Lucile Packard Children’s Hospital at Stanford
&
Children’s Health Council

 Predoctoral Internship Program in Psychology

Academic Year 2014-2015

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General Description of the Consortium Training Program

Lucile Packard Children’s Hospital at Stanford and the Children’s Health Council offer a one-year, fully APA accredited pre-doctoral internship in child clinical/pediatric psychology. Our training program is fully accredited by the American Psychological Association and our next accreditation site visit is scheduled for 2017.

Lucile Packard Children’s Hospital at Stanford and the Children’s Health Council are adjacent institutions that are affiliated with Stanford University Medical Center and are the primary training sites for inpatient and outpatient child psychiatric care. Lucile Packard Children’s Hospital at Stanford (LPCH) is a specialized 312-bed hospital providing inpatient and outpatient care to babies, children, adolescents, and expectant mothers. LPCH has established six clinical Centers of Excellence which include Brain and Behavior, Cancer and Blood Diseases, Children’s Heart Center, Cystic Fibrosis and Pulmonary Diseases Pregnancy and Newborn Services, Transplant and Tissue Engineering Program. A complete listing of clinical specialties and services is available at www.lpch.org

The Children’s Health Council (CHC) is a private, non-profit multidisciplinary agency offering outpatient mental health and special education services to children with emotional, learning and/or developmental problems. The Children's Health Council (CHC) employs over 120 clinical staff, including child psychiatrists, psychologists, social workers, marriage and family counselors, learning disability specialists, teachers, occupational therapists and speech-language pathologists. Services include outpatient multidisciplinary diagnostic and treatment services, school-based consultation and treatment, and a therapeutic day school serving up to 90 children. Approximately one-third of the children seen at CHC represent minority populations.

Interns are involved in clinical activities at LPCH and the CHC. The internship provides intensive training in assessment and treatment of children and families in a variety of interdisciplinary settings. The patient population served by the two facilities ranges in age from infancy to adulthood and includes the full span of socioeconomic levels and various cultural groups, as well as a diverse range of clinical problems.

Since 1979, Children’s Hospital at Stanford, Children's Health Council and the Division of Child Psychiatry at Stanford University Medical School has provided a joint training program in child clinical psychology. Prior to their joint training program, each facility had a long history of providing child psychology training independently. Both agencies are dedicated to the training of professional psychologists and psychiatrists. As such, trainees are highly valued, respected and viewed as integral members of the health care team.

The consortium training program combines the clinical experiences and resources of both institutions, thus providing a unique opportunity to gain experience with both inpatient and outpatient child populations. The program is administered by Training Directors at both sites in order to ensure appropriate oversight and coordination of the program’s clinical activities and functions. A Training Advisory Committee (TAC) that is composed of representatives from both sites also supports the internship program. The TAC meets on a regular basis to review and refine various aspects of the internship program.
Philosophy and Goals of the Program

Our internship program is viewed as the culmination of graduate training that is guided by a scientist-practitioner model. Interns are recruited from programs which emphasize empirical research and clinical practice that is guided by that research. During the clinical internship year, interns are provided with clinical experiences which build upon this knowledge of empirically guided approaches.

The program supports the scientist-practitioner model by providing interns clinical experiences informed and enriched by exposure to current empirical literature, ongoing applied research, and regular scholarly lectures. In addition, the program highlights a developmental orientation that emphasizes the integral contribution of cognition, emotion, behavior, physical development and interpersonal relationships toward the functioning of the child. As such, cognitive-behavioral, systemic, dynamic, and interpersonal perspectives are integrated into the conceptual and treatment frameworks with children and their families. The family's manner of relating to its larger ecosystem is frequently addressed through ongoing consultation with schools and other agencies. Sensitivity to clients' ethnic and cultural backgrounds is afforded a high priority as well. These orientations are reflected in a rich supervisory pool of clinicians favoring a range of perspectives.

The internship training program is ultimately geared toward contributing to the professional development of highly skilled and ethical child psychologists. This is accomplished in a broad-based program that emphasizes the need for trainees to experience a diversity of clinical problems and treatment modalities in multidisciplinary settings as a sound professional identity is consolidated. The program's extensive opportunities for the assessment and treatment of children and families experiencing a wide range of difficulties in both inpatient and outpatient settings provides a fertile basis for such clinical development. Clinical rotations and caseloads are tailored to the individual needs of each intern in an effort to enhance strengths and ameliorate gaps in previous training. Within each 6 month rotation, as well as in the didactic seminars, experiences and materials are presented with the recognition of the interns' increasing skills as the year progresses. For example, in early seminars, the focus is on the introduction of concepts and assessment tools. Later, the structure shifts from didactics to case presentations, readings and discussions on more complex diagnostic, formulation and treatment issues. Interns initially observe multidisciplinary team dispositions and parent feedback sessions before performing evaluations and feedback sessions themselves. They also observe intakes performed by the attending psychologists and psychiatrists prior to taking on a leadership role in the intake. Supervisors and team members support interns' increasing competence by assigning more complex cases and encouraging more autonomous functioning in terms of selection of assessment measures and focusing discussions to promote the development of formulation and conceptualization skills.

In summary, the program seeks to train highly skilled and sensitive clinicians capable of functioning in a variety of clinical settings with a range of child and family problems. The internship year is viewed as the capstone experience in the overall professional development and ultimate professional identities of psychologists-in-training. A range of experiences with varying treatment methods and conceptual perspectives is viewed as essential to professional
development at the intern level, and training programs are tailored to the individual intern in order to enhance strengths and ameliorate weaknesses. Multidisciplinary collaboration is central to our training model. Seminars and supervision are viewed as both educational and valuable in their potential for fostering in-depth analysis and integration. It is the hope and the intent of the program to train high-quality clinicians with a realistic sense of their professional capabilities.

Clinical Experiences/Structure of the Internship Program

The internship combines two six-month rotations. Interns spend six months providing hospital-based services at LPCH and six months engaged in diagnostic and treatment experiences at CHC. In addition, year-long activities include didactic training and ongoing outpatient psychotherapy cases, which provide experience in long-term treatment of children. Interns are expected to spend approximately one-third of their time engaged in direct patient contact, one-third time in supervision and training activities and one-third time in meetings, collaboration and paperwork. Within this structure, every effort is made to tailor the internship experiences to meet the training needs and individual interests of each intern.

Lucile Packard Children’s Hospital at Stanford

At LPCH, interns spend three months on the Pediatric Psychiatry Consultation-Liaison Service (C/L) and three months on the Eating Disorders Team, which provides services to the Comprehensive Pediatric Care Program located at El Camino Hospital.

- **Pediatric Psychiatry Consultation-Liaison Service**: The C/L Service provides evaluation and short-term therapy for patients with serious medical disorders seen in the outpatient pediatric clinics or the inpatient pediatric units. In addition to providing direct clinical services to the patient and family, interns also provide consultation to the medical and support staff about emotional and behavioral aspects of illness or hospitalization. Medical services that frequently refer to the C/L Service include gastroenterology, rheumatology, neurology, endocrinology, pulmonology, hematology/oncology, and heart, liver and kidney transplantation. Inpatient consultation takes place on the general pediatric medical/surgical units, the Oncology/Stem Cell Transplant Unit, as well as the neonatal and pediatric intensive care units. The C/L Service also participates in a number of comprehensive, multidisciplinary programs for feeding disorders, craniofacial anomalies, dermatologic disorders, as well as pain management. Typical reasons for consultation include treatment non-adherence, procedural anxiety, pain management, adjustment to illness, and disruptive behaviors. Patients range in age from infancy to young adulthood. There is also significant ethnic and socioeconomic diversity among the patients followed by interns on the C/L Service.

Each intern completes approximately 2-4 new consults per week and typically maintains an average caseload of 5 patients at any point in time, although the actual caseload varies depending on overall census. Interns gain exposure to a broad range of problems that present in children with medical illnesses but may also tailor their experiences to a particular illness group that they would like to emphasize in their training.
Interns receive individual supervision by the attending psychologist on the service. In addition, they attend daily C/L rounds and a weekly C/L seminar, which includes both didactics and case presentations.

- **Eating Disorders Team:** During their 3-month rotation on the Comprehensive Pediatric Care Unit, interns spend the majority of their time at a satellite LPCH unit located at El Camino Hospital. The CPCU is a fifteen-bed unit that serves adolescents with medical diagnoses occurring in the context of a debilitating mental health condition severe enough to require hospitalization. The CPCU provides a structured therapeutic milieu and is fully staffed for intensive psychiatric care of patients with pediatric and psychiatric comorbidity. Interns primarily work with adolescents with Eating Disorders who are admitted for medical instability and malnutrition. Other presenting problems include medical nonadherence and somatoform disorders. Interns typically carry a caseload of up to 5 patients, providing individual and family therapy and consulting with the milieu and school staff. The interns are part of a multidisciplinary team that includes psychiatry, psychology, and adolescent medicine attendings, psychiatry residents, nurses, social work, milieu counselors, occupational therapists, and hospital school staff. The intern also co-leads a process group weekly.

Interns are responsible for presenting their cases in daily rounds. Each week, they receive one hour of individual supervision with the attending psychologist, three hours of group supervision with the attending psychiatrist spent on either case discussion or direct observation of assessment and/or intervention methods. In addition, interns participate in a journal club one hour per week as well as 1-2 hours of didactics focused on empirically-based treatments of eating disorders.

- **Outpatient Services at Stanford Division of Child Psychiatry:** Outpatient services are divided into specialty clinics, wherein trainees may develop expertise in empirically-validated treatments for specific disorders. The staff of the specialty clinics consists of child psychiatrists and child psychologists along with advanced trainees (i.e., psychology postdoctoral fellows, child psychiatry residents) who are supervised by the faculty. Specialty clinics include: Anxiety Disorders, Autism and Developmental Disorders, Bipolar Disorders, Depression, Disruptive Behavior Disorders, Early Life Stress, and Eating Disorders. Interns who follow their long-term psychotherapy cases in the Child Psychiatry Outpatient Clinic may be assigned cases from these specialty clinics. Research and clinical opportunities within these clinics are also often available to interns who are seeking additional experiences beyond their clinical assignments within the structured rotations.
The Children’s Health Council

At Children’s Health Council, interns function within our Community Clinic, seeing clients who have MediCal or Healthy Families insurance.

- **Diagnostic Teams:** Multidisciplinary teams coordinate and provide most of the diagnostic and assessment services to children and adolescents referred to CHC. The teams are divided along age group lines, allowing for clinicians to develop their interests and expertise in working with specific age groups of children and their families. The clinic has Infant-Preschool Teams (0-5 years), School Age and Adolescent Teams (6-18 years) and Neuropsychology teams. Teams are each comprised of psychologists, marriage, family and child counselors or social workers, and learning disability specialists. Speech and language pathologists, occupational therapists, and psychiatry residents are also included on some of these teams.

The multidisciplinary teams ensure that the developmental, educational, medical, and emotional aspects of each case are all considered in the evaluation process. Teams assess a broad range of referral concerns, and depending upon the presenting problems, children can be evaluated by a single discipline, by a team of two or three disciplines, or by an extended team composed of four or more disciplines. Interns participate in multidisciplinary evaluations in order to provide a diverse training experience where collaboration with a range of clinical specialists provides the most comprehensive perspective possible on each child.

Interns spend six months with two diagnostic teams, a school-age/adolescent team and an infant/preschool team, where they are involved in the full range of diagnostic experiences. Once the intern has completed his/her psychological evaluation of the child, and supervision has been obtained, the intern participates in the team disposition. There, the intern and each of the clinicians on the team present their findings and develop an integrated formulation of the varying perspectives offered by each discipline. Subsequently, the findings are presented directly to the parents (and often the child) in a conference attended by all of the clinicians. This process emphasizes a multidisciplinary integration of findings and demands that the intern conveys findings in a meaningful way to parents. Interns typically complete five-six team evaluations per month. Interns receive weekly individual assessment supervision by a licensed psychologist.

- **Outpatient Psychotherapy:** The Mental Health Staff at CHC is composed of psychologists, social workers, psychiatrists, and marriage and family counselors. They provide a broad range of treatment services to children, adolescents and families throughout the greater San Francisco Bay Area, experiencing emotional or behavioral difficulties. CHC strives to provide interns with a range of treatment cases requiring varying conceptual orientations and therapeutic interventions with children, adolescents, parents and families. Interns are responsible for a caseload of six treatment cases, consisting of individual, parent, and family modalities. Interns are paired with supervisors who have expertise in the intern’s general area of interest.
- **Group Therapy:** Interns also co-lead group therapies for children and/or adolescents. The groups use a combination of educational instruction, group process/dynamics, behavioral, and supportive interventions to address the socialization needs of children and adolescents. Group sessions are empirically supported and curriculum driven and typically include a discussion or therapeutic activity, a recreation period, and a snack period. Interns typically co-lead one-two groups with a CHC psychologist or other professional, and receive supervision from that staff member.

**Didactic Training Mandatory Seminars**

A series of weekly seminars are held throughout the year and focus on topics related to child, adolescent, and family assessment and treatment approaches. Empirical evidence of assessment and treatment is offered in each course.

1. **Advanced Psychological Assessment of Children:** This seminar includes both didactic and case presentation material and provides a comprehensive overview of the assessment of children. Objective testing, projective testing, assessment with minorities and with young children are among the topics covered. Over the course of the year, interns refine their skills in interpretation and integration of test data by presenting and discussing complex diagnostic cases. Special topics, such as consultation with other professionals, are also covered.

2. **Professional Issues/Ethics:** This seminar provides didactic presentation and discussion of topics related to the professional and ethical practice of psychology. Topics include ethics, legal issues, cross-cultural issues, the unique identity and role of the psychologist and specific content areas related to the state-of-the-art psychological and assessment methods. The seminar also focuses on helping interns to plan their next step after internship, offering opportunities to review vitas and to discuss the transition from training to professional identity.

3. **Mini-Series Seminar:** Includes sections on Young Child Development, Treatment of Asperger Syndrome, Case Formulation, and Termination Issues in Child Psychotherapy.

4. **Marital and Family Therapy:** This seminar reviews various approaches to marital and family therapy with an emphasis on emotionally-focused, narrative and structural approaches. The goal of this seminar is to help each intern develop a model for conceptualizing and treating families that best fits with their style as a family therapist. Components of the course include presentation and co-leading initial family sessions.

5. **Process Group:** This one-hour weekly meeting offers interns an opportunity to process their experiences and feelings with a seasoned clinician who is external to both agencies, and therefore provides a safe forum for free discussion of personal experiences and professional development issues.
6. **Consultation-Liaison Seminar:** While rotating at LPCH, interns participate in a weekly C/L seminar in which psychology and psychiatry trainees’ present cases for discussion and relevant literature is reviewed. Additional didactic sessions focus on interventions for specific disorders or presenting problems, such as chronic pain disorders, treatment non-adherence, and coping with medical procedures. Throughout the course of the seminar, staff from a variety of hospital services (e.g., social work, child life/recreation therapy, chaplaincy, occupational and physical therapy) also present information related to their role with children and families within the hospital setting. In this way, trainees are able to develop a thorough understanding of hospital systems and multidisciplinary approaches to treatment.

7. **Best Practices in Clinical Supervision:** Interns are required to attend this one-day professional workshop that is offered to professionals in the community. The objectives of the workshop are to review the various models of supervision, the differences between supervision, consultation, and therapy, the goals of the adult learner, maladaptive supervision interactions, how to address the struggling supervisee, legal/ethical issues within the supervisory relationship, and multicultural issues that can affect the supervision relationship.

**Optional Didactic Experiences**

1. **Stanford University Department of Psychiatry Grand Rounds:** Grand Rounds are held weekly at the Stanford University Medical Center from September to June. Researchers and clinicians from both within and outside the University present on topics of clinical interest. One week per month, the topic pertains to a particular area within child and adolescent psychiatry.

2. **LPCH Department of Pediatrics Grand Rounds:** Pediatric Grand Rounds are held weekly for the LPCH residents and faculty. Presentations include current research topics related to the etiology and treatment of a variety of medical disorders. Interns can choose to attend any of these presentations.

3. **Professional Workshops:** As an authorized continuing education provider in the state of California, the CHC offers 3-4 continuing education classes per year for psychologists. Interns are offered registration to these classes at ¼ of the usual fee. Previous topics for these classes include: Professional Law and Ethics, Autism and Pervasive Developmental Disorders, Working with Medically Fragile Children, ADHD, and Domestic Violence.
Supervision and Evaluation

All interns receive two to four hours of individual supervision per week, with additional group supervision. The clinical staff at each training site provides two to three hours of supervision per week. Additional supervision is provided by mental health professionals who are on the Voluntary Clinical Faculty at the Stanford University Medical School.

While the majority of supervision is provided by licensed psychologists, other licensed clinicians such as psychiatrists, marriage, family and child therapists, and clinical social workers may provide supplemental supervision to interns.

The supervisors in this training program represent a wide range of theoretical perspectives, such as developmental, cognitive behavioral, psychodynamic, systems, narrative, and neuropsychological. We feel this diversity of perspectives enhances the quality of our training program. All supervisors are expected to discuss relevant scientific and empirical issues with interns, and to review relevant ethical and diversity issues that arise with particular cases and/or within the context of the intern’s judgments and performance. Supervision is viewed as an opportunity for the trainee not only to benefit from the supervisor’s expertise, but also to develop increasing self-awareness of strengths, weaknesses, and therapeutic values and attitudes. Supervision is also utilized as an arena for the exploration of the interns’ emotional responses to clients and families. This process is viewed as essential to becoming a competent clinician. Typically, the intern’s responses to a particular family or child are discussed rather than the intern’s personal history. In this way, the focus is on the evoking messages that the client and his/her family communicate, and the meaning this may have in the family or care giving system. Interns are evaluated by their supervisors on a quarterly basis, and provided with feedback about clinical strengths as well as areas for improvement. At the beginning of the internship year, interns are provided with a copy of the evaluation form that will be utilized, so that they are aware of the areas where they are being evaluated.

In addition to supervisors’ evaluations of interns, interns and co-directors of the training program attend monthly check-in meetings to discuss programmatic issues as well as bi-annual training retreats with Stanford’s Child Psychiatry Fellows to discuss and review program strengths and weaknesses. Intern feedback is viewed as vital to the ongoing refinement of this training program.
Successful Completion of the Internship Program

An intern will receive a certificate of completion at the conclusion of the training year upon satisfactory completion of the following internship program requirements:

- A minimum rating of “Competent” in the following overarching internship training goals and objectives on their intern evaluation forms:
  1. Knowledge and skills in methods of psychological assessment and diagnosis of children and adolescents, with a particular emphasis on administering and interpreting testing batteries.
  2. Knowledge and skills in collaboration on interdisciplinary assessment teams.
  3. Knowledge and skills in effective psychotherapeutic intervention for children and adolescents, including evaluation of empirical literature and integration of evidence-based practices into service delivery.
  4. Knowledge and skills in the establishment and maintenance of therapeutic relationships with a broad range of children and families.
  5. Knowledge and skills in school consultation and collaboration.
  6. Knowledge and skills in methods of psychological consultation to and liaison with pediatric medical services.
  8. Knowledge and skills in professional conduct, ethics and legal matters, including ongoing professional development and appropriate use of supervision.

- Accrual of a minimum of 1800 training hours across twelve consecutive months.

- Responsible completion of all paperwork and reports; return of supplies and keys; professional handling of client transfers and terminations.

Interns who successfully complete this internship program may apply for the postdoctoral fellowships offered through the Stanford University Division of Child Psychiatry. Currently, Stanford offers three paid postdoctoral positions.
Application Process

**Practica and Academic Preparation Requirements:** Applicants who apply to this internship training program must be enrolled in a doctoral program which is approved by the American Psychological Association (APA). Preference will be given to applicants who are enrolled in a clinical or counseling doctoral program. It is required that all applicants have completed all their formal course work and qualifying examinations, and have only the dissertation requirement to meet when commencing the internship year.

All interns accepted to our internship have practica experience in outpatient and/or hospital settings where they have accrued at least 1,500 clinical hours. Most have earned supervised hours well above this minimum standard. Interns are required to have previous therapy and assessment experience with children and/or adolescents. We look for candidates with training and professional goals that fit with the training opportunities and settings that our internship provides. Strong preference is given to candidates who desire a career in child/pediatric/adolescent psychology. Applicants of diverse backgrounds and experiences are encouraged to apply.

Application Form: The application form can be accessed through the APPIC website at [http://www.appic.org](http://www.appic.org). In addition to the standard AAPI Online application, two clinical assessment reports that include psychological testing are required as supplemental materials. Applications will not be considered unless all required application materials are submitted via the AAPI Online by the **November 1st** deadline.

Screening Process: Completed applications are evaluated on a variety of factors including "goodness of fit" with our site to identify a pool of applicants to interview. We will notify all applicants of their application status via e-mail by December 15.

Interview: Selected applicants will be invited for on-site interviews which occur during the month of January. Although on-site interviews are preferred, telephone interviews may also be arranged. When invited to interview, applicants are asked to rank their preference of interview dates. Effort is made to provide applicants with their first choice date, but this may not be possible as a limited number of applicants are interviewed each day.

APPIC: We follow APPIC match policies for the internship selection process. These guidelines are available at [http://www.appic.org](http://www.appic.org). Please review these guidelines. This internship site also agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Please note that California law requires that individuals having direct contact with children must be fingerprinted prior to employment. Thus, as a pre-condition of employment, matched interns are required to be fingerprinted and must pass a criminal background check prior to the start of the training year. Fingerprint cards or reports from previous employers are not acceptable.
Stipend and Benefits

The internship program currently offers a stipend of $24,720 to each of four interns. In addition, interns receive a benefits package that includes medical and dental insurance, disability insurance and three weeks paid vacation per year.

Questions about the internship program can be directed to:

Michelle R. Brown, Ph.D.
Director, Internship Training Program, LPCH
Division of Child and Adolescent Psychiatry
Stanford University School of Medicine
401 Quarry Road, Stanford, CA 94305-5719
Phone: (650) 724-3265 ~ Fax: (650) 723-5531

This internship is accredited by American Psychological Association. For further information, contact: Committee on Accreditation, c/o Office of Program Consultation and Accreditation - APA, 750 First Street, NE, Washington, DC 20002-4242. 202-336-5979.

If you would like further information about the Children’s Health Council and the Division of Child and Adolescent Psychiatry at Stanford, please refer to our respective websites below:

- The Children’s Health Council:
  http://www.chconline.org/for-professionals/professional-training

- Division of Child & Adolescent Psychiatry at Stanford:
  http://childpsychiatry.stanford.edu/training/pre-doc_internship.html
Training Faculty and Staff

I. Lucile Packard Children’s Hospital at Stanford

- Michelle Brown, PhD (Director of Internship Training, LPCH) – Chronic Illness; Pediatric Pain Management; Pediatric Palliative Care.
- Jennifer Derenne, MD (Eating Disorders)
- Wendy Froehlich, MD (Autism Spectrum Disorders, Pediatric Psychiatry Consultation-Liaison)
- Michelle Goldsmith, MD (Pediatric Psychiatry Consultation-Liaison)
- James Lock, MD (Medical Director, Comprehensive Pediatric Care Unit) – Eating Disorders; Sexuality.
- Lauren Schneider, PhD - Pediatric psychology; Solid Organ Transplantation; Treatment Adherence
- Mary Sanders, PhD (Program Director, Comprehensive Pediatric Care Unit) – Child Abuse; Eating Disorders; Family Therapy; Forensic Consultation/Evaluation.
- Richard Shaw, MD (Director of Consultation-Liaison Service) – Medical PTSD; Treatment Adherence.

II. Children’s Health Council

- Lydia Flasher, PhD (Director of Training, CHC) – Interpersonal Case Formulation and Therapy; Anxiety and Mood Disorders; Family Systems; Parent Therapy; Illness Narratives.
- Glen Elliott, MD (Chief Psychiatrist) – Disruptive Behavior Disorders; Affective Disorders; Pervasive Developmental Disorders.
- Vivien Keil, PhD – Neuropsychology and Young Child Assessments; CBT and Family System Therapies.
- Ramsey Khasho, PsyD – Treatment of Anxiety and Depression; Family Therapy
- Caryn Kovar, PhD – Neuropsychological Assessment; Neurodevelopmental Disorders.
- Kara Lemke, PhD – Young Child Assessments; Assessment of Autism Spectrum Disorders; Treatment of Anxiety, Mood Disorders and Behavioral Difficulties.
- Cyndi Medina, PhD – Neuropsychological Assessment; ADHD; Pervasive Developmental Disorders; Genetic Disorders; Brain Injuries.
- Anna Parnes, PhD – Behavioral Management; Assessment of Children and Adolescents; Trauma; Attachment issues; Chronic Medical Conditions.

III. Adjunct Faculty and Voluntary Supervisors/Instructors

- Barbara Brandt, PhD – Preschool and Early Elementary School Children; Children with Medical, Developmental and Learning Disabilities; Play Therapy.
• **John Brentar, PhD** – Psychological Assessment; School Consultation; ADHD and Learning Disabilities.
• **Christine Gray, PhD** - Neuropsychological Assessments; Pediatric Psychology
• **Paula Jacobsen, MSW** – Asperger Syndrome; Individual Child Therapy; Collateral Parent Therapy and School Consultation.
• **Luisa Montaini-Klovdahl, PhD** – Assessment and Treatment of Young Children; Attachment, Trauma and Pervasive Developmental Disorders; Developmental and Family Systems Approaches.
• **Susan Markowitz, PhD** – Psychodynamic Psychotherapy with Children and Adults; Children with Medical Disorders and Special Needs.
• **John Neal, PhD** – Family and Marital therapy; Emotionally-Focused and Narrative Therapy; Eating Disorders; Attachment, Gender, and Power Issues in Family Therapy; Children and Divorce.
• **Thomas Plante, PhD** – Professional Ethics and Legal Issues; Professional Development.
• **Carol Slotnick, PhD** – Young Child Assessment and Treatment; Pervasive Developmental Disorders; Regulatory Disorders; Learning Disabilities; Adoption; Play Therapy.