



**DEPARTMENT OF
PEDIATRIC PSYCHOLOGY**

**Children's Hospital of Orange County,
A Part of Rady Children's Health**

Information on
Postdoctoral Fellowship Program
for the

2026 – 2027 Training Year

Children's Hospital Orange County (CHOC), a part of Rady Children's Health, is pleased to offer up to 12 one or two-year, full-time, postdoctoral fellowships in the Department of Psychology. The training year begins on August 24, 2026 and ends on August 20, 2027. The postdoctoral fellowships are a part of the Psychology Training Program that includes an APA accredited internship. The postdoctoral fellowships at CHOC offer advanced training in the areas of pediatric psychology, pediatric neuropsychology, and/or child and adolescent psychology. The goal of the training program is to allow fellows to further their professional development so that they can function independently as a psychologist across a wide variety of settings. The training program is designed to allow for the natural progression from internship training, where a variety of new clinical skills are learned, to a greater focus on the application of these skills with an increasing degree of independence. Along with this emphasis, training increasingly focuses on the development of professional skills necessary for independent practice (professional development areas include serving as a consultant within specific multidisciplinary teams, program development, licensure and/or grant writing). Fellows will receive training in assessment and consultation within a medical/clinical setting as well as additional experiences with more traditional brief and/or long-term intervention or assessment outpatient cases.

The program's particular goals and objectives are listed below in Psychology Fellowship Training, Training Purpose and Objectives.

Training Site: Children's Hospital Orange County (CHOC), a part of Rady Children's Health, has been recognized by the U.S. News & World Report as a Best Children's Hospital and is nationally ranked in nine pediatric specialties including Behavioral Health, Neurology and Neurosurgery, Cancer, and Cardiology and Heart Surgery. CHOC serves much of Southern California as it is Orange County's only medical facility solely devoted to the care of children and their families. Founded in 1964, CHOC is a tertiary care facility with a 323-bed capacity and a medical staff of over 500 physicians. Virtually every pediatric subspecialty is offered here: allergy, cardiology, endocrinology, gastroenterology, hematology, infectious disease, neonatology, nephrology, neurology, oncology, pulmonary medicine, and rheumatology. Most surgical specialties are also available. CHOC also has a pediatrics residency and medical fellowship program. CHOC and the University of California, Irvine Medical School have an affiliation agreement that started in 2009, resulting in the majority of pediatric care for both facilities taking place at CHOC.

Since opening its doors in 1964, CHOC has provided the highest quality medical care to children. Our regional health system includes a state-of-the-art main hospital facility in the City of Orange, a hospital-within-a hospital in Mission Viejo, and five community clinics – plus over 100 additional programs and services. With admissions growing by 90% over the last eight years, CHOC and CHOC at Mission Hospital combined rank as the 15th busiest children's hospital in the country. To better accommodate the growing needs of our community's children, CHOC built a state-of-the-art patient care tower on our main campus which opened in April 2013. In January 2025, Rady Children's Hospital and CHOC merged to become Rady Children's Health, with three campuses; Orange County, Mission Viejo, and San Diego. In addition to the above specialty services, CHOC Hospital in Orange also features pediatric surgical suites and related services, emergency, laboratory, pathology, imaging and radiology services, as well as private rooms for Oncology, a dynamic and family-friendly lobby, inviting outdoor gardens, a cafe and more.

CHOC has also grown its mental health service offerings, including opening an inpatient psychiatric unit in April 2018, an intensive outpatient program (IOP) in 2017, establishing an Emergency Department Mental Health Evaluation Service in 2015, starting community training

sessions in 2017, and adding school based mental health services in 2020. CHOC opened the Thompson Autism and Neurodevelopmental Center (TANC), a comprehensive center devoted to interdisciplinary care for children with Autism, in February 2020. In September 2015, we opened a County Behavioral Health contract clinic, and in 2023, this clinic merged with CHOC Project HEALTH, which is a Full Service Partnership (FSP), providing intensive outpatient and wrap-around services, including outpatient psychotherapy, psychiatry, care coordination, and case management for children with both medical and psychiatric conditions.

The CHOC Psychology Department includes psychologists (45 psychologists), licensed social workers and marriage and family therapists, art therapists, personal service coordinators, resource specialists, and administrative staff. In addition, CHOC has a Department of Psychiatry. Other specialists involved in providing care for children include pediatricians, psychiatric nurse practitioners, psychiatric nurses, behavioral technicians, art therapists, child life specialists, nutritionists, speech and language pathologists, physical therapists, and BCBA therapists.

Postdoctoral Fellowship Positions (up to 12 positions)

In order for the fellow to take a leadership role in program, our fellowships are designed to focus in a primary area. This focus allows fellows opportunities to work with teams over a year long period and to develop mastery of these skills.

Four of the clinical fellowships will specialize in Pediatric Psychology, including two fellowship positions specializing in Consultation and Liaison services on medical floors, one fellowship specializing in integrated primary care, and one fellowship position specializing in Oncology. One two-year fellowship will focus on pediatric neuropsychology with a variety of pediatric medical populations with a focus on neuropsychological assessment. Two fellowships will work with our Acute Services within our intensive outpatient program, medical stabilization of eating disorders program, and emergency department. Two-three fellowships will work within our Pediatric Psychology Project Health program offering higher level of care outpatient mental health services to children with co-occurring medical and mental health conditions, as well as in our Mental Health Crisis Clinic. Two fellowships will work within our Thompson Autism and Neurodevelopmental Center providing assessment and intervention services. Fellows will coordinate with the respective multidisciplinary teams throughout the year, participating in clinical work, program development, and clinical research activities within the teams. Fellows will see more complex cases and be responsible for further developing clinical services within their teams. They will provide inpatient and/or outpatient consultation services, outpatient therapy and/or assessment services, participate in outpatient clinics with multidisciplinary team members, and complete a postdoctoral fellowship project within their area of specialization.

I. Pediatric Psychology Fellowship Positions (4 positions)

Childhood chronic illness and mental health is a significant health concern. As medical treatments improve, more children are living longer with chronic illnesses. It has been estimated that 15 to 18% of children in the US are living with a chronic illness. Of these, about half experience a restriction in their ability to participate in typical activities. Children with chronic illnesses and their families experience a wide range of unique stressors, yet many do not have access to quality mental health services. Uniquely tailored psychological services, such as specialized assessments, psychosocial support, targeted interventions and psychotherapy, and consultation with medical teams can have a very positive effect on quality of life for children and their families. In recognition of these positive effects, children's hospitals and clinics are increasingly working closely with psychologists and other mental health professionals to provide comprehensive services to their patients and family members. The psychology postdoctoral

fellowships at CHOC seek to train psychologists to work effectively with children with chronic illnesses and their families and/or children and adolescents experiencing significant mental health conditions within the context of hospital-based inpatient, clinic, and outpatient services. This is a particularly exciting time to be a part of mental health, both within pediatric psychology as the medical field increasingly understands the critical role of psychological factors in overall health and within child and adolescent clinical psychology, as psychology services are integrated into standard health care services. Fellows will apply their knowledge of child development and their skills as a child therapist with children affected by medical and mental health conditions through a wide variety of experiences, such as inpatient consultation-liaison services with a variety of medical specialty units and/or within an inpatient mental health center and emergency department, consultation-liaison services with a variety of professionals within the hospital and outside of CHOC, more intensive experiences with specific medical specialty teams, intensive outpatient therapy programming, outpatient therapy, and assessment and evaluation.

Consultation Liaison Track (2 positions)

Consultation Liaison fellows will work with the Consultation and Liaison (CL) team which provides inpatient consultation to the medical units at CHOC Hospital in Orange. Consults are requested by attending physicians, residents, nurses, or other health care practitioners for children who are hospitalized due to a medical need and are experiencing concomitant psychological symptoms. Referral questions range widely and include assessment and disposition planning for behavioral emergencies, assisting with adjustment to new diagnosis, diagnostic clarification for potential somatization disorders, proving target symptom reduction for pain and somatization disorders, facilitating problem-solving to address medical regimen adherence concerns, assessment and targeted intervention for acute stress reactions, and leading a family-based treatment approach to treat eating disorders. The Psychology Consultation Liaison team includes psychology attendings, psychology postdoctoral fellows, psychology interns, and resource specialists. The Psychology CL team works very closely with the Psychiatry CL team and round together daily. The Psychiatry CL team includes a child and adolescent psychiatry fellow and a psychiatry attending. The fellows work with interdisciplinary teams including medical attendings and house staff (medical residents and fellows, medical students), nurses, social workers, child life specialists, and case managers. Depending on the diagnosis, physical and/or occupational therapists, dietitians, pharmacists, and other specialists might also be involved.

Fellows may have the opportunity to provide education and support to the medical residents and fellows in both informal and formal presentations.

In addition to the experiences working with the medical teams described above, the fellow will participate in a range of other pediatric psychology experiences described below in the section, "Activities Common to All Tracks."

Integrated Primary Care (1 position)

One fellowship position is being offered within our Integrated Primary Care (IPC) program. Integrated Primary Care aims to reduce barriers in accessing mental health services for a diverse and underserved population through integration into CHOC's pediatric clinics throughout Orange County. This track offers the unique opportunity to be families' first introduction to psychological services and will provide skill development across the developmental spectrum in a fast-paced multidisciplinary environment through various clinical experiences. Fellows will provide targeted mental health evaluations which may result in psychoeducation, skill

building, and referrals to community mental health resources. Common consult requests include anxiety, depression, behavioral concerns, toileting, and high-risk evaluations. In addition, fellows will provide intervention services through a brief outpatient follow-up model for patients across the developmental spectrum from early childhood to transitional age youth. Fellows will also provide preventative care through the HealthySteps model which targets children ages 0-3 and their families. HealthySteps provides the unique opportunity to develop skills in dyadic care with an early childhood population, address complex psychosocial stressors and develop skills in perinatal mental health. Fellows will work closely with the medical team to provide education, recommendations, and care coordination. Fellows on the IPC track will have the opportunity to work within a multi-disciplinary setting with a team of pediatricians, nurse practitioners, medical residents, social workers, case managers and resource specialists.

In addition to the experiences working with the primary care team described above, fellows will also participate in a range of other pediatric psychology experiences described below in the section, "Activities Common to All Tracks."

Oncology Track (1 position):

One fellowship position will specialize in Oncology. The Oncology rotation involves working with infants, children, adolescents and young adults and their families conducting universal psychosocial screening and providing mental health support throughout their medical treatment and frequently beyond. Psychology has an important role in CHOC's Oncology Program and supports patients and families across the care continuum. Often psychosocial services begin at, or shortly after diagnosis, and are available to patients and families as they navigate the unique challenges when receiving a cancer diagnosis, throughout active treatment, during long-term post treatment care, and during survivorship. The Oncology fellow will provide inpatient and outpatient psychological services, including initial assessments, coping and adjustment to a cancer diagnosis or new phase of a cancer diagnosis, helping parents and/or the medical team with behavioral management concerns, psychotherapy to address pre-existing or co-occurring mental health symptoms such as depression and anxiety, pain management strategies, issues related to survivorship and school reintegration, and palliative care. Patients are seen across both inpatient (e.g., medical floors and intensive care units) and outpatient settings (e.g., outpatient infusion center, oncology medical clinics, outpatient psychology) to provide continuity of care throughout their medical treatment. Fellows will work closely with the multidisciplinary medical team of oncologists, medical fellows/residents, nurse practitioners, nurses, and oncology psychosocial team (social work, child life, spiritual care, art therapy, music therapy, pet therapy) as a consultant and liaison to coordinate care.

In addition, Fellows may have the opportunity to provide brief, targeted outpatient therapy services to patients who are experiencing an overlap between their medical conditions and mental health functioning within our Medical Coping Clinic. Examples include adjusting to a new medical diagnosis, increased depression, anxiety, etc. that are negatively impacting medical adherence, overall medical adherence concerns, trauma related to medical procedures, hospitalizations, etc., and impact of living with a chronic medical condition on functioning (e.g. social/peer relationships, school reintegration, young adulthood milestones).

In previous years, fellows have had the opportunity to engage in clinical research and program development in the areas of sibling and parent support, school reintegration and educational support, and expanded support in medical clinics working with patients in survivorship. Additionally, fellows may have opportunities for presentations to medical residents and/or oncology division staff through formal and informal presentations.

In addition to the experiences working with the medical teams described above, the fellow will participate in a range of other pediatric psychology experiences described below in the section, “Activities Common to All Tracks.”

II. Pediatric Neuropsychology Track (1 position, 2-year fellowship designed to meet Division 40 Houston Conference Guidelines):

In this track we have 1 first year and 1 second year fellow position. CHOC’s postdoctoral fellowship offers a major area of study in clinical neuropsychology which adheres to specialty training guidelines and exit criteria recommended by the Houston Conference Guidelines. The objective of the fellowship is to provide advanced training in neuropsychological evaluation of children and adolescents with a wide range of medical conditions that impact the central nervous system and provide fellows with the experience required for independent practice, state licensure, and board certification. The fellowship has an emphasis on clinical training (~70% time) utilizing a rotation model, with additional time divided across didactics, supervision/professional development, and research/program development.

Fellows will work closely with our six neuropsychologists (including two board-certified) in performing outpatient pediatric neuropsychological assessments for a wide range of populations, with rotations including (but not limited to) evaluations across pre-surgical and post-surgical epilepsy, oncology brain tumor and long-term cancer survivorship, cardiac neurodevelopmental, genetic and metabolic, concussion, early childhood, and additional neurological populations (e.g., stroke, infectious diseases, demyelinating conditions, traumatic brain injury). Notably, CHOC has a Level IV Epilepsy Center with a busy EEG monitoring and epilepsy surgery program, and is a member of the Pediatric Epilepsy Research Consortium (PERC). Additionally, CHOC’s Cardiac Neurodevelopmental Program is a member of the Cardiac Neurodevelopmental Outcome Collaborative and participates in national multi-site clinical and research initiatives. Fellows will also be provided training in the provision of supervision, with potential opportunities for vertical supervision/consultation of interns and/or practicum students.

Educational training experiences include our biweekly Advanced Neuropsychology Seminar which includes both junior colleagues and faculty neuropsychologists and focuses on neuropsychological populations, neuroanatomy, case conceptualization, and literature. In addition, the group participates in our biweekly Board Preparation Seminar, which serves as preparation for both junior colleagues and faculty neuropsychologists pursuing board certification (e.g., fact finding, practice sample, ethics and professional identity). Fellows also serve as lecturers for the bimonthly intern assessment seminar, Child and Adolescent Assessment Seminar. Additional weekly seminars focused on topics including professional development, supervision, and ethics are offered through the broader CHOC psychology fellowship. Fellows will also have the opportunity to deliver presentations on neuropsychology topics within our training program seminars, hospital, and/or community.

In addition to the experiences working with medical teams described above, the fellows will also participate in a range of other pediatric psychology experiences described below in the section, “Activities Common to All Tracks.”

III. Acute Mental Health Services Track (2 positions):

Two fellows will work with CHOC spectrum of acute mental health services over the course of the training year. This fellowship will provide the trainee with the opportunity for an immersive training experience in 3 acute mental health settings with multidisciplinary teams, an intensive

outpatient program for adolescents, an inpatient medical stabilization of eating disorders program, and emergency room psychiatric evaluations (in the CHOC Emergency Department, Mental Health Emergency Services team). Presenting problems range from suicidal ideation, suicide attempt, non-suicidal self-injury, eating disorders, psychosis, aggressive behavior/danger to others, altered mental status, and severe psychopathology. In each setting, patients and families are experiencing some degree of a mental health crisis and the fellow will deliver evidence-based services to the family with the goal of reducing risk and alleviating distress. Activities in each setting are detailed below. Fellows will participate in a variety of seminars over the course of the training year. Fellows will have the opportunity to practice supervision competencies with doctoral practicum students and/or doctoral interns.

CHOC Intensive Outpatient Program

The fellow will engage in training opportunity with CHOC's IOP for adolescents. The IOP is a structured curriculum based on a DBT framework and serves teens experiencing suicidal ideation, non-suicidal self-injury, significant impairments in daily functioning, and/or emotional, behavioral, and interpersonal dysregulation. Teens attend program 4 days per week for 3 hours each afternoon and parents attend two one-hour groups. The IOP is DBT-adherent. Fellow will co-facilitate skills groups, lead mindfulness exercises, coach active skill use throughout group programming, conduct individual, family, and parent skills coaching as needed, conduct risk assessments, conduct phone coaching, and complete safety plans. Additionally, fellow will participate in Treatment Team and Consult Team, components of DBT to address patient care, clinician care, and adherence to the DBT model. Fellow will become proficient in the following areas: DBT skills training, functional analysis of self-harm and other risk-related behaviors, use of mindfulness to adaptively regulate emotions in treatment, determine appropriate level of care for high risk teens, and managing effective self-care to promote clinician well-being and delivery of optimal services.

Work hours when on the IOP rotation are 10:30am-7:00pm when not in conflict with other training activities required by the Psychology Training Program.

CHOC Medical Stabilization of Eating Disorders Program

Fellows will have the opportunity to work with our Medical Stabilization of Eating Disorders Service at CHOC at Mission Hospital. This setting is a "hospital in a hospital" which is a pediatric inpatient medical setting. Fellows work closely with the attending psychologists, hospitalists, nutritionists, child life specialists, psychiatrists, and adolescent medicine specialists. Patients are admitted with a variety of eating disorder presentations that require medical stabilization (e.g., Anorexia Nervosa, ARFID, Bulimia). Fellows receive training in a Family-based Treatment (FBT) approach and implement adapted FBT principles and interventions into a busy inpatient medical stabilization setting to empower parents and equip them with the education necessary to restore their child back to health. Fellows provide diagnostic evaluations, parent and patient psychoeducation, individual and family interventions, and facilitate family meals and group therapy. Fellows also will participate in non-eating disorder psychological consultation and liaison services requested in this location (please see Consultation Liaison Fellowship Track description).

Mental Health Emergency Service (MHES)

The fellow will engage in a training opportunity with the MHES with children and adolescents who present to the emergency department for a primary psychiatric complaint. The specific reason may be due to concern for suicidal ideation and all suicide attempts, violent behavior and/or injury to self or others, marked changes in behavior, and psychosis or altered mental status. Training opportunities include conducting mental health evaluations, using evidence-based measures (e.g., Columbia-Suicide Severity Rating Scale [C-SSRS]), using evidence-

based crisis intervention (Family Based Crisis Intervention [FBCI]), formulating disposition plans, completing safety and coping plans with patients and families, and linking patients to appropriate services.

Work hours when on the MHES rotation are 10:30am-7:00pm when not in conflict with other training activities required by the Psychology Training Program.

Top candidates will have clinical experience with children and adolescents, fluent knowledge of risk and protective factors for suicide in children and adolescents, strong grasp of severe psychopathology as it presents in children and adolescents, and training in fast-paced settings requiring flexible response. Experience with evidence-based therapies is heavily preferred; training in DBT is not required.

In addition to the experiences described above, the fellows will also participate in a range of other child/adolescent psychology experiences described below in the section, “Activities Common to All Tracks.”

IV. Project HEALTH Full Service Partnership Child/Adolescent Psychology Program Track (2-3 positions):

Two-three fellows will work with our Project HEALTH Full Service Partnership (FSP) Child/Adolescent Program, specializing in providing long-term outpatient therapy to patients with co-occurring medical and mental health diagnoses. Our Project HEALTH (Harnessing Every Ability for Lifelong Total Health) program provides intensive multidisciplinary intervention services for children, adolescents, and young adults (ages 3-21 years) with both medical and mental health conditions who need higher level of care services beyond weekly therapy. Our Project HEALTH team highly values serving patients and families from a range of cultural and linguistic backgrounds, as well as gender diverse youth. Project HEALTH is a collaborative program between CHOC and Orange County Health Care Agency. As such, fellows will also receive extensive training surrounding Department of Mental Health documentation guidelines.

Fellowship positions will have a primary focus on the provision of outpatient mental health services (psychotherapy, coordination of care, and case management) to children and families with a broad range of complex medical and co-occurring psychological/ psychiatric diagnoses (e.g., oncology, genetic disorders, diabetes and other endocrine disorders, eating disorders, depression, anxiety, complex trauma, and suicidality). Fellows will have the opportunity to provide long-term therapy to patients and families and collaborate closely within a multidisciplinary team including Personal Service Coordinators (PSC), child & adolescent psychiatrists, medical and other allied healthcare professionals, and schools. Fellows also will have the opportunity to participate in workshops and evidence-based trainings provided by Orange County Behavioral Health as well as CHOC Department of Pediatric Psychology. Project HEALTH fellows also will have the opportunity to work with our Mental Health Crisis Clinic. CHOC’s Mental Health Crisis Clinic is a short-term bridge clinic for youth identified as at-risk for suicide. Patients come for up to 4 sessions to receive a detailed risk assessment, safety planning, and a structured Dialectical Behavior Therapy (DBT) skills curriculum in an outpatient setting. Youth range in age from 3-18 and represent a diverse breadth of intersectional identities. Fellows complete one intake and two return sessions per day in clinic and receive supervision from licensed master’s and psychologist supervisors.

In addition to the experiences described above, the fellows will also participate in a range of other child/adolescent psychology experiences described below in the section, “Activities Common to All Tracks.”

V. Autism Spectrum Disorders Track (2 positions):

The Autism Spectrum Disorders fellow at the Thompson Autism Center at CHOC will gain experience and skills in providing psychodiagnostic assessments and treatment for patients with Autism Spectrum Disorder and other mental health needs. During the assessment rotation, the fellow will conduct psychological assessment and testing for diagnostic purposes, including test administration, scoring, and comprehensive report writing. During the intervention rotation, the fellow will identify preliminary issues for treatment focus, develop treatment plans under supervision, and deliver individual and/or group therapy in multiple settings including the center, the home, and/or community. The fellow will gain experience in providing care to patients and their families in a multidisciplinary setting and will coordinate closely with the medical team and other members of the team (e.g., social work, behavioral analysts, occupational therapist, physical therapists).

Duration: 6 months in assessment and 6 months in intervention.

In addition to the experiences described above, the fellow(s) will also participate in a range of other child/adolescent psychology experiences described below in the section, “Activities Common to All Tracks.”

Activities Common to All Tracks:

Postdoctoral Fellowship Project

All fellows will have the opportunity to generate a postdoctoral fellowship project that is clinical or research oriented. Projects have included formal research questions, quality improvement initiatives, needs assessments, generation of individual or group manualized treatments, and development of psychoeducational materials. In addition to the core pediatric psychology faculty listed below, many of whom have ongoing programs of clinical research. Upon completion of the postdoctoral fellowship project, fellows will have an opportunity to present their results as presentations, posters, and/or papers within local, regional, and national forums, or to use the results to build upon in future programs or research development.

Supervision Experiences

Postdoctoral fellows will be provided with an opportunity to supervise interns and/or practicum students. Training in the provision of supervision will be provided. Supervision and responsibility for the patients will ultimately be the responsibility of a licensed clinical psychologist on staff. Depending on the specialty track, fellows will either supervise therapy cases, assessments, or inpatient consult cases.

Supervision

Fellows receive a combination of individual and group supervision (a minimum of four hours) per week. Supervision occurs on an individual basis, during group rounds, within clinic settings, and within the Training Program seminars. Primary supervision is performed by departmental staff who meet the California Board of Psychology requirements and CHOC Medical Staff qualifications. Fellows are offered at least two hours of individual supervision per week for ongoing therapy cases, assessment cases, and rotational experiences. Supervision of consults is handled with both individual supervision and via group supervision (rounds). Rounds are co-

led by a board- certified child and adolescent psychiatrist/pediatrician and a licensed psychologist.

Presentations

Fellows will have the opportunity to deliver presentations on mental health topics within our training program seminars, hospital, and/or community. They will observe faculty members' presentations and generate feedback on presentation style, content, and achievement of objectives. Then, fellows will work with our supervisors, faculty mentors, and/or community education team to develop presentations, which may include the psychology training program, hospital teams, schools, parent groups, pediatricians, and other community organizations.

Teaching Assistantship/Department Committee Representative

Fellows have the opportunity to serve as a teaching assistant for a seminar or rounds or serve as the representative for the training program on a department committee during the training year. Teaching assistantship/department committee assignments are determined based on fellowship track and fellow interests. As a teaching assistant, fellows will work with a faculty mentor to develop competencies in designing didactic series for psychology trainees, formal presentation skills, ways to facilitate meaningful discussion, and how to elicit seminar feedback from participants. As a department committee representative, fellows will attend department committee meetings as scheduled, serve as a liaison between the committee and the training class, illicit feedback from the training class and present to the committee, and provide feedback back to the training class regarding relevant issues raised at committee meetings.

Training Program Seminars

Required

Postdoctoral Fellowship Seminar (once weekly for 1 hour, year-long)

Professional Practice Seminar (once-twice monthly for 2 hours, year-long): includes Diversity & Ethics Seminars

Advanced Neuropsychology Seminar (twice monthly for 1 hour, year-long): required for neuropsychology fellow(s), optional for other fellows

CHiSPA (twice monthly for 1 hour): required for students who are proficient in Spanish (please see description below)

Optional

Child and Adolescent Assessment Seminar (twice monthly for 2 hours, year-long; fellows may serve as teaching assistants and assist in coordinating the seminar, attend any seminars of interest or to address any training gaps, attend trainee presentations)

Child and Adolescent Psychological Principles Seminar (twice monthly for 2 hours, year-long; fellows may serve as teaching assistants and assist in coordinating the seminar, attend any seminars of interest or to address any training gaps, attend trainee presentations)

Pediatrics Grand Rounds (weekly)

Content of required seminars is geared towards material needed for CHOC clinical activities. A didactic element is included in all seminars. Professional issues are addressed throughout the

training year. Outside speakers with a particular area of expertise are invited to present several of the seminars. Trainees may also attend the CHOC Grand Rounds as time permits.

Postdoctoral Fellowship Seminar

This seminar is held weekly throughout the year. The seminar focuses on professional development and also provides training in supervision. The seminar is informal in nature and covers topics relevant to your own training interests and needs.

Professional Practice Seminar

This seminar consists of two main topic areas: diversity and ethics. It is designed to focus on learning and application to your clinical work that supports increased competency in these areas. The diversity series focuses on unique diversity aspects of patient populations, health access, working with medically underserved populations, and exploration of the surrounding community. While we expect diversity awareness to permeate all of your work throughout the year, this seminar is designed to help you develop your model of learning and practice. The ethics series within the seminar focus on cases in medical settings that bring a multitude of ethical challenges, which can be complex and difficult to identify a clear path forward. In this seminar, faculty present cases they have worked on that have presented ethical challenges. In these interactive presentations, faculty and interns discuss systems and strategies to assess ethical dilemmas and determine courses of action.

Children and Adolescent Assessment Seminar (CAAS)

This bi-monthly seminar focuses on topics relevant to assessment and evaluation within the practice of Psychology with children and adolescents. Presentations will focus on various evidence-based assessment approaches for youth, as well as assessment considerations when working with specialized pediatric populations. We will also have guest speakers from other disciplines that psychologists frequently collaborate with on multidisciplinary teams. Postdoctoral fellows make formal case presentations in the Child and Adolescent Psychological Principles Seminar or Child and Adolescent Assessment Seminar in an area highlighting their expertise. In addition, they present cases, facilitate consultation, or make informational presentations in Diversity Seminar, Postdoctoral Fellowship Seminar, Ethics, and CHiSPA.

Children and Adolescent Psychological Principles Seminar (CAPPS)

This bi-monthly seminar focuses on topics relevant to the practice of psychology with children and adolescents. Presentations will focus on various evidence-based treatments for youth, as well as use of these treatments in specialized pediatric populations. We will also have guest speakers from other disciplines that psychologists frequently collaborate with on multidisciplinary teams. This will be an opportunity to learn how different disciplines function both at CHOC and as a broader specialization with youth and how psychologists can help integrate skills on a team to better serve the mental health needs of children and adolescents. Postdoctoral fellows make formal case presentations in the Child and Adolescent Psychological Principles Seminar or Child and Adolescent Assessment Seminar in an area highlighting their expertise. In addition, they present cases, facilitate consultation, or make informational presentations in Diversity Seminar, Postdoctoral Fellowship Seminar, Ethics, and CHiSPA.

Postdoctoral fellows may serve as teaching assistants for Professional Practice Seminar, CAAS, or CAPPS and help to coordinate the seminar. They alternate attending the seminar throughout the year and all fellows attend all trainee presentations at the end of the year.

Training Opportunities for Spanish Speaking Fellows

Our fellowship is dedicated to providing training opportunities for fellows who speak Spanish.

These experiences include the ability to conduct evaluations, consultations, and treatment in Spanish.

Fellows who speak Spanish have the opportunity to participate in a bi-monthly seminar, CHiSPA, led by several bilingual faculty and staff members. The seminar is designed to help increase skills in and comfort with conducting psychological interventions and assessments in Spanish. Activities include working on psychological vocabulary, practice in discussing cases, case conceptualizations in Spanish, and cultural modifications of interventions for Spanish speaking populations. The goal of the seminar is to provide support and build on participants' individual strengths. You will have the opportunity to attend seminar twice monthly, as well as have individual supervision in Spanish with a Spanish speaking faculty member.

We currently have 14 full time licensed psychologists who are bilingual in Spanish, in addition to bilingual and bicultural department mental health providers.

Pediatric Psychology Fellowship Training

Training Model

Our training model is that of scholar-practitioner. All current staff members were trained in the scientist-practitioner model and see the inclusion of empirical work as necessary for the competent treatment of psychological problems. We strive to provide trainees with a breadth and depth of training experiences in the context of utilizing innovative scientific information to guide their treatment planning, conceptualization, and delivery. All staff members remain actively involved in scientific associations, continuing education, and reviewing the relevant literature, in order to constantly improve the quality of their work and supervision. Licensure in the state of California requires 1500 Predoctoral and 1500 Postdoctoral hours of Supervised Practice, as well as successful completion of the national written exam (EPPP) and a written exam in Jurisprudence (CPLEE). Satisfactory completion of the post-doctoral fellowship at CHOC exceeds this requirement and provides at least 2000 hours of postdoctoral supervised practice. CHOC fellows in all tracks can anticipate that their weekly responsibilities will be approximately 42 – 47 hours per week. This time estimate includes clinical service, supervision, seminars, administration, scoring, and report writing of psychological assessments.

Training Purpose and Objectives

The purpose of our Pediatric Psychology Training Program is to provide a training experience to post graduate psychology students within a multi-disciplinary setting that allows for the professional development of child and/or pediatric psychologists and meets the licensing requirements for the Board of Psychology of the State of California (as well as those of other states).

Through our program, fellows will further develop their expertise in assessing and intervening on the psychosocial impact of acute and chronic illness in children and their families by providing hospital consultation and liaison services and outpatient therapy. Through these experiences, fellows continue to grow and develop their own unique professional identities.

Our program is designed to provide more structure at the beginning of the year, and for you to play an increasingly independent role towards the end of the year. During this year of critical transition from an intern to a professional psychologist, we encourage you to coalesce your unique professional identity, professional values, and a professional demeanor.

We fully anticipate that fellows graduating from our program will be prepared to function as an entry level pediatric psychologist in a medical setting. Many of our graduates go on to work in

hospital-based settings (both clinical and research), while others go on to assistant professorship positions, and others become private practitioners.

Our particular goals and objectives are:

Goal #1: To demonstrate at the skills necessary to practice independently in the psychological treatment and assessment of children and their family members, with a specific focus on children with medical diagnoses.

Objective(s) for Goal #1:

1a. Fellows will provide weekly outpatient and/or inpatient intervention services with children, adolescents, and their families.

1b. Fellows in the Neuropsychology track will provide weekly neuropsychological assessment services for children with medical diagnoses.

1c. Fellows in the Acute Services Track will work with children with acute mental health needs in an inpatient, emergency department, and intensive outpatient setting.

1d. Fellows will participate in weekly, regularly scheduled supervision.

1e. At the end of the year, Fellows will conduct a formal case presentation to demonstrate expertise in their specialty area either in the Child and Adolescent Psychological Principles Seminar or the Child and Adolescent Assessment Seminar. Presentations will include case conceptualization, diagnosis, assessment and treatment plans, and diversity factors.

1f. Fellows will participate in an Ethics seminar module and will also discuss a case that involved a potential ethical dilemma from the current training year.

Goal #2: To demonstrate at the skills necessary to practice independently in the provision of consultation to medical or other allied health professionals or providers as well as school professionals.

Objective(s) for Goal #2:

2a. Fellows will provide consultation services to either medical providers and/or school providers.

2b. Fellows will receive specific training on consultation through either Inpatient Consultation Liaison rounds, supervision on consultation with teachers and counselors, participation in IEP's with supervision or working with School Based Advocacy services.

2d. Fellows will participate in after hours call or experiences along with licensed supervisors that are in line with their fellowship track. Any hours worked after hours will be compensated.

Goal #3: To complete the training and experience necessary to fulfill requirements for applying for state or provincial license or certification for the independent practice of psychology and be prepared for functioning as a professional.

Objective(s) for Goal #3:

3a. Fellows will accumulate at least 2000 hours of supervised clinical work over the course of the year, participating in the training activities of the Fellowship program.

3b. Fellows will receive a minimum of 4 hours a week of supervision (at least 2 hours individual).

Goal #4: To demonstrate at the skills necessary to practice independently in the provision of outpatient psychotherapy, psychological assessment, and consultation to culturally diverse populations.

Objective(s) for Goal #4:

4a. Fellows will participate in a Diversity seminar as well as Department wide Diversity training.

- 4b. Fellows will present cases and include diversity factors within the case conceptualization.
- 4c. Fellows will participate in training activities that encourage exploration of communities in Orange County and the experience of different cultural opportunities.
- 4d. Diversity issues will be discussed during supervision for outpatient psychotherapy, assessment, and consultation.

Competencies

To demonstrate at the level of minimum guidance to able to do well independently the skills necessary to practice independently in the psychological treatment and assessment of children and their family members, with a specific focus on children with medical diagnoses.

To demonstrate at the level of minimum guidance to able to do well independently the skills necessary to practice independently in the provision of consultation to medical or other allied health professionals or providers as well as school professionals.

To complete the training and experience necessary to fulfill requirements for applying for state or provincial license or certification for the independent practice of psychology and be prepared for functioning as a professional.

To demonstrate at the level of minimum guidance to able to do well independently the skills necessary to practice independently in the provision of outpatient psychotherapy, psychological assessment, and consultation to culturally diverse populations.

Evaluations

Informal evaluations are conducted throughout the year; For 1-year fellowship positions, formal evaluations are conducted at 3 months, at mid-training year (6 months), and at the end of the training year (12 months) by training teams consisting of the fellows' supervisors. For 2-year neuropsychology fellowship positions, formal evaluations are conducted at 6 months, 12 months, 18 months, and 24 months. These evaluations look at the trainees' strengths in a variety of areas including diagnostic skills, interventions, testing, ethics, professional development, multicultural awareness and response to supervision. Evaluation results are shared with the fellows so that goals can be defined and planned for and refinements in performance can occur. Fellows are also asked to evaluate their supervisors and the Training Program annually. Supervisor and Training Program evaluations are used to review and clarify rotation strengths and weaknesses, supervisor performance, and program efficacy.

CHOC Psychology Training Program: Important Policies and Procedures

Problems that Could Arise:

As practicum students/intern/trainees who are in training, trainees are not expected to be an independently functioning psychologist. However, trainees are expected to: always consider the best interests of patients/ families, be aware of limitations and when more supervision is necessary, be assertive about needs for additional supervision and training, follow the APA Ethics Code, work hard, be conscientious, and follow all CHOC policies and procedures including but not limited to Associate Responsibilities policies such as the Code of Business Conduct, Attendance, Disruptive Behavior, Dress Code, Professional Conduct, Punctuality, and Therapeutic Relationships and Professional Boundaries policies. These policies are reviewed during new hire hospital orientation and available at all times to all CHOC associates through CHOC policy manager.

Minor infractions will typically be brought to your attention by your primary supervisor or the Director of Training at the earliest possible occasion. Our first goal is to work with you if there are any concerns. We do want you to be aware, however, of the steps that can be taken if there are repeated problems or if individuals are not willing to work on the problems identified. Minor infractions typically lead to a verbal warning. If repeated, they may lead to a written notice and may lead to a referral for counseling. Examples of minor infractions are inappropriate dress, uncooperative attitude, and repeated tardiness.

Moderate infractions typically receive a written warning, which is placed in your personnel file. Depending on the situation, CHOC reserves the right to take additional disciplinary action, such as temporary absence without pay. Examples of moderate infractions are improper or abusive language, refusal to perform work as instructed, disclosure of confidential information, and unexcused or misrepresented absence.

Serious infractions require disciplinary suspension or discharge. Examples of such inappropriate behavior for the workplace are intoxication, jeopardizing the health and safety of a patient, or insubordination.

Major infractions generally lead to discharge, but are limited to extreme behavior such as fighting, theft, immoral conduct, or sexual harassment.

DUE PROCESS, APPEALS and GRIEVANCES PROCEDURES

In the course of training, it is possible that problems will occur. These problems can be minor or more major. We believe in trying to resolve all problems informally if at all possible. However, if problems cannot be addressed informally, there are additional steps that can be followed as detailed below. Trainees have the right to appeal any decision with which they disagree (see Appeals Procedures below).

Due Process for Problem Behaviors

Notice:

Step 1: Informal Notification

If problem behaviors (which can include deficiencies in training, an inability or unwillingness to acquire necessary professional skills, an inability to control personal stress or strong emotions which interfere with professional behavior) are identified, the supervisor or Director of Training will provide notice by discussing the problem behavior with the trainee directly. The training program is responsible for providing clear, direct, and timely feedback regarding problem behaviors within competency domains. As a part of this discussion, suggestions to address and resolve the problems will be identified. The training program will outline the steps that the trainee will be responsible for taking to rectify the problem behaviors and timeline, and the steps that the training program will be responsible for to rectify the problem behaviors and timeline. The supervisor or Training Director will also outline when feedback on progress will be given, generally speaking this feedback would occur during regular supervision or meetings with the Director of Training.

Step 2: Written Notice

If problem behaviors persist and the trainee does not appear to be able to resolve the issues informally, a written notice will be given by the Director of Training. The trainee will be aware of this progression through feedback on progress in the Informal Notification step. The written

notice is determined by the trainee's training team and training director(s). The written notice will be provided within 2 business days of notice that the progress on the informal plan has not been successful and include descriptions of the problem behaviors, dates the problem behaviors were brought to the trainee's attention and by whom, steps already taken to address the identified behaviors and steps that the trainee will be responsible for taking to rectify the problem behaviors and timeline, and the steps that the training program will be responsible for to rectify the problem behaviors and timeline. The timeline may vary based on the type of problem, the steps to address the problem and what might be a reasonable time to remediate the issue and will all be discussed with the trainee. The written notice will also include the plan for evaluating progress on the remediation and a date for re-evaluation of acceptable performance. If the problem behavior is addressed in a CHOC Human Resources (HR) policy, the training program will also follow HR policies with regard to corrective and disciplinary actions.

Step 3: Competency Remediation

If the problem persists upon the agreed upon re-evaluation, the training program will recommend remediation for the problem behaviors, including a competency remediation plan. The trainee will be aware of this progression through feedback on progress in the Written Notice step described above. The competency remediation plan need is determined by the trainee's training team and training director(s). The competency remediation plan will include descriptions of the problem behaviors, dates the problem behaviors were brought to the trainee's attention and by whom, and ways that these behaviors have been attempted to be addressed by the trainee and by the training program. The competency remediation plan will also include a detailed description of the expectations for acceptable performance for each problem behavior, the trainee's responsibilities and actions, the supervisor's, training team, and training director's responsibilities and actions, the timeframe & method for receiving feedback about progress towards the remediation plan goal, the timeframe for acceptable performance, the assessment methods to document acceptable performance, and consequences for unsuccessful remediation. The competency remediation plan will be reviewed with the trainee in detail within 2 business days of notice to the trainee of moving onto a competency remediation plan. and the trainee will have the opportunity to ask questions, indicate agreement or disagreement with the plan, and if in disagreement, provide a detailed description of the rationale for the disagreement and alternative suggestions. The competency remediation plan will also include a summative evaluation of the competency remediation plan detailing follow-up meeting dates, outcome of the remediation plan (e.g., remediation met, partially met, or not met), next steps (e.g., remediation concluded, remediation continued and plan modified, or next step in Due Process), timeline and format for receiving feedback on progress towards competency remediation and next evaluation date if needed. A copy of the competency remediation plan will be given to the psychology trainee as well as kept by the Director of Training. If a psychology practicum student or intern is placed on competency remediation plan, the Director of Training will also notify the Training Director of their doctoral training program of the reason for the remediation plan and a copy of the written competency remediation plan. If the problem behavior is addressed in a CHOC HR policy, the training program will also follow HR policies with regard to corrective and disciplinary actions.

While we expect that all trainees will successfully complete the program, we do have guidelines for placing trainees on probation if problems cannot be resolved utilizing the above process, and for terminating the individual if problems cannot be resolved with a formal probation plan. All trainees would receive feedback about their progress on the remediation plan and have notice about possible probation prior to any movement towards probation. As described above, there are numerous steps and you will be fully informed long before any of the probation or

termination processes would be initiated. We also have policies that guide the early resignation from the program if the trainee decides to do so. Finally, as noted above, trainees can appeal any decisions made by the Training Program (see below for the steps).

Notice: Probation and Termination

Probation: If, despite the steps above, a trainee does not perform their duties as required, or if the trainee conducts themselves in a manner that is contrary to the interest of the hospital, the Director of Training may place them on probation according to the following procedures:

1a. The Director of Training will discuss the matter with the psychology trainee, review the competency remediation plan and expectations, and summative evaluation of the competency remediation plan. The Director of Training will then discuss placing the trainee on probation and revise the competency remediation plan to reflect the probation status. The probation competency remediation plan will include a detailed description of the expectations for acceptable performance for each problem behavior, the trainee's responsibilities and actions, the supervisor's, training team, and training director's responsibilities and actions, the timeframe for acceptable performance, the assessment methods to document acceptable performance, timeline and format for receiving feedback on progress towards competency remediation and consequences for unsuccessful remediation while on probation. The probation competency remediation plan will be reviewed with the trainee in detail and the trainee will have the opportunity to ask questions, indicate agreement or disagreement with the plan, and if in disagreement, provide a detailed description of the rationale for the disagreement and alternative suggestions. A copy of the probation competency remediation plan will be given to the psychology trainee as well as kept by the Director of Training. If a psychology practicum student or intern is placed on competency remediation plan, the Director of Training will also notify the Training Director of their doctoral training program of the reason for the remediation plan and a copy of the written competency remediation plan. If the problem behavior is addressed in a CHOC HR policy, the training program will also follow HR policies with regard to corrective and disciplinary actions.

1b. If the psychology trainee has satisfactorily met the conditions of the probation competency remediation plan, according to written input from supervisors and other relevant hospital staff focused on the evaluation criterion outlined in the plan, the psychology trainee will be removed from probationary status. In the case of a practicum student or intern, the Director of Training will also notify the Training Director of their doctoral training program of the successful remediation.

1c. If the psychology trainee does not fulfill the requirements of the probation competency remediation plan, and consequently does not perform their duties as required or conducts themselves in a manner that is contrary to the interests of the hospital, the hospital may terminate the psychology trainee appointment.

Termination:

2a. If the psychology trainee does not fulfill the requirements of the probation competency remediation plan, and consequently does not perform their duties as required or conducts themselves in a manner that is contrary to the interests of the hospital, the hospital may terminate the psychology trainee appointment. All trainees would receive feedback about their progress on the remediation plan and have notice

about possible probation prior to any movement towards termination and have an opportunity for the appeals process (see below for the steps).

2b. If a practicum student or intern is terminated, a letter will be written by CHOC's Director of Training to the Director of Training of the graduate program outlining the problems, the attempts at resolution, and the reasons for the decision to terminate the trainee.

Resignation Procedure for Trainees

It is the policy of the Department of Psychology to have a procedure for the early withdrawal or resignation of a trainee. The procedure will clarify the Departmental expectations of trainees, who may, for personal reasons or reasons of dissatisfaction, wish to terminate their tenure prior to the date set forth in the training agreement.

Step 1: The psychology trainee who is considering early termination of the training year will first discuss this issue with the Training Director(s). The goal will be to clarify reasons for the decision and develop a plan to improve the problems and to create options that allow for the successful completion of the program.

Step 2: In the event that resignation appears to be the only viable solution, the trainee will meet with the training director(s) and other relevant staff members (which may include clinical supervisors), in order to discuss the matter of resignation and create a timeline for ending. Issues of patient care will be given priority consideration in developing a timeline for resignation.

Step 3: Should it be a practicum student or intern requesting premature termination from their training experiences, the Director of Training from their home doctoral program is to be consulted regarding this request.

Step 4: After meeting with the CHOC Director of Training(s) (and, for practicum students and interns, speaking with their doctoral program's Director of Training), the trainee will submit a written letter of resignation to the CHOC Director of Training(s).

Step 5: Should it be a practicum student or intern, after officially resigning, a letter will be written by CHOC's Director of Training to the doctoral program's Director of Training outlining the problems, the attempts at resolution, and the trainee's decision to terminate their current position.

Step 6: The trainee will be expected to complete all charting responsibilities and to follow standard termination procedures for CHOC prior to leaving the site.

Step 7: Psychology trainees will only receive credit for the hours of training completed up to the point of the resignation.

Appeals Procedure:

If a Psychology trainee is dissatisfied with any decisions regarding the trainee, the following procedures will be utilized:

Step 1: The Psychology trainees will discuss the matter with the training director(s). If the problem is with a decision made by the training director(s), the trainee may discuss the matter

with the Chief Psychologist. If the problem is with a decision made by the Chief Psychologist, the trainee may discuss the issue with the Chief Medical Officer.

Step 2: If the matter is not satisfactorily settled in Step 1, the psychology trainee may appeal in writing to the Chief Psychologist as well as speak to the Chief Psychologist in person within 10 working days from unsatisfactory resolution with the training director(s). The appeal shall include all pertinent facts and the remedy requested by the trainee. The Chief Psychologist will provide a written letter of decision in the manner within 10 working days of receipt of the letter and speak with the trainee if they wish to have a face to face meeting. They may talk to relevant parties to gather additional information.

Step 3: If the decision of the Chief Psychologist is not acceptable to the trainee, they may appeal in writing to the Chief Medical Officer within 10 working days from receiving the written decision letter from the Chief Psychologist.

Step 4: The Chief Medical Officer will render a decision within 10 working days which in all events shall be final and binding on all parties.

Each step must be completed within 10 working days.

Grievance Procedure:

While we certainly hope there are no problems with the training program, we recognize those can occur. Individuals in training can use the following procedure to resolve these issues. These would include difficulties or problems other than evaluation related (e.g., poor/inadequate supervision, unavailability of supervisor(s), workload issues, personality clashes, other staff conflicts) during their training program, a trainee can:

Step 1: Discuss the issue directly with the staff member(s) involved.

Step 2: If the issue cannot be resolved informally, the trainee should discuss the concern with the training director(s). If the problem is with the training director(s), the trainee may discuss the matter with the Chief Psychologist. If the problem is with the Chief Psychologist, the trainee may discuss the issue with the Chief Medical Officer.

Step 3: If the matter is not satisfactorily settled in Step 2, the Psychology trainee may appeal in writing to the Chief Psychologist. The appeal shall include all pertinent facts and the remedy requested by the trainee. The Chief Psychologist will provide a written letter of her decision in the manner within 10 working days of receipt of the letter. They may talk to relevant parties to gather additional information.

Step 4: If the decision of the Chief Psychologist is not acceptable to the trainee, they may appeal in writing to the Chief Medical Officer within 10 working days from receiving the written decision letter from the Chief Psychologist.

Step 5: The Chief Medical Officer will render a decision within 10 working days which in all events shall be final and binding on all parties.

Each step must be completed within 10 working days.

Educational Services

Fellows can use Burlew Medical Library, located on the CHOC/St. Joseph Hospital campus. A selection of professional books, journals, and audiovisual materials are available. Literature searches are free. Professional databases include the National Library of Medicine MEDLINE, HEALTH and CINAHL. Access can be accomplished remotely.

The Department of Pediatric Psychology has an assortment of professional books and journals, germane to professional work at CHOC.

Copying and multi-media services are available for presentations.

Fellowship Location

CHOC is located in central Orange County, placing it less than an hour drive from the City of Los Angeles and about 30 minutes from the Pacific Ocean. Mountain resorts and the California desert are less than two hours away. The Southern California climate is very moderate all year round. Housing costs in Orange County tend to be on the average to high average side, but are often more affordable than in other major metropolitan areas. Orange County offers training experiences working with youth and families from a range of cultural, linguistic, and religious communities.

Salary and Benefits

Fellows: \$74,505/year

Medical and Dental Insurance (after first full month of employment)

Paid time off (total of 21 days) for vacation/personal/sick leave (11-13 days) and departmental holidays (8-10 days)

Paid sick leave (total of 5 days per fiscal year)

An additional 3 days of educational leave (for conferences or licensure classes)

Medical leave consistent with the Family Medical Leave Act and California Family Rights Act

Each fellow is assigned a desktop or laptop computer

Embedded video cameras are available on site to enhance the supervision experience, including facilitating supervision of more challenging cases

Postdoctoral Fellows receive free parking at CHOC

A selection of professional books, journals, and audiovisual materials are available through the Psychology/Neuropsychology Training Program library and through the Burlew Medical Library, located on the CHOC/St. Joseph Hospital Campus

How to Apply

Application Procedure

The application deadline for fellows is **December 1, 2025**, to begin training on August 24, 2026. Please email all application materials to Marni Nagel, Ph.D., Director Psychology Training Program, Senior Psychologist at https://redcap.link/CHOC_fellow_application. Please have letters of recommendation sent directly by recommenders to Dr. Nagel at https://redcap.link/CHOC_fellow_app_LOR. Please include the following in your application:

- Letter of interest indicating which track(s) you would like to be considered for, and your perceived fit with the program
- Curriculum vitae
- Graduate school transcripts

- Three letters of recommendations from graduate faculty and/or clinical supervisors – 1 letter from your graduate program, 1 letter from your internship site, and 1 additional letter from a supervisor of your choice
- Completed psychological test report on a child or adolescent (with identifying information removed) for Autism Spectrum Disorders and Neuropsychology Tracks only.

Selection Procedures

Virtual interviews will be held in January and are by invitation only in order to minimize the significant financial and time burden for applicants. On-site tours of CHOC can be arranged for any interested applicants and is not a requirement. The interview process includes a semi-structured interview. This format allows all applicants the same opportunity to show all of the skills and knowledge they have gained over the course of their graduate training. It also ensures that we ask you about all important areas. Time is also scheduled for more open-ended discussions where you can ask questions about our fellowship site. We also schedule time for you to talk to with current fellows. With applicants' permission, we would like to take a picture at the interview in order to assist the memory of the selection committee. This is a totally voluntary process, and all applicants are welcome to opt out of the photograph. This is a totally voluntary process, and all applicants are welcome to opt out of the photograph. In the past we have had applicants ask to take pictures of us as well. We invite you to do the same as we know how helpful that can be as a memory aide. We do ask that you respect the privacy of our patients and not take pictures that would include them.

We anticipate making initial offers mid-late January upon completion of interviews. Timelines may vary for each track. Any applicant requests to hold offers will work with the Training Director to determine timeframes for decision making, which may vary depending on track and applicant factors. The selection and offer process will be discussed during interviews, and applicants can reach out directly to the Training Director at any time with any questions.

The pediatric neuropsychology fellowship does not participate in the APPCN match and will be making offers on a rolling basis prior to the APPCN match date.

Applicants offered positions with our program should understand that prior to beginning the fellowship they will be required to successfully pass a required brief medical examination, which includes a drug test. Applicants will also undergo a required background test which CHOC requires of all employees in order to ensure the safety of our pediatric patients.

Application Requirements

Admission requirements for fellows include a doctoral degree in psychology from an APA- or CPA-accredited program; anticipated completion of a 1-year clinical APA- or CPA-accredited internship; one year of experience providing clinical services to children, preferably in a medical setting; a background in basic psychological testing measures (e.g. IQ, achievement, objective and projective personality measures); and finally, exposure to and interest in pediatric health psychology, pediatric neuropsychology, and/or child and adolescent psychology through coursework, clinical placement, or research. Postdoctoral fellows are required to complete their doctoral degree requirements prior to the start of the postdoctoral training year.

Questions

For additional information, please access our website at <https://www.choc.org/wp/careers/residency-training-programs/psychology-postdoctoral-fellowship/>

Programmatic Questions: Please email or call with any questions about the program. Please direct any questions about programmatic issues to:

Marni Nagel, Ph.D., Director Psychology Training Program, Senior Psychologist
Department of Pediatric Psychology
CHOC Hospital in Orange
1201 W La Veta Ave
Orange, CA 92868-3874
Phone: (714) 509-3455
Email: Psychology_Training@choc.org

If you have questions regarding the status of your application (e.g., is it complete or what is missing), please email Psychology_Training@choc.org or call (714) 509-3455 and ask for Gabriella.

Psychology Department Clinical Faculty and Staff:

Heather Huszti, Ph.D., Chief Psychologist, Licensed Psychologist

Clinical Psychology, Texas Tech University

Clinical/Training Interests: Hematology, Adherence, Consultation and Liaison services, Pediatric critical care

Julie Moghal, Ph.D., Director, Department of Psychology, Licensed Psychologist

Clinical Psychology, University of Toledo

Clinical/Training Interests: Law and ethics, Mentoring and supervision, Autism, Young child/feeding

Marni Switkin Nagel, Ph.D., Director Psychology Training Program, Senior Psychologist, Licensed Psychologist

Clinical and Developmental Psychology, University of Maryland Baltimore County

Clinical/Training Interests: Assessment and intervention with infants and young children, Neurodevelopmental assessment, Sleep medicine, Neonatal critical care, Chronic illness, Pain management

Baleska Alfaro, LMFT, Licensed Marriage and Family Therapist, Project HEALTH

Barbara Allen, LMFT, Licensed Marriage and Family Therapist, Intensive Outpatient Programming

Darcy Alcantara, Ph.D., Licensed Psychologist

Clinical Psychology, University of Massachusetts- Boston

Clinical/Training Interests: Integrated Primary Care, Diversity Training, Working with Latinx Populations

Adrianne Alpern, Ph.D., Licensed Psychologist

Clinical Psychology, University of Miami

Clinical/Training Interests: Cystic Fibrosis, Adherence, Diabetes, Gender identity and diversity, Adjustment and coping with chronic illness

Katelyn Anderson, Ph.D., Licensed Psychologist

Counseling Psychology, University of Oregon

Clinical/Training Interests: Eating Disorders, Consultation-Liaison, Gender identity and diversity

Sandra Avila, Psy.D., Licensed Psychologist

Clinical Psychology, CSPP Alliant International University, Alhambra

Clinical/Training Interests: Pediatric Psychology, Integrated Primary Care, Mental Health prevention and early intervention

Vicky Bouche, Ph.D., Licensed Psychologist

Clinical Psychology, Palo Alto University

Clinical/Training Interests: Acute Care, Crisis assessment and intervention, Consultation-Liaison

Ava Casados, Ph.D., Licensed Psychologist

Clinical Psychology, Yale University

Clinical Training Interests: Community education, Integrated Primary Care, Law and Ethics, Health disparities

Marc Chaney, Psy.D., Licensed Psychologist

Clinical Psychology, Adler University

Clinical/Training Interests: Pediatric Psychology, Behavioral Sleep Medicine, Adherence

Elisa Corrales, Ph.D., Licensed Psychologist

Clinical Psychology, University of Rochester

Clinical/Training Interests: Childhood trauma, PCIT, children's chronic illness

Lauren Couch, Ph.D., Licensed Neurodevelopmental Psychologist

School Psychology, University of California, Riverside

Clinical/Training Interests: Autistic Spectrum Disorders

Ana d'Abreu, Ph.D., Licensed Psychologist

School Psychology, Texas A&M University

Clinical/Training Interests: Social-emotional prevention programs, School-based mental health services, Resilience & acculturation factors in youth, Diversity, Equity, and Inclusion

Melanie Delanoy, Ph.D., Licensed Psychologist

Clinical Psychology, University of Arizona

Clinical/Training Interests: Eating Disorders, Supervision

Meredith Dennis, Ph.D., Licensed Psychologist

Clinical Psychology, Loma Linda University

Clinical/Training Interests: Acute psychiatric disorders, Emergency Department, Crisis Intervention and Management, Autistic Spectrum Disorders

Myranda Flordelis, Psy.D., Licensed Neurodevelopmental Psychologist

Clinical Psychology, California School of Professional Psychology at Alliant International University Los Angeles

Clinical/Training Interests: Autistic Spectrum Disorders

Ana-Mercedes Flores, Ph.D., Licensed Pediatric Neuropsychologist

Clinical Psychology, Eastern Michigan University

Clinical/Training Interests: Neuropsychology, Neurodevelopmental evaluation

Wendy Gray, Ph.D., ABPP, Licensed Psychologist

Clinical Psychology, University of Florida

Clinical/Training Interests: IBD, Pediatric GI, Abdominal pain, Adolescent/Young Adult transition to Adult Care

Heather Hennrick, Ph.D., Licensed Pediatric Neuropsychologist

Clinical Psychology, Eastern Michigan University

Clinical/Training Interests: Epilepsy, Seizure Disorders, Pediatric neuropsychology

Anita Saavedra Hernandez, Psy.D., Licensed Psychologist

Clinical Psychology, Pepperdine University

Clinical/Training Interests: Pediatric Psychology, School-Based Services, Diversity Training, Working with Latinx Populations

Gaby Hernandez, LCSW, Licensed Social Worker, MHIC

Esther Hong, Ph.D., Licensed Neurodevelopmental Psychologist

Clinical Psychology, Louisiana State University

Clinical/Training Interests: Autistic Spectrum Disorders

Jina Jang, Ph.D., Licensed Neurodevelopmental Psychologist

Clinical Psychology, Louisiana State University

Clinical/Training Interests: Autistic Spectrum Disorders

Annemarie Kelleghan, Ph.D., Licensed Psychologist

Clinical Psychology, University of Southern California

Clinical/Training Interests: Pediatric Psychology, Integrated Primary Care, Mental Health prevention and early intervention

Cindy S. Kim, Ph.D., ABPP, Licensed Psychologist

Clinical Psychology, Biola University/Rosemead School of Psychology

Clinical/Training Interests: Pediatric feeding disorders in infancy and early childhood, Young child mental health, Cochlear implants, and Developmental Disabilities

Carlos Konishi, Ph.D., Licensed Psychologist

Clinical Psychology, University of Southern Mississippi

Clinical/Training Interests: Coping and adjustment to chronic illness, Pediatric oncology, Diversity training

Mariam Ibrahim, Ph.D., Licensed Psychologist

Clinical Psychology, Arizona State University

Clinical/Training Interests: Integrated Primary Care, Diversity training

Michelle Lopez, LMFT, Licensed Marriage and Family Therapist, Project HEALTH

Karina Martinez, LMFT, Licensed Marriage and Family Therapist, Project HEALTH

Esmeralda Cardenas, LCSW, Licensed Social Worker, Project HEALTH

Maleia Mathis, Ph.D., Licensed Psychologist

Clinical Psychology, Loma Linda University

Clinical/Training Interests: Consultation-Liaison, School based mental health, Diversity, Equity, and Inclusion

Chris Min, Ph.D., Licensed Psychologist

Clinical Psychology, University of Maryland Baltimore County

Clinical/Training Interests: Integrated Primary Care, Consultation-Liaison, Neurology, Sleep medicine

Sheila Modir, Ph.D., Licensed Psychologist

Combined Clinical, Counseling, and School Psychology, University of California, Santa Barbara

Clinical/Training Interests: Coping mechanisms and understanding resilience in the context of trauma for vulnerable populations

Kathryn Moffa, Ph.D., Licensed Psychologist

Combined Clinical, Counseling, and School Psychology, University of California, Santa Barbara

Clinical/Training Interests: School-Based Mental Health Services, Child Clinical Psychology, Pediatric Psychology

Shirin Mostofi, Ph.D., Licensed Psychologist

Clinical Psychology, Loma Linda University

Clinical/Training Interests: Intensive outpatient programming, Crisis Management, Acute Psychiatric Crises, Dialectical Behavior Therapy, Working with young children

Elizabeth Mu, LMFT, Licensed Marriage and Family Therapist, Intensive Outpatient Programming

Anton Petrenko, Ph.D., Licensed Psychologist

Clinical Psychology, Northern Illinois University

Clinical/Training Interests: Hematology, Pediatric Psychology, Coping with Chronic Medical Conditions, Adherence

Mercedes Palacios, Ph.D., Licensed Psychologist

Clinical Psychology, Palo Alto University

Clinical/Training Interests: Pediatric Psychology, Diabetes, Diversity Training, Working with Latinx Populations

Eric Proffitt, Psy.D., Licensed Psychologist

Clinical Psychology, Azusa Pacific University

Clinical/Training Interests: Hematology/Oncology/BMT, Consultation-Liaison, Eating disorders

Nancy Ramirez, LCSW, Licensed Social Worker, MHES

Jonathan Romain, Ph.D., ABPP-CN, Licensed Pediatric Neuropsychologist

Clinical Psychology, California School of Professional Psychology, Fresno

Clinical/Training Interests: Epilepsy, Seizure Disorders, Pediatric neuropsychology, TBI and Concussion

C. Julieta Aguilera Rice, Ph.D., Licensed Psychologist

Combined Clinical-School Psychology, McGill University

Clinical/Training Interests: Pediatric Psychology, Oncology, Diversity, Equity, and Inclusion

Kevin Rowen, Psy.D., Licensed Psychologist

Clinical Psychology, CSPP at Alliant International University, Los Angeles

Clinical/Training Interests: Acute Care, Crisis assessment and intervention, Intensive Outpatient programming, Dialectical Behavior Therapy

Sarah Ruiz, Ph.D., Licensed Psychologist

Child Clinical Psychology, University of Minnesota, Institute of Child Development

Clinical/Training Interests: Integrated Primary Care, Diversity training, Diversity, Equity, and Inclusion

Scott Ryan, LMFT, Licensed Marriage and Family Therapist, Intensive Outpatient Programming

Hannah Steinberg, Psy.D., Licensed Psychologist

Clinical Psychology, PGSP-Stanford PsyD Consortium

Clinical/Training Interests: Eating Disorders, Consultation-Liaison, Suicide assessment

Amanda Suplee, Ph.D., Licensed Psychologist

Clinical Psychology, Loma Linda University

Clinical/Training Interests: Early Childhood assessment and treatment, play-based assessment, Consultation-Liaison

Alexander Tan, Ph.D., ABPP-CN, Licensed Pediatric Neuropsychologist

Clinical Psychology, Children's Health & University of Texas Southwestern Medical Center (UTSW), Dallas

Clinical/Training Interests: Neuropsychology, Cardiac neurodevelopmental concerns

Mery Macaluso Taylor, Ph.D., Licensed Psychologist

Clinical Child Psychology, University of Kansas

Clinical/Training Interests: Consultation-Liaison services, Chronic Pain, Latinx populations, Diversity Training

Micaela Thordarson, Ph.D., Licensed Psychologist

Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University

Clinical/Training Interests: Intensive outpatient programming, Crisis Management, Acute Psychiatric Crises

Carolina Eberhard Veira, LCSW, Licensed Clinical Social Worker, Project Health

Nicole Vincent, Ph.D., Licensed Psychologist

Clinical Psychology, University of Miami

Clinical/Training Interests: Clinical/Training Interests: Anxiety in children and adolescents, Pain management, Tic disorders, Therapy with school-age children and adolescents, Disorders of sex development, Psychosocial and cognitive issues in pediatric oncology

Elicia Wartman, Ph.D., Licensed Psychologist

Clinical Psychology, Loyola University Chicago

Clinical/Training Interests: Pediatric GI Disorders, Pain Management, Consultation-Liaison

Tyler Womack, Ph.D., Licensed Neurodevelopmental Psychologist

School Psychology, University of California Riverside

Clinical/Training Interests: Autistic Spectrum Disorders

Elissa Wu, Psy.D., Licensed Psychologist

Clinical Psychology, Wheaton College

Clinical/Training Interests: Therapy with children and adolescents with co-occurring mental health and medical conditions, Trauma-Focused Cognitive Behavior Therapy

Psychiatry Faculty:

Hoang “Wayne” Nguyen, MD, Chief of Child and Adolescent Psychiatry, Medical Director, Mental Health Inpatient Center, Board Certified Child/Adolescent Psychiatrist

Medical School, Texas A & M Health Science Center, Internship and Residency, University of Utah Medical Center

Clinical/Training Interests: Child and adolescent psychiatry, Psychosomatic Disorders, Developmental Disorders, Pain Medicine

Michael Chu, MD, Board Certified Child and Adolescent Psychiatrist

Medical School, University of Maryland, School of Medicine

Psychiatry Residency: University of Maryland Sheppard Pratt

Fellowship: University of California, San Diego/Rady Children’s Hospital Clinical/Training Interests: Child and adolescent psychiatry, consultation liaison and emergency department.

Michael Hwang, MD, Board Certified Child and Adolescent Psychiatrist, IOP, Pediatric Psychology Continuity Clinic

Medical School, New York University, Internship: Tulane University, Fellowship: University of California, Irvine

Laura Lai, MD, Board Certified Child and Adolescent Psychiatry, IOP

Internship and Fellowship: University of California, Irvine

Uma Rao, MD, Board Certified Child and Adolescent Psychiatry, Director of Behavioral Research

Lavanya Wusirika, MD, Child and Adolescent Psychiatry, MHIC

Fellowship: University of California, Los Angeles

Esther Yang, MD, Board Certified Psychiatry, Child and Adolescent Psychiatrist

Internship and Fellowship: University of California, Irvine Medical School