychotherapeutic Out patient Services.....Jeffrey I. Dolgan, PhD
Psychiatrist's.....Harrison Levine, MD
.....Isabelle Guillemet, MD
Psychologists.....Joy Browne, PhD
.....Robin Gabriels, PsyD
.....Tami Roblek, PhD
.....Jason Williams, PsyD, MS Ed
.....Ayelet Talmi, PhD
.....Lina Patel, PsyD
.....Alyssa Oland, PhD
.....Kelly Caywood, PhD

Psychiatric Consultation Liaison and Emergency Services (PsyCLES)

Medical Director.....Harrison Levine, MD
Manager.....Dru Hunter, LCSW
Clinicians.....Lisa Jasin, LCSW
.....Theresa Oliver, MSW
.....Jan Reves, LCSW
.....Danielle Koehn, LCSW
.....Sandy Papp, LPC
.....Terese Wolf, LPC
Pain Team Psychologist.....Susan Crane, PsyD

Intensive Services Team

Psychiatric Inpatient Medical Director.....Isabelle Guillemet, MD
Psychiatric Inpatient Clinical Nursing Director.....Angie Witt-Thompson, RN
Psychiatric Day Treatment Medical Director.....Susan Lurie, MD
Psychiatric Day Treatment Clinical Coordinator.....Dennis Pettigrew, RN
Therapeutic Services CoordinatorTerrie Casey, LCSW
Senior Psychologist.....Wendy Smith, PhD
Psychiatrists.....Meredith Chapman, MD
.....Celeste St. John-Larkin, MD
.....Carol Beresford MD
Psychologists.....Lina Patel PsyD
.....Alyssa Oland PhD

..... Kelly Caywood, PhD
 Social Workers..... Laura Anderson, MSW
 Terrie Casey, LCSW
 Helen Thilly, MSW
 Ashley Smith, MSW

Eating Disorders Program

Medical Directors..... Jennifer Hagman, MD
 Director of therapeutic services..... Jim Masterson, LCSW
 Lead Psychologist/Director, IOP..... Mindy Solomon, PhD

Neuropsychiatric Special Care Unit

Medical Director..... Carol Beresford, MD
 Clinical Director/Psychologist..... Robin Gabriels, PsyD
 Operations/Clinical Manager..... Arletta Swain-Cockrell, MS, CPNP
 Medical Consultant/Pediatrician..... Ed Goldson, MD
 Clinical Therapists..... Lindsay Gaffney, MS in Counseling
 Keri Green, MS in Counseling
 Intake Clinician..... Bethany Tavegia, PsyD
 MHC Supervisor..... Jamie Gutho, BS

Medical Day Treatment

Medical Director..... Steve Berman, MD
 Clinical Manager..... Arletta Swain-Cockrell, RN, APN
 Psychiatrist..... Carol Beresford, MD
 Meredith Chapman, MD
 Psychologist..... Diane Reichmuth, PsyD
 Clinical Therapist..... Niki Coatney, MS in Counseling
 APS Teacher..... Rae Johnston
 Kerra Zambrano

Pediatric Programs in The Children’s Hospital

Child Development Unit

Section Head..... Sandra Friedman, MD
 Developmental Pediatrician..... Ed Goldson, MD
 Ann Reynolds, MD
 Bill Campbell, MD
 Nicole Tartaglia, MD
 Lead Psychologist..... Jennifer Epstein, PsyD
 Psychology Staff Rebecca Wilson, PsyD
 Beth Bennett, PhD
 Terry Katz, PhD
 Emily Werner, PhD
 Samantha Piper, PhD

Neuropsychology / Department of Neurology

Chairman..... Amy Brooks-Kayal , MD
 Neuropsychologist Greta Wilkening, PsyD, ABPP-CN
 Richard Boda, PhD, ABPP-CN
 Jennifer Janusz, PsyD, ABPP-CN

Psychometrician.....Melinda Kohne, MA
.....Michelle Kleman, MA, LPC

Neuro-trauma Rehabilitation Department

Chairman.....Dennis Mathews, MD
Psychology Staff.....Jeanne Dise-Lewis, PhD
.....Michael Kirkwood, PhD, ABPP-CN
.....Javier Negron, PsyD
.....Kristin Nicholas Vaver, PhD
.....Deedre Werner, PsyD
Social Worker.....Leslie Fox, LCSW
.....Lynn Katz, LCSW