

**Lucile Salter Packard Children's Hospital at Stanford**

**and**

**The Children's Health Council**

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**Predoctoral Internship Program in Psychology**

**[www-cap.stanford.edu/training](http://www-cap.stanford.edu/training)**

Revised January 2007

## **Table of Contents**

General Description of Consortium Training Program	3
Philosophy and Goals of the Program	4
Clinical Experiences/ Structure of the Internship Program	4
Core Training Objectives and Competencies	8
Administration of Internship Program	9
Didactic Training	9
Supervision and Evaluation	11
Application Process	12
Stipend and Benefits	13
Successful Completion of the Internship Program	14
Core Faculty	
Lucile Salter Packard Children’s Hospital at Stanford	16
Children’s Health Council	16
Stanford Adjunct Faculty and Voluntary Supervisors	17

## **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 predoctoral 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 2010. 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 Salter Packard Children's Hospital at Stanford (LPCH) is a specialized, 165-bed hospital providing inpatient and outpatient care to children with acute and chronic illnesses. A state-of-the-art regional referral center, LPCH offers care in the following areas: General Medical, Comprehensive Pediatric Care, Oncology/Bone Marrow Transplant, Pediatric Intensive Care, Neonatal Intensive Care, and Intermediate Care Nursery Units. In addition, LPCH operates a 15 bed adolescent unit at a satellite facility located at El Camino Hospital.

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 have 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. In order to ensure appropriate oversight and coordination of the program's clinical activities and functions the program is administered by directors at both sites. A Training Advisory Committee that is composed of representatives from both sites also supports the internship program.

## **Philosophy and Goals of the Program**

The child psychology internship at LPCH and CHC is committed to providing a rich and diverse training experience for interns who are interested in becoming child/pediatric psychologists. We are focused on the development of highly skilled and ethical psychologists who can contribute valuable assessment and treatment services in multidisciplinary settings. The development of these professional collaboration skills is viewed as essential to becoming an effective child psychologist. The internship training program is conducted in accordance with APA's 2002 Ethical Principles of Psychologists and Code of Conduct which were enacted in June 2003.

This program endorses a scientist-practitioner model of training wherein clinical practice is grounded in and informed by clinical research and empirically validated interventions. Intern clinical experiences are 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, dynamic, cognitive-behavioral, narrative, medical and systemic perspectives are integrated into the conceptual and treatment frameworks with children and their families. These orientations are reflected in a rich supervisory pool of clinicians who provide comprehensive training to our interns. Further, the family's manner of relating to its larger ecosystem is frequently addressed through ongoing consultation with schools and other agencies. Sensitivity to the clients' ethnic and cultural backgrounds is afforded a high priority as well.

## **Clinical Experiences/Structure of the Internship Program**

The internship combines two six-month rotations. Interns spend six months with inpatient experiences at LPCH and six months with diagnostic and treatment activities at CHC. In addition, year-long activities include ongoing outpatient therapy cases, which provides experience in long-term treatment of children. Interns are expected to spend 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 Salter 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, heart, liver and kidney transplantation, pulmonary medicine, endocrinology, hematology/oncology, and neurology. Inpatient consultation takes place on general pediatric units, the Oncology/Bone Marrow Transplant Unit, as well as the neonatal and pediatric intensive care units. The C/L Service also participates in a comprehensive, multidisciplinary program for pain management. The program is designed to intervene with children undergoing painful diagnostic or treatment procedures, and to assess and treat chronic or recurrent problems such as headache or abdominal pain.

Each intern completes approximately 2-4 new consults per week and typically maintains a caseload of 4 patients at any point in time. 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 Eating Disorders Team, interns spend the majority of their time on the Comprehensive Pediatric Care Unit (CPCU) 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.

Interns typically carry a caseload of up to 4 patients, providing individual and family therapy and consulting with the milieu and school staff. In addition, interns may provide psychological testing as part of the diagnostic evaluation of new patients, and are also involved with teaching medical students. The interns as part of a multidisciplinary team that includes psychiatry residents, attending staff, nurses, milieu counselors, occupational therapists, and hospital school staff, as well as outside sources (e.g., Social Services and other treatment facilities). The intern also co-leads a process group twice weekly with the staff psychologist.

Interns are responsible for both presenting their cases in daily rounds and attending a weekly mini-team where each patient meets with the treatment team for live consultation. Supervision includes 1 hour per week of individual supervision with the staff psychologist and a weekly case conference.

During rotation on the Eating Disorders Team, interns also have the opportunity to participate in outpatient psychiatric evaluations at the Eating Disorders Clinic. The outpatient clinic team also is multidisciplinary in nature, comprised of an attending psychiatrist, pediatricians, nutritionists, and social workers.

**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: Attention-Deficit and Disruptive Behavior Disorders Clinic, Anxiety Disorders Clinic, Mood Disorders Clinic, Developmental Neuropsychiatry Clinic, Eating Disorders Clinic, and Trauma Clinic.

## **The Children's Health Council**

**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 on each team to develop their interests and expertise in working with specific age groups of children and their families. The Infant Team (0-2 years), the Preschool Team (3-5 years), the School Age and Adolescent Team (6-18 years) 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

depending on the referral question.

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 partial team of two or three disciplines, or by a full team composed of four or more disciplines. Interns are involved in the 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 where they are involved in the full range of diagnostic experiences. Once the intern has completed his or 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 integration 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 two full team evaluations per month. Interns receive weekly individual testing 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 five treatment cases, consisting of individual, parent, and family modalities. Treatment cases are assigned through the Mental Health Program and/or the Young Child Program.

**Group Therapy:** Group psychotherapy is an important treatment modality at the CHC. 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. The group therapy leaders meet weekly for supervision with the Director of the Group Therapy Program to discuss issues related to particular groups as well as more general principles of group psychotherapy. Interns typically co-lead two groups.

**Young Child Treatment Services:** Select interns with an interest in working with infants and young children are assigned to the Infant/Young Child Program, which serves infants, toddlers, preschool children, and their parents. As one of the few mental health agencies in the area which provides comprehensive services to children under the age of 6 years, this program provides comprehensive assessment of young children and infants and individual and/or dyadic therapy for young children and parents experiencing primary relationship difficulties. Interns also have the option to serve as co-therapist in the Young Child Group Program, which addresses socialization difficulties in preschool children. CHC staff provides assessment and group therapy supervision in the Young Child Program.

### **Core Training Objectives and Competencies**

1. To provide training in the appropriate selection, administration, and interpretation of psychological assessment procedures, so that interns will demonstrate competence in the diagnosis of psychopathology and learning disorders with children and adolescents.
2. To provide training in empirically based treatments for children, adolescents, and families, so that interns will demonstrate competence in the appropriate selection of therapies and provision of treatment services.
3. To support the development of skills for conducting consultations for pediatric conditions, and specifically to function as the primary caregiver on a consultation-liaison team.
4. To provide training in the assessment and treatment of eating disorders, so that interns can work with a medical team to plan appropriate treatment interventions.
5. To provide training in the professional skills necessary for interdisciplinary collaboration and consultation. Interns will develop the skills to work on multidisciplinary assessment teams with educational specialists, psychiatrists, speech-language pathologists, and occupational therapists.
6. To train interns in providing school consultation and collaboration. Specifically, interns will learn effective interviewing methods to employ with school personnel and how to participate effectively in children's Individualized Educational Plans.
7. To provide interns with an understanding of APA guidelines and the ability to apply these principles to clinical practice. Interns will demonstrate competency in the ethical guideline specific to psychotherapy with children and adolescents, such

as confidentiality and child abuse reporting procedures.

8. To promote sensitivity, understanding and respect for cultural and ethnic diversity issues in the assessment and treatment of children and families. Interns will demonstrate competency in the ability to interview clients about their cultural beliefs and to modify treatment approaches to be compatible with clients' cultural and religious perspectives.
9. To enhance the skills necessary in establishing and maintaining a therapeutic relationship with a broad range of children and their families. Interns will demonstrate competency in adapting their language to meet the developmental levels of children and communicate in a professionally competent manner when providing feedback to families or when advocating for the needs of the child.
10. To facilitate an understanding of the role of psychology within a medical model. Interns will develop an understanding of the medical culture, be able to exercise appropriate professional boundaries on a medical team, and be able to respond appropriately when a clinical emergency arises.

### **Administration of the Internship Program**

While LPCH and CHC are independent agencies, they have a long history of collaborating in the provision of clinical services and training. In 1990, Lori Plante Goldfarb, Ph.D. (CHC) and Mary Sanders, Ph.D. (LSPCH) were named as co-directors of the joint internship program. This co-director structure was chosen to ensure that internship training would run smoothly at both agencies and that the interns would have ready access to a training director at each site. This joint administration leadership led to the program's application for APA accreditation in 1990 as a consortium. Full accreditation was received in 1993. The program has continued to develop, consolidate and expand into a high quality, comprehensive child clinical psychology internship training program.

The two Training Directors make administrative decisions regarding all joint phases of the training program in tandem. The program's current co-directors, Dr. Michelle Brown and Dr. Lydia Flasher, also meet with a Training Advisory Committee to seek input into programmatic improvements and refinements, but are ultimately responsible for decision making for the program. Finally, the training directors meet with internship supervisors to address supervision needs and intern performance.

## **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**, which includes sections on:

- Young Child Development and Treatment
- Asperger's Syndrome
- Play Therapy
- Case Formulation
- 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. Advanced Psychoanalytic Psychotherapy for Children**—This seminar focuses on helping interns to learn how to conceptualize and treat children using psychodynamic methods. Intern presentation of cases and examination of therapy process is emphasized.

**6. Support 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.

**7. 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.

**8. 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. Stanford Symposium on Developmental Approaches to Psychopathology** – This annual child psychiatry symposium provides an update on the biological and psychosocial factors of psychopathology from a developmental perspective. Symposium faculty include members from the Stanford Department of Psychiatry as well as nationally

recognized research centers. Free registration is offered to all trainees.

- 4. 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 free registration to these classes. Topics for these classes include Professional Law and Ethics, Autism and Pervasive Developmental Disorders, Working with Medically Fragile Children, and Domestic Violence.

## **Supervision and Evaluation**

All interns receive three to four hours of individual supervision per week, with some 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 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 some 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 client'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.

## **Application Process**

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 major coursework requirements and qualifying examinations, and have only the dissertation requirement to meet when commencing the internship year.

All interns accepted to our internship have participated in practica both in hospital and outpatient settings where they have accrued at least 1500+ 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 who wish to apply to this internship program should submit the following:

1. Your most recent curriculum vitae.
2. A completed APPIC application form. You can access this form through the APPIC web site at <http://www.appic.org>.
3. An APPIC Verification of Eligibility Form signed by the Director of Training at your graduate school training program endorsing readiness for internship training.
4. Four letters of recommendation *sent by* academic or clinical supervisors, including one from your Graduate Director of Training.
5. Two written work samples, demonstrating your assessment report skills.
6. Transcripts of all graduate coursework.
7. A self-addressed stamped envelope.

The application deadline is **November 15<sup>th</sup>**. Applications will not be considered unless all required application materials are *received* by this deadline. Application materials should be mailed to:

Michelle Brown, Ph.D.  
Co-Director, Internship Training Program  
Division of Child Psychiatry  
Stanford University School of Medicine  
401 Quarry Road  
Stanford, CA 94305-5712

c/o Claire Remy , Residency and Fellowship Coordinator

(650) 724-3265  
(650) 723-5531 FAX

Selected applicants will be invited for interviews in January. You will be notified of your interview status by December 15<sup>th</sup>.

If you would like further information about the Children's Health Council and the Division of Child Psychiatry at Stanford, please refer to our respective websites: [www.chconline.org](http://www.chconline.org) and [www-cap.stanford.edu](http://www-cap.stanford.edu). Thank you for your interest and we look forward to receiving your completed application materials.

Additional questions can be addressed to: [mbrown@stanfordmed.org](mailto:mbrown@stanfordmed.org)

### **Stipend and Benefits**

The internship program currently offers a yearly stipend of \$19,180. 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.

Interns are provided with secretarial support, office space and supplies, and access to computers, dictation and libraries. This includes the use of the Stanford University Libraries and the hospital libraries. Interns may use Medline for literature searches as well as a host of scoring and interpretive programs for psychological tests.

## **Successful Completion of the Internship Program**

In addition to the goals and competencies listed on page 8 which are central to this program, the additional criteria for successful completion of this internship include:

1. The ability to make sound professional judgments.
2. Effective interpersonal functioning.
3. Awareness of professional strengths and limitations and the need to seek continued supervision, consultation, and education.
4. Development of primary professional identity as a psychologist, and the preparedness to choose appropriate advanced training.
5. Responsible completion of all paperwork and reports; return of supplies and keys; professional handling of client transfers and terminations.
6. Attendance at required seminars, supervision meetings, and administrative and clinical meetings.
7. The completion of at least 2000 hours of training, participation in our program on a full-time basis for one full year beginning July 1<sup>st</sup>, and the appropriate handling of at least the minimum assessment and treatment caseload as defined by each site.

**Interns who successfully complete this internship program may apply for the Postdoctoral Fellowship Programs offered through the Stanford University Division of Child Psychiatry as well as the Children's Health Council. Currently, both Stanford and CHC have two paid postdoctoral positions.**

## **Training Faculty and Staff**

### *I. Lucile Packard Children's Hospital at Stanford*

**Michelle Brown, Ph.D.**-- (Director of Training, LSPCH); Chronic Illness; Pediatric Pain Management.

**Shashank Joshi, M.D.**—(Director of Psychiatry Training); School-Based Mental Health.

**James Lock, M.D.**– (Medical Director of the Comprehensive Pediatric Care Unit) Eating Disorders; Sexuality.

**Mary Sanders, Ph.D.**– (Director of the Comprehensive Pediatric Care Unit); Child Abuse, Eating Disorders; Family Therapy; Forensic Consultation/Evaluation.

**Richard Shaw, M.D.**– Pediatric Psychiatry; Treatment Adherence.

**Hans Steiner, M.D.**– (Director of Psychiatry Education); Developmental Psychopathology, Aggression and Violence; Eating Disorders.

**Sharon Williams, Ph.D.** – Director of Outpatient Training

### *II. The Children's Health Council*

**Lydia Flasher, Ph.D.**– (Director of Training, CHC); Differential Diagnosis and Case Formulation; Anxiety and Mood Disorders; Family Systems; Parent Therapy; Illness Narratives.

**Charlotte Yen Adermann Psy.D.** – Ethnic Minority and Cultural Issues; High Functioning Autism/Asperger's Syndrome; Individual Psychotherapy with Anxious Girls.

**Peter Adler, Ph.D.**–(Director of Group Therapy Programs); Cognitive Behavioral Therapy; Treatment of ADHD, Asperger's Syndrome; Anxiety and Mood Disorders.

**Anne Benham, M.D.**– Treatment of Infants and Young Children; Attachment.

**Allison Briscoe-Smith, Ph.D.** – Young Child Trauma and PTSD; Relational Assessments.

**Theresa Chang, Ph.D.** – ADHD and Disruptive Behaviors Disorders; Anxiety and Depression; International Adoption.

**Nicola Croll, Psy.D.** – School Age Psychological Assessments; Mood and Anxiety Depression; ADHD; Chronic Mental Issues.

**Cheryl Klaiman, Ph.D.** – Young Child Assessments; Autism Spectrum Disorders.

**Caryn Kovar, Ph.D.**– Neuropsychological Assessment; Neurodevelopmental Disorders.

**Debbie Levy, Ph.D.**– Treatment of Anxiety Disorders; Social Skills Training; Parent Therapy; Consultation and Therapeutic Intervention for Children with Learning Disabilities.

**Nick St. John, Ph.D.** – Preterm and Neonatal Developmental Assessments; Child PlayTherapy.

**Nancy Sullivan, Ph.D.** – Pediatric Psychology; Neuropsychological Assessment.

**Jody Thomas, Ph.D.** – Medically Fragile children; Pediatric Pain; Eating Disorders; Hypnotherapy.

### *III. Adjunct Faculty and Voluntary Supervisors/ Instructors*

**Mike Axelman, Ph.D.**–Child Development; Child, Family and Parent Therapy; School Consultation.

**Barbara Brandt, PhD.**– Preschool and Early Elementary School Children; Children with Medical, Developmental and Learning Disabilities; Play Therapy.

**John Brentar, Ph.D.**– Psychological Assessment; School Consultation; ADHD and Learning Disabilities.

**Stryker Duggan, Ph.D.**– Psychodynamic Psychotherapy; Interpersonal Processes; Mood and Anxiety Disorders.

**Rebecca Fineman, Ph.D.**– Assessment and Treatment of Young Children; Attachment Disorders.

**Paula Jacobsen, M.S.W.**– Asperger’s Syndrome; Individual Child Therapy; Collateral Parent Therapy and School Consultation.

**Luisa Montaini-Klov Dahl, Ph.D.**– Assessment and Treatment of Young Children; Attachment, Trauma and Pervasive Developmental Disorders; Developmental and Family Systems Approaches.

**Susan Markowitz, Ph.D.**– Psychodynamic Psychotherapy with Children and Adults; Children with Medical Disorders and Special Needs.

**John Neal, Ph.D.**–Family and Marital Therapy; Emotionally-Focused and Narrative Therapy; Eating Disorders; Attachment, Gender, and Power issues in Family Therapy; Children and Divorce.

**Lori Plante, Ph.D.**– Integrative Psychotherapy with Adolescents and Adults; Psychodiagnostic Assessment.

**Thomas Plante, Ph.D.**–Professional Ethics and Legal issues; Professional Development.

**Carol Slotnick, Ph.D.**– Young Child assessment and Treatment; Pervasive Developmental Disorders; Regulatory Disorders, Learning Disabilities and Adoption, PlayTherapy.