Mailman Center For Child Development  
Department of Pediatrics  
University of Miami Miller School of Medicine  
Postdoctoral Fellowship in Clinical Psychology with an emphasis in Clinical Child and Pediatric Training
I. INTRODUCTION

The Mailman Center for Child Development (MCCD), Department of Pediatrics at the University of Miami Miller School of Medicine offers a postdoctoral clinical psychology program with a focus in the areas of pediatric psychology and/or clinical child psychology. The major purpose of this postdoctoral training program is to prepare individuals for academic careers as independent researchers in the field of pediatric health behavior research, with an emphasis on minority populations, as well as prepare child clinical and pediatric psychologists for independent professional practice and leadership. The program provides systematic postdoctoral research training into the behavioral and psychosocial factors involved in the etiology, prevention, treatment, and prognosis of children and adolescents with chronic diseases (including e.g., diabetes, sickle cell disease, cancer, asthma, cystic fibrosis, HIV infection, as well as overweight). A major emphasis of this work is on understanding behavioral and psychosocial factors in relation to disease processes and health outcomes in ethnic minority youth, especially those of Hispanic and African American backgrounds. To a large extent, training will be closely coordinated with several extramurally funded NIH and private foundation grants, including psychosocial and behavioral studies of children and adolescents with diabetes (NIDDK); cystic fibrosis (NIHLB, Cystic Fibrosis Foundation); children with HIV (Pediatric AIDS Clinical Trials Group, Ryan White Title I and Title IV demonstration projects) and sickle cell disease (Cooperative Study of Sickle Cell Disease NHLBI); educational intervention for children treated for brain cancer (American Cancer Society); prenatal drug exposure and child development (NIDA); children with cochlear implants (NIH); and studies of the health behavior effects of violence exposure. Much of our research focuses upon the role of behavioral factors in the onset, course, and management of chronic disease in ethnic minority children, adolescents, and their families. Research populations are readily available through the Department of Pediatrics. Trainees receive mentoring by faculty members, and seminars focused on chronic illness, research design and data analysis, ethics, multicultural issues, and professional writing, including manuscript preparation and grant applications. Although emphasis at both postdoctoral level is upon research, the didactic training available includes multiple courses in advanced statistics, interventions in pediatric medical disorders, neuropsychology, epidemiology, and specialized seminars in chronic illness, research design, ethics, and cultural factors. This training program represents a coordinated effort of faculty from the Departments of Pediatrics and Psychology.

The program is also designed to offer clinical experiences with children (and his/her family) with, or at risk for, developmental disabilities or behavioral problems due to genetic, environmental, or medical factors. Postdoctoral associates are encouraged to develop an individual training plan, built around core competencies defined by the faculty, in areas of special interest. There are numerous opportunities for training in the psychological aspects of traditional developmental disabilities (e.g., mental retardation, autism, and learning disabilities), pediatric psychology, child clinical psychology, lifespan neuropsychology, and prevention in at risk populations. In addition, the postdoctoral fellowship program is part of an interdisciplinary training program, and associates will work alongside professionals and trainees from pediatrics, neurology, audiology, social work, nutrition, nursing, genetics, physical therapy, speech and language therapy, and education. The following sections provide detailed information about the
Mailman Center and Department of Pediatrics, the Division of Clinical Psychology, and the Postdoctoral Fellowship Training Program.

II. DESCRIPTION OF THE FACILITY

The University of Miami Mailman Center for Child Development was founded in 1971 as one of 20 University Affiliated Programs (UAPs) through federal legislation enacted in the mid-1960's. This entailed a federal construction grant, against which matching funds were provided by the Mailman Foundation and by the Joseph P. Kennedy, Jr. Foundation, and an interdisciplinary training grant administered through the federal Department of Health, Education and Welfare (now called the Department of Health and Human Services, HHS). Over the past decade, the MCCD's activities have been sustained by support from over 30 different federal, state and private sources. The programs of the Mailman Center now join with those of the clinical divisions of the Department of Pediatrics to form one of the largest and most diverse pediatrics programs in the United States.

The training mission of the Mailman Center is to prepare professionals for leadership roles in the prevention and/or management of developmental handicapping conditions. Toward this goal, the MCCD has developed and maintains graduate training programs of the highest academic quality, and participates in the training of residents from the Department of Pediatrics as well as other departments within the School of Medicine.

Training is provided by academic professionals whose accomplishments attract superior graduate students and trainees in the health and health-related professions. Programs of the MCCD in which these faculty participate are characterized by a balance of training, service and research.

The MCCD's service programs function as primary, secondary, and tertiary prevention facilities. Primary prevention efforts serve to prevent the occurrence of abnormalities through genetic services and family planning. Secondary prevention efforts are designed to minimize handicapping effects of existing conditions through clinical programs of early detection, diagnosis, early intervention and special education. When problems occur despite these prevention efforts, a range of assessment and intervention services are also available. These activities constitute interdisciplinary services for over 5000 children and their families through some 15,000 clinic visits in the Mailman Center programs annually. This service load is considerably larger when the involvement of MCCD staff and trainees in the clinical pediatrics programs at the Jackson Children's Hospital Center is considered.

A. Training Resources of the Mailman Center

The Mailman Center has a total of 120,000 square feet of functional space. It consists of an eight-story tower and an attached two-story intervention facility, the Debbie School. The administrative offices of the Department of Pediatrics, including the Chairman's office and many faculty offices, are located in the MCCD. In addition, a number of MCCD programs function outside the actual Center building in the pediatric outpatient clinics of the Ambulatory Care Center at Jackson Memorial Hospital (JMH), in the Jackson Children's Hospital, the Batchelor Children’s Research Institute, the Professional Arts Building, and Dominion Towers. Postdoctoral associates are provided office space in the Clinical Psychology suite at the Mailman
Center or at their primary program site, and have access to computer and audiovisual facilities within the Center, as well as to library facilities within the Center and on the Medical and Coral Gables campuses of the University of Miami. A number of areas are devoted to special functions that serve the training and service programs. There are three large reception areas and two large, clinic waiting areas for parents and children. Sixteen medical examining rooms are designed for pediatric evaluations. Therapy rooms are designed for patient evaluations, treatment, parent interviewing and counseling. They contain one-way vision mirrors, bug-in-the-ear equipment and sound monitoring systems. Videotape equipment is available in the Division of Clinical Psychology for taping of sessions, testing, or live observation of clinical activities. Research suites to accommodate active research projects are available according to program needs and are used for training purposes when indicated.

Complementary to the Mailman Center is the Batchelor Children’s Research Institute (BCRI), a 160,000 sq foot, 8 floor research facility devoted to basic and clinical research on children’s disease and disability. The first two floors of the BCRI are devoted to clinical research. Most of the research related to neurodevelopment in children with chronic illnesses is based in the BCRI, as well as office space for the post-doctoral fellows supported by this grant.

We have recently established a Division of Clinical Research in the BCRI. This programs provides data management, biostatistical, epidemiologic, and grant preparation research support for investigators and trainees throughout the Department of Pediatrics. A large conference room with advanced video equipment and international videoconferencing facilities is part of this program. This is available for use by the faculty and trainees involved with this T-32. A state-of-the-art child size exercise facility is also located in this area.

In addition to the facilities and equipment provided at the MCCD and BCRI, the research program in Pediatric Hematology/Oncology has space and equipment support located at the Ambulatory Care Center 5th Floor at Jackson Memorial Hospital and Alex’s Place at the University of Miami Sylvester Comprehensive Cancer Center. These locations provide office space for research students, as well as space for testing, data collection, and observation.

B. Administrative Organization of the Mailman Center

The Mailman Center for Child Development is a unit of the Department of Pediatrics and the University of Miami School of Medicine. The MCCD is headed by a Director who reports to the Chairman of Pediatrics and the Vice-President for Medical Affairs who, in turn, reports to the President of the University.

1. Director, Mailman Center for Child Development

The Director of the MCCD is responsible for all training, research and service programs of the Center, in conjunction with the Chairman of Pediatrics. The Director appoints directors of disciplines with the advice and consent of the Interdisciplinary UAP Committee. The Director is advised by a Coordinating Committee and by a Council of Advisors. The Associate Director, Administrative Director, Program Directors, Coordinators, and Discipline Directors report to the Director of the MCCD.
2. Interdisciplinary UAP Committee

The Interdisciplinary UAP Committee is composed of the Directors of the several Disciplines of the MCCD and is chaired by the Coordinator of Training. The Committee is responsible for planning, development, approval, evaluation and monitoring of all interdisciplinary activities of the Mailman Center.

3. Disciplines

Twelve disciplines are represented within the MCCD:

- Clinical Psychology
- Developmental Medicine
- Developmental Psychology
- Education
- Genetics/Endocrinology
- Health Administration
- Nursing
- Nutrition
- Physical Therapy
- Occupational Therapy
- Social Work
- Speech & Hearing

Each Discipline is headed by a Director who is a member of the Interdisciplinary UAP Committee. The Discipline Director is responsible to the Director of the Center for all matters related to intradisciplinary function, and to the Interdisciplinary UAP Committee for all matters related to the interdisciplinary programs of the MCCD. In addition, the Director of Clinical Psychology serves as Chief Psychologist for Pediatrics, and by extension, as Chief Psychologist for the Jackson Children's Hospital. The Director of the Internship Program reports to the Director of the Division of Clinical Psychology. A number of the programs in the MCCD are closely tied to the clinical pediatric divisions of the Department of Pediatrics, including the Divisions of Pediatric Hematology/Oncology, Adolescent Medicine, Pediatric Endocrinology, Pediatric Pulmonary Medicine, Neonatology, and the Pediatric Special Immunology program.

III. DESCRIPTION OF THE CLINICAL PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

A. Postdoctoral Fellowship Training Objectives

The overall program objective is to prepare qualified individuals for academic research careers and positions of leadership in pediatric health psychology. In particular, this program aims to accomplish the following:

1. To provide systematic training in clinical research in the area of pediatric health psychology, particularly as it applies to children and adolescents with chronic medical illnesses who are representative of diversity in culture and ethnicity.

2. To provide a core set of training experiences in a) the biologic aspects of various chronic illnesses of childhood, b) behavioral aspects of these illnesses, including issues
related to regimen adherence, c) psychosocial aspects of medical treatment for these illnesses, d) the contribution of critical variables such as ethnicity, language, cultural identity, and socioeconomic status on biopsychosocial outcomes, e) basic psychological and developmental processes as they apply to children’s adjustment to chronic illness, and f) ethical issues as they relate to research in this area.

3. To provide specific mentoring by faculty investigators in study design and development, research methodology, study implementation, and data interpretation and dissemination in this area of clinical research.

B. Postdoctoral Fellowship Program Curriculum

Postdoctoral associates will participate in a structured training program consisting of the following components: 1) a year-long seminar (held twice-monthly) on current topics in pediatric health behavior research; 2) a 6-session seminar on cultural issues; 3) a 6-session seminar on ethics; 4) a bi-monthly seminar on professional writing and presentation skills; 5) a monthly journal club; and 6) participation in other lectures and seminar series throughout the university. The postdoctoral seminar will include sessions on research design and statistical methods; opportunities for auditing formal courses in advanced statistics are available. The postdoctoral associates will spend some of their time in research activity, including study planning, data collection, data management and analyses, and preparation of manuscripts. The postdoctoral associates’ research activities will be associated with one or two research mentors, with whom they will conduct supervised research. In most cases, their projects will be directly related with their preceptor’s funded research projects, but may also be indirectly associated as ancillary studies, or may be distinct from currently funded projects in order to establish preliminary data for future grant submissions. The structured training is described below.

1. **Seminar on Current Topics in Pediatric Health Behavior Research.** This seminar will be held on an ongoing basis throughout the year, twice each month for an hour each time. The focus will be on the biologic, medical, and behavioral aspects of the chronic illnesses to be included in the studies supported by this grant and affiliated research grants (e.g., sickle cell disease, diabetes, asthma, obesity, cancer, HIV/AIDS, cystic fibrosis, growth hormone deficiency, substance exposed infants), as well as methodological issues related to research in these areas. The seminar will be conducted by the training faculty including psychologists and pediatric subspecialists in each area, and will address the critical biologic foundations of each disease, natural history of each disease, and state of the art approaches to disease management, as well as behavioral issues in clinical care, and reviews of current behavioral knowledge related to specific diseases. Basic information on physiology and pharmacologic interventions will be included for each disease. The goal is for trainees to be aware of pertinent clinical issues related to each of the major chronic illnesses, so that research efforts can be focused on significant issues.

In addition, as part of this seminar, biostatistician faculty will each present several lectures on research design and methods related to health behavior research, focusing on ongoing research projects, as well as discussion of state-of-the-art statistical issues, including models with random coefficients (longitudinal and repeated measures analyses),
structural modeling (path analysis, confirmatory factor analysis), hierarchical models (two level, three level), and dealing with missing data.

2. **Seminar on Cultural Issues in Pediatric Health Behavior.** This 6-session seminar will be held on a weekly basis (for an hour each time) beginning in October of each training year. This seminar is currently required for MCCD psychology interns and postdoctoral fellows. The objective is to increase trainees’ knowledge and appreciation for the role of cultural factors in pediatric health behavior, especially as it relates to chronic illness, assessment, and therapy. Included in this seminar are sessions on socioeconomic issues and heterogeneity with regard to race and ethnicity; consideration of specific groups, including Hispanics, African Americans, and Haitian Americans; effects of bilingualism, acculturation and migration; and assessment and treatment implications. A set of readings and a bibliography is provided for each trainee.

3. **Pediatric Bioethics Seminar.** Trainees will participate in a 6-session seminar (held weekly, beginning in mid-October of each year) focusing on ethical issues related to pediatric health behavior and chronic illness. This seminar is directed by Drs. Goodman and Armstrong and consists of two sessions reviewing the APA ethical principles, one session on APA research ethics, and three sessions dealing with pediatric bioethics (including clinical case examples and research issues).

4. **Seminar on Professional Writing and Presentations.** This seminar is held for postdoctoral associates, with six sessions devoted to this topic over the course of each year. The objective is to increase trainees’ professional writing and presentation skills, by providing didactic instruction, examples, and discussion on the following topics: manuscript preparation, abstract submissions, preparation of posters and oral presentations at professional research meetings, grant applications, and manuscript reviewing. Trainees bring in their own examples related to each of these topics, with group critique and discussion. A major focus of this seminar will be on grant applications, with consideration of successful grants as well as critique of unsuccessful grant applications. Each postdoctoral trainee will prepare their own grant application as part of this seminar, which will be submitted to some agency during their fellowship.

5. **Journal Club.** The Journal Club is held on a monthly basis at the MCCD. Each trainee is expected to present and discuss an article from the latest issue of a relevant professional journal (e.g., Health Psychology, Journal of Pediatric Psychology). The objective is to reinforce the process of staying current with the literature, stimulating research ideas, and cultivating a critical approach to the scientific literature.

6. **Other Activities.** Postdoctoral associates are expected to attend other lecture series and seminars that are offered at the MCCD on an ongoing basis. For example, there is a weekly Pediatric Psychology Lecture Series that is offered throughout each week of the year for practicum students, interns, and clinical postdoctoral associates at the MCCD, in which talks are given by University faculty as well as outside invited speakers. Topics include the full range of assessment and treatment issues for various pediatric health or child clinical conditions. The department of pediatrics has a weekly Pediatric Staff Conference, attended by pediatric house staff, faculty, and others, that covers a variety of medical and behavioral issues in pediatrics. The division of clinical research hosts a
weekly forum with presentations given by department faculty and postdoctoral associates as well as outside invited speakers. The MCCD has a weekly Faculty-Student Research Conference Series, focusing on a variety of developmental and behavioral disorders in pediatrics. The department of psychology also has a regular series of colloquia which may be of interest to postdoctoral associates. In addition, depending on their training interests, postdoctoral associates will have the opportunity to audit other formal courses offered by the Departments of Psychology, Education, and Epidemiology and Public Health, as indicated above. A bi-monthly Information Exchange is held for graduate students, trainees, and faculty of the developmental, child clinical, and pediatric health divisions of the departments of psychology and the pediatric psychology division at the MCCD. At this meeting, one presenter, either faculty or trainee, presents their latest research findings.

**Optional Coursework on Advanced Research Design and Statistics.** Postdoctoral trainees will be encouraged to take one or more advanced graduate courses (beyond the type of courses they took as part of their graduate work) during their post-doctoral training period. They will take the courses on an audit basis (i.e., without tuition). A number of courses are available from the departments of psychology, epidemiology and public health, and education. The courses available include, but are not limited, to the following:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>632</td>
<td>Multiple Regression</td>
<td>Psychology</td>
</tr>
<tr>
<td>634</td>
<td>Program Evaluation</td>
<td>Psychology</td>
</tr>
<tr>
<td>636</td>
<td>Developmental Methodology</td>
<td>Psychology</td>
</tr>
<tr>
<td>683b</td>
<td>Scientific Writing &amp; Grantsmanship</td>
<td>Psychology</td>
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<tr>
<td>698</td>
<td>Seminar in Quantitative Psychology: SEM</td>
<td>Psychology</td>
</tr>
<tr>
<td>651</td>
<td>Survey Research Methods</td>
<td>Education</td>
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<tr>
<td>675</td>
<td>Qualitative Research Methods I</td>
<td>Education</td>
</tr>
<tr>
<td>677</td>
<td>Qualitative Research Methods II</td>
<td>Education</td>
</tr>
<tr>
<td>603</td>
<td>Statistical Methods in Epidemiology</td>
<td>Epidem.&amp; Public Health</td>
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<tr>
<td>604</td>
<td>Clinical Trials</td>
<td>Epidem.&amp; Public Health</td>
</tr>
<tr>
<td>605</td>
<td>Statistical Methods in Epidemiology II</td>
<td>Epidem.&amp; Public Health</td>
</tr>
<tr>
<td>624</td>
<td>Advanced Applied Epidemiology</td>
<td>Epidem.&amp; Public Health</td>
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**C. Research Activities and Supervision**

Each postdoctoral associate is assigned to one or more senior clinical research faculty for primary research supervision, and will be expected to additionally develop a relationship with a physician working in one of the pediatric chronic illness areas. Postdoctoral associates will be involved in ongoing research projects supervised and/or directed by the faculty mentor, and will
be provided closely supervised training in all aspects of the research projects, including study design, study implementation, data management, statistical analysis, and dissemination of results. There are a number of core areas of research supported by this program: 1) Neurobehavioral aspects of chronic disease, developmental and/or functional neurobehavioral outcomes in children with brain tumors, leukemia, stroke associated with sickle cell disease, central nervous system disease in HIV, diabetes, and potential cognitive outcomes of pulmonary diseases; 2) Assessment and treatment of pain associated with invasive medical procedures or disease processes (e.g., vaso-occlusive pain in sickle cell disease); 3) Short and long-term social adjustment of children with chronic illness, and interventions to improve adjustment in the schools, in peer groups, and with families; 4) Patterns of coping and adjustment with disease and treatment, including investigations of factors associated with both poor and good adaptation, including basic psychological constructs important in child development (such as self-efficacy, delay of gratification, emotional self-regulation processes, social competence); peer group social support; and family system factors; 5) Disease knowledge and behavioral adherence with complex medical regimens required for maintaining health (including intervention studies to improve health outcomes via improved health behaviors); 6) Development and evaluation of methodology to assess quality of life in children with chronic health conditions, and 7) Behavioral and psychosocial factors affecting health risks and injury prevention.

For postdoctoral associates, research projects are expected to result in manuscripts submitted to peer-reviewed journals for publication. In addition, expectations for postdoctoral associates include submission of abstracts for presentation at annual professional research meetings; presentations at least once per year at the local Information Exchange meetings; preparation of a grant application that could be submitted to an appropriate agency (e.g., a private foundation or professional association); as well as consistent participation in the structured training experiences described above. These training activities will be specified in the form of an individual training plan (ITP) at the beginning of each year, determined by the primary preceptor and the postdoctoral associate, and agreed to in writing.

D. Training Program Evaluation

Postdoctoral Associates will be evaluated formally two times each year. The primary supervising faculty mentor will meet with the trainee and review all aspects of performance in the program, with specific reference to the goals specified in the ITP and actual performance related to those goals. Faculty meetings are held two times per year in the Psychology Department to formally review all students in the respective programs. Similarly, at the MCCD, faculty hold regular meetings to review student performance. After all data is obtained, the primary supervisor meets individually with the trainee to provide feedback verbally and also in writing; the written evaluation is maintained in the student’s permanent file.
**Example Post-Doctoral Fellowship in Pediatric Psychology**

**Training and Evaluation Plan**

**Description of Primary Responsibilities:**
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

**Rating Scale:**

1 - Significantly Deficient Skills  
2 - Needs Improvement  
3 - Meets Minimal Competencies  
4 - Above Average  
5 - Exceptional

**A. Clinical:**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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</table>
| 1. Empirically-supported assessment methods:  
  a. Child  
  b. Adolescent  
  c. Family |  |  |
| 2. Empirically-supported intervention strategies:  
  a. Child  
  b. Parent  
  c. Family  
  d. Group |  |  |
| 3. Consultative experience:  
  a. Pediatrician  
  b. Teacher  
  c. Psychiatrist  
  d. Other health professional |  |  |
| 4. Interdisciplinary team experience: roles of various disciplines |  |  |
| 5. Experience in diverse settings:  
  a. Primary care clinics  
  b. Hospital units  
  c. Outpatient office  
  d. Schools |  |  |

6. Experience with various populations:  
  a. Developmentally disabled  
  b. Physically healthy with behavioral problems  
  c. Acutely ill  
  d. Chronically ill

7. Prevention- assessment of risk and provision of preventive interventions (disease prevention and health promotion)

8. Experience with culturally diverse populations
and development of cultural competence

**B. Teaching:**

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<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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<tbody>
<tr>
<td>1. <strong>Lectures to psychologists (in training or established professionals)</strong></td>
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<td>2. Lectures to other mental health professionals (counselors, social workers, psychiatrists)</td>
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<tr>
<td>3. Lectures to pediatricians (residents or established professionals) (regarding developmental and behavioral issues)</td>
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<td>4. Lectures to parent groups in the community</td>
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<td>5. Knowledge and/or experiences with consultation with various media</td>
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**C. Academic:**

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<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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</thead>
<tbody>
<tr>
<td>1. Knowledge of lifespan developmental psychology and psychopathology</td>
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<tr>
<td>2. Knowledge of empirically supported psychological/behavioral assessment and intervention</td>
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<tr>
<td>3. Knowledge of pathophysiology, disease classification, medical management, and terminology</td>
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<tr>
<td>4. Knowledge of behavioral effects of medical treatment (medications for management of illness as well as psychotropic medications)</td>
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**D. Research:**

<table>
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<tr>
<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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<tbody>
<tr>
<td>1. Competence in research methods (including program evaluation methods and advanced statistics and design)</td>
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<tr>
<td>2. Demonstrated scholarly activity :</td>
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<tr>
<td>a. Design of study and submission of protocol to IRB</td>
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<td>b. Abstract submissions and paper presentation at professional meetings</td>
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<tr>
<td>c. Manuscript submissions and journal publications</td>
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<tr>
<td>d. Chapter</td>
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<tr>
<td>e. Grant submissions</td>
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<tr>
<td>3. Demonstrated research activity (e.g data collection, data analysis, supervision of research staff)</td>
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E. **Professional:**

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<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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<tbody>
<tr>
<td>1.</td>
<td>Knowledge of health care delivery issues (medical cost offset, managed care)</td>
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<td>2.</td>
<td>Knowledge of public policy and related issues (health, psychological, developmental and educational)</td>
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<td>3.</td>
<td>Knowledge and competence with respect to pediatric ethical and legal issues</td>
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<td>4.</td>
<td>Knowledge of various professional associations and societies</td>
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<td>5.</td>
<td>Knowledge of requirements for state licensure</td>
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<td>6.</td>
<td>Knowledge of requirements for board certification in clinical health psychology (ABPP)</td>
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<td>7.</td>
<td>Knowledge of and experience with the job application process (e.g. vitae preparation, writing a cover letter)</td>
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F. **Supervision:**

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<th>Setting</th>
<th>Level of Competence Achieved</th>
<th>Initials &amp; Date</th>
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<tbody>
<tr>
<td>1.</td>
<td>Supervision of a practicum student and/or intern.</td>
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<tr>
<td>2.</td>
<td>Experience with and knowledge of types of supervision models, including empirical evaluation of various training models</td>
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</table>
E. Program Faculty

Faculty of the Mailman Center hold primary academic appointments within the University of Miami. Most hold their primary appointments in the Department of Pediatrics, and many hold secondary appointments in departments representing their disciplinary identity. Others hold primary appointments in other departments of the University with secondary appointments in Pediatrics. All faculty members must meet the academic qualifications established by the University for similar positions in other departments of the University. Thus the commitment of the MCCD to the academic standards and goals of the University is assured. The following faculty are the primary contributors to the Clinical Psychology Postdoctoral Fellowship program:

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Clinical Activities</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica Accornero, Ph.D.</td>
<td>Peri-natal CARE Project, Behavioral Pediatrics</td>
<td><a href="mailto:vaccornero@med.miami.edu">vaccornero@med.miami.edu</a></td>
</tr>
<tr>
<td>Assistant Professor, Pediatrics</td>
<td>Pediatric Hematology/Oncology, Pediatric Special Immunology</td>
<td></td>
</tr>
<tr>
<td>Daniel Armstrong, Ph.D., ABPP, Director, Mailman Center for Child Development, Associate Chair, Department of Pediatrics</td>
<td></td>
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</tr>
<tr>
<td>Susan Dandes, Ph.D.</td>
<td>Child Protection Team</td>
<td><a href="mailto:sdandes@med.miami.edu">sdandes@med.miami.edu</a></td>
</tr>
<tr>
<td>Associate Professor, Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alan Delamater, Ph.D., ABPP, Director, Division of Clinical Psychology Professor, Pediatrics</td>
<td>Continuity Clinic, Pediatric Diabetes, Pediatric Pulmonary, Pediatric Weight Control</td>
<td><a href="mailto:adelamater@med.miami.edu">adelamater@med.miami.edu</a></td>
</tr>
<tr>
<td>Anai Cuadra, PhD</td>
<td>Pediatric Hematology/Oncology Neurodevelopment Pediatric Mobile Clinic</td>
<td><a href="mailto:acuadra@med.miami.edu">acuadra@med.miami.edu</a></td>
</tr>
<tr>
<td>Assistant Professor, Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monica Dowling, Ph.D.</td>
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F. Clinical Training Activities and Supervision

Diverse clinical training opportunities are available for postdoctoral associates to advance their clinical intervention and assessment skills in pediatric and clinical psychology. Clinical activities are designed to ensure that postdoctoral associates meet the necessary requirement for Florida Board of Psychology licensure requirements including 2000 hours of supervised postdoctoral experience, 900 hours in activities related to direct client contact (approximately 18 hours per week for one year fellowship) and an average of two hours of weekly clinical supervision with at least one hour of weekly individual face-to-face supervision. The postdoctoral associate and his/her primary supervisor will discuss the types of clinical experiences needed when developing the ITP in order for the postdoctoral associate to meet their training needs and clinical interests.

An overview of the major clinical training activities available at the Mailman Center:
1. Pediatric Psychology Clinical Activities

Division of Pediatric Hematology/Oncology (Hem/Onc)

Trainees have the opportunity to participate on a multidisciplinary team of physicians, nurses, social workers, child life specialists, laboratory technicians, and psychologists caring for children with cancer, sickle cell disease, hemophilia, and related blood disorders. Trainees from other disciplines are also involved in this rotation. Clinical activities occur both in outpatient and inpatient settings, and involve children of diverse ethnic, age and SES groups. The pediatric psychology service is based on a scientist-practitioner model, with intensive clinical and research activities occurring simultaneously. Activities include:

a. General consultation in the clinics of the Division of Pediatric Hematology/Oncology, the University of Miami Sickle Cell Center, and the Comprehensive Hemophilia Center. Interns participate in twice weekly team rounds, as well as weekly pediatric psychology rounds. Monthly long-term cancer survivor clinics, as well as staff mortality/morbidity conferences held to discuss staff approaches to dying children and their families are held. Cases range from pain management to complex family dysfunction, and provide experiences in behavioral intervention and primary prevention of long-term psychological adjustment problems.

b. Consultation with pediatricians and nurses in the management of pediatric inpatient cases (e.g., anticipatory nausea, vomiting, pain management). Trainees will also participate in hospital rounds with the inpatient attending physician and residents assigned to the Hem/Onc team.


d. Neuropsychological assessment of cancer, hemophilia, and sickle cell patients. Participation in a monthly multidisciplinary neuro-oncology clinic, school placement conferences, consultation to schools, and the development of school re-entry programs may also occur.

e. Consultation, assessment, and treatment before, during, and after bone marrow transplantation.

Supervisors: Winsome Thompson, Ph.D,

Neurodevelopment/Hematology/Oncology

This pediatric psychology training experience provides extensive opportunity to conduct neurodevelopmental evaluations of school-aged children who are infected with HIV. The project is part of a longitudinal study examining the long-term effects of pediatric HIV
infection. As part of this project children receive repeated neuropsychological evaluations and postdoctoral associates will gain experience integrating serial evaluations of children with complex neuropsychological profiles. Postdoctoral associates will also consult with members of the multi-disciplinary team (e.g. pediatric immunologists, nurses, case managers) providing health care services to these children. Service provision occurs primarily in an outpatient clinic setting. The patient population is largely low income and minority, although there is diversity with respect to ethnicity. Opportunities for school consultation are also available. Involvement with patients served by the Division of Hematology/ Oncology will also occur on this rotation, although to a lesser extent.

Supervisor: Maria Goldman, Ph.D., Anai Cuadra, Ph.D.

Division of Pediatric Pulmonary Medicine/Cystic Fibrosis Program

The Division of Pediatric Pulmonary runs a comprehensive program in cystic fibrosis and asthma based in the Batchelor Children’s Research Institute and the Ambulatory Care Center of Jackson Memorial Hospital. Postdoctoral associates will have the opportunity to work with children, adolescents, and young adults with cystic fibrosis, asthma, and chronic lung disease on issues centering around compliance with medical regimens, coping with the demands of the disease, and other psycho social issues involved with chronic illness. Individual and family based intervention opportunities exist, both in outpatient clinic and inpatient medical settings.

Supervisor: Alan Delamater, Ph.D, ABPP

Perinatal Chemical Addiction, Research, and Education Program (Perinatal CARE Program)

The primary goal of the Perinatal CARE Program is to conduct research and provide integrated health care, developmental, and social services to indigent, high-risk infants and children with parents who have substance abuse/mental health problems. There are multiple grant-funded projects being conducted within the Perinatal CARE Program. A variety of assessment experiences are available, with a heavy emphasis on developmental and psychoeducational research evaluation of children. Clinical opportunities include providing structured interventions (e.g. grandparents’ support group, mother-infant therapy groups, parenting education classes), conducting individual/family therapy, and consulting with physicians and patients in outpatient pediatric clinical and the NICU.

Supervisors: Connie Morrow, Ph.D., Veronica Accornero, Ph.D.

Pediatric Mobile Unit

The Department of Pediatrics also has a large bus, staffed by an attending physician, pediatric house staff, psychology staff, and nursing that provides primary pediatric services to high risk community areas. Screening, crisis counseling, and some extended interventions are components of this project. This project focuses on providing services to children and families with limited medical resources.
**Division of Adolescent Medicine**

The Division of Adolescent Medicine provides opportunities for psychological assessment and treatment of adolescents and families of adolescents who receive their medical care from physicians in this division and other physicians throughout the University of Miami/Jackson Memorial Medical Center. Patients referred for behavioral and psychological problems, of both medical and traditional adolescent nature, are seen in the following settings: an inpatient medical setting, several medical clinics (e.g., HIV/AIDS, Chronic Illness, Ob/Gyn) and traditional outpatient. Treatment modalities include individual, couple, family, and group. The objective in patient assignment is to provide trainees with experience in treating as wide a variety of cases as possible in order to facilitate increased flexibility and breadth in the clinical repertoire.

**Supervisor: Monica Dowling, Ph.D.**

**Pediatric Weight Control Clinic**

Clinical activities include assessment of psychological adjustment, nutrition, and physical activity in overweight children. The postdoctoral associate will also conduct family-based weight control interventions. Interventions may also be conducted on an individual family basis.

**Supervisors: Anna Maria Patino-Fernandez, Ph.D, Alan Delamater, PhD, ABPP.**

**Diabetes/Endocrine**

This clinical activity provides opportunities to work with children and families of children with diabetes and other endocrine disorders. Postdoctoral associates serve as members of a multi-disciplinary team providing comprehensive health care. Services are provided through outpatient medical specialty clinics, inpatient consultation, as well as outpatient psychotherapy. Postdoctoral associates also lead group therapy sessions for adolescents with diabetes.

**Supervisors: Elizabeth Pulgaron, Ph.D., Anna Maria Patino-Fernandez, Ph.D., Alan Delamater, Ph.D. ABPP**

**Cleft Palate Craniofacial Team**

This multi-disciplinary team meets three times a month and provides services to children and families of children with craniofacial differences including cleft lip and/or palate and craniofacial syndromes. Team members include disciplines such as genetics, plastic surgery, dentistry, speech and language, and nutrition. Opportunities exist to participate as part of the multi-disciplinary assessment team as well as to provide outpatient
psychotherapy. Common clinical issues including learning disorders, behavioral
difficulties, self-image concerns, and peer relationship difficulties.

Supervisor: Lynn Kerdyk, Ph.D.

2. Clinical Child Psychology Training Activities

Psychological Assessment Service (PAS)

This service provides experience in psychological, psycho-educational, and
neuropsychological evaluation of children. Children are referred from other clinics in the
Mailman Center and Department of Pediatrics, as well as from the Dade County Schools,
community agencies, and private referral sources. Cases are varied in terms of ethnic
background, SES, presenting problem, and age range (i.e., infancy through adolescence).
Evaluations may include testing, family and school interviews, observations, consultation
with other allied professionals, formal communication of findings to parents and other
appropriate parties, and follow-up on treatment recommendations.

Supervisors: Monica Dowling, Ph.D., Alan Delamater, Ph.D., ABPP, and Lynn F.
Kerdyk, Ph.D., Anna Maria Patino-Fernandez, PhD.

Interdisciplinary Developmental Evaluation Service (IDES)

IDES in an interdisciplinary assessment service involving trainees from clinical
psychology, audiology, pediatrics, speech and language, nutrition, social work, physical
therapy, and education. Postdoctoral associates will have the opportunity to coordinate
psychological assessments of developmentally and medically complex children with
professionals from these various disciplines, resulting in comprehensive
recommendations for intervention or follow-up. Postdoctoral associates have the
opportunity to supervise clinical psychology graduate students and interns on
assessments. In addition, supervised opportunities for administration and leadership
development are available for trainees at the postdoctoral associate level.

Supervisors: Monica Dowling, Ph.D., Anna Maria Patino-Fernandez, Ph.D.

Child Protection Team (CPT)

The Child Protection Team is a state funded program to assist the Department of Children
and Families (DCF), Florida’s child protective service agency, in the detection and
evaluation of suspected child maltreatment. This interdisciplinary team is made up of
pediatricians, nurses, case workers, and psychologists who collaborate in the assessment
of children and families referred due to allegations of child sexual, psychological, or
physical abuse or neglect. Child witnesses to domestic violence are also referred.
Psychological evaluations of maltreated children and/or their family members are
conducted to document abuse history, assess the child’s capacity to provide court
testimony, and make recommendations concerning visitation, placement, and treatment
needs. In addition, trainees may elect to participate in inter-agency staffings and observe
court proceedings.
Supervisor(s): Susan Dandes, Ph.D., Jason Jent, PhD

Early Steps (ES)

This program serves graduates of the Newborn Intensive Care Unit who are screened at planned periodic intervals for developmental progress by a multidisciplinary team as well as children felt to be at-risk for developmental delay. This is a diverse clinic focusing on African-American, Haitian, Hispanic, and Caucasian children ages 2 weeks to 3 years of age, though the primary emphasis is on infants. This program operates five half-days per week and serves as the link between the Newborn Intensive Care Program, the Center, and community intervention programs. ES allows opportunities for developmental assessment of infants and children exposed to multiple medical and socio-economic risk factors. Assessments of children with mental retardation, developmental delay, and emotional problems are typically included in the ES experience. Experience with creating family service plans (FSP) is provided in a multi-ethnic setting.

Supervisor: Michelle Harwood Berkovits, Ph.D.

Behavioral Pediatrics Clinic

In this clinic psychologists and physicians work together to diagnose and treat a variety of common childhood behavioral problems, including ADHD, ODD, enuresis and encopresis, and developmental delay. Some patients in this clinic are seen by the psychology intern for ongoing treatment. Interns are not only involved in patient care, but also take an active part in training pediatric residents in behavioral issues.

Supervisor: Neena Malik, Ph.D., Jason Jent, Ph.D.

Child, Adolescent and Family Therapy Service (CAFT)

The Child, Adolescent and Family Therapy Service provides additional opportunities for individual and family therapy with children from infancy to adolescence. The emphasis is on behavioral assessment of common behavioral problems (e.g. Parent-adolescent conflict and noncompliance), child clinical disorders (e.g. anxiety, depression, attention deficit and conduct disorders), and problems related to acute and chronic medical conditions (e.g. eating disorders, medical adherence). Cognitive-behavioral and family systems models are emphasized.

Supervisor: Neena Malik, Ph.D., Jason Jent, Ph.D.

Intervention with Young Children (IYC)

Opportunities on this rotation include conducting on-site play therapy in an individual format with children ages 3-5 with disabilities. Opportunities also exist for group therapy/social skills training and family therapy. All therapy takes place in the community childcare centers. Parent and teacher consultations focusing on behavior management strategies are also an essential part of this rotation. The trainee will participate in multi-
disciplinary staffings and IEP meetings and provide input regarding placement in special education programs. There will also be an opportunity to conduct psychoeducational evaluations. Supervision is held on-site in the childcare centers. Group supervision is held bi-monthly and includes specialized training in the area of therapy with a birth-5 population.

*Supervisor: Ruby Natale, Ph.D., Psy.D.*

### G. Eligibility and Selection

Postdoctoral associate candidates must have completed doctoral level graduate training from a clinical, counseling, or school psychology program and a predoctoral psychology internship approved by the American Psychological Association. By the beginning of the fellowship, candidates must have completed all major requirements for their degree including dissertation requirements. Applicants with strong clinical and/or research backgrounds in clinical child psychology, pediatric psychology, or neuropsychology are preferred.

The postdoctoral fellowship program abides by the University of Miami's policy as an Equal Opportunity/Affirmative Action Employer. All applications are reviewed and discussed by the Clinical Psychology faculty. Associates are selected according to the procedures set forth by APPIC. Written confirmation of all acceptances is required.

### H. Funding

Between three and eight postdoctoral associate positions will be available for 2009-2010, contingent upon availability of funding, with current support set at $36,996 for 12 months for first year postdoctoral associates. Funding for subsequent years is based on the NIH stipend rate for postdoctoral associates. University-based health insurance and benefits are provided for postdoctoral associates. Contingent upon availability, funds for travel and/or professional development are also provided. Arrangements have been made with the University of Miami Counseling Center for low/no cost mental health services if needed.

### I. Postdoctoral Fellowship Requirements

Completion of the fellowship requires a minimum of 2000 hours of supervised clinical/research experience and participation in our program on a full-time basis for one full calendar year beginning September 1st or TBD. Vacation time consists of all University holidays (e.g., Thanksgiving, Christmas, New Year's), 10 paid vacation days, 10 paid personal/sick days, and 5 floating holidays.

Postdoctoral associates are not allowed to participate in any other outside professional activities without first being granted permission. *Clinical service of a psychological nature (e.g., private practice) to the public for a fee will not be allowed, even under the supervision of psychologists not affiliated with the training program.* This stance is taken to reduce the potential liability to the Center and University under these
circumstances. Non-funded supervised clinical service of a training nature will be considered, as well as funded teaching or research positions on non-duty time. All other activities will be considered on an individual basis. In general, direct clinical service to the public, in other than a training relationship, will not be allowed.

**J. Application Procedure**

The items listed below must be received for postdoctoral fellowship applications to be considered. The applicant is to forward all application materials in one package, to be received at the Mailman Center. Letters of recommendation should be included in this application packet in sealed envelopes signed by the recommender. Interviews are a requirement for selection. Telephone interviews may be conducted in lieu of on-site interviews when necessary for applicants.

1. Letter of interest
2. Current vitae.
3. Three letters of recommendation from persons who know your work.

**H. Postdoctoral Program Due Process and Grievance Procedures**

In the event that a problem develops for a postdoctoral associate, the following procedures shall be used to resolve this conflict.

1. Conflict may take several forms. The postdoctoral trainee may feel uncomfortable with the behavior of the supervisor. The supervisor may be concerned about the competence of the postdoctoral trainee. The supervisor may be concerned about the judgment, emotional, or social functioning of the trainee in clinical or research situations. The first step in conflict resolution should take place between the trainee and the supervisor with whom the conflict exists.

2. The second step in conflict resolution involves the trainee’s primary supervisor, who will attempt to mediate the conflict. This may involve meeting with the trainee and the supervisor to (a) objectively identify the problem, (b) determine steps to resolve the problem, and (c) evaluate the effectiveness of the problem-resolution plan. A written summary of these steps will be drafted by the primary supervisor and forwarded to the Director of Training. If conflict resolution is successful, this summary will be destroyed at the end of the postdoctoral training year. If the conflict involves the trainee’s primary supervisor, the Director of Training will serve the role as primary supervisor.

3. If this step is not successful in resolving the conflict, then a committee consisting of the trainee’s primary supervisor, the Director of Training, and a third faculty member selected by the trainee will convene to re-evaluate the problem and develop an additional plan for problem resolution. If the problem is an interpersonal conflict between the trainee and a supervisor, an alternative supervisor or clinical or research rotation can be arranged. If the problem relates to a trainee’s clinical or research competence, then the committee will establish concrete criteria for remediation. A written summary of this plan will be placed in the trainee’s file, to be destroyed at the successful completion of the course of training. If the problem relates to a faculty member, a committee composed of
the Division Director, the Director of Training, and a third faculty member from outside
the Division will convene to review the problem with the faculty member against whom a
complaint has been made.

4. If the difficulty has been determined to be with the trainee in Step #3, and if the
committee convened in #3 above determines that remediation has not occurred, then the
problem will be brought before the entire Postdoctoral Faculty for review. This may be
initiated by the trainee, the supervisor, or the resolution committee. The Faculty will then
review previous actions, and will make a determination of one of the following:

a. No action is taken against the trainee, and all records related to the action at all levels
is destroyed at the completion of training.

b. The trainee is placed on probation, with specific criteria for research, clinical, ethical,
or personal conduct provided to the trainee and placed in the postdoctoral fellow’s
file. If the trainee then successfully completes the postdoctoral fellowship, all records
of the probation will be destroyed.

c. The trainee is terminated from his/her position.

5. In the case that the Faculty determines that the postdoctoral fellow needs to be terminated
from the fellowship program, the trainee may then appeal this decision to the Chairman of
the Department of Pediatrics, at which time the grievance procedures spelled out in the
Faculty and Staff Handbook of the University of Miami will apply.

Throughout this remediation process, documentation of the problem, plan, and evaluation of the
plan will be kept. The postdoctoral fellow has the right to review all documentation related to
any action taken by the Faculty regarding his/her status.