



POSTDOCTORAL RESIDENCY IN PEDIATRIC NEUROPSYCHOLOGY



**Division of
Behavioral Medicine
and Clinical Psychology**

**Cincinnati Children's
Hospital Medical Center**

**3333 Burnet Avenue
Cincinnati, Ohio 45229-3039
(513) 803-3217**



**Dean W. Beebe, Ph.D. ABPP
Director**

**Anne Bradley, Ph.D.
Associate Director**

Program Code: 9793

OVERVIEW

The Postdoctoral Residency (Fellowship) in Pediatric Neuropsychology through the [Division of Behavioral Medicine and Clinical Psychology](#) of Cincinnati Children's Hospital Medical Center is a two year program designed to conform to the guidelines developed by Division 40 of the APA and the International Neuropsychological Society (INS) as well as the training model formulated at the Houston Conference. We are longstanding members of the [Association of Postdoctoral Programs in Clinical Neuropsychology \(APPCN\)](#).

Principal mentors/supervisors are from Behavioral Medicine and Clinical Psychology, with minor rotations offered through Neurology at Cincinnati Children's. Training opportunities with psychologists outside of the neuropsychology specialization are also available. While focusing primarily on neuropsychology, our trainees interact often with the >30 pediatric psychology postdocs who are also part of the general [Behavioral Medicine/Psychology Fellowship Program](#) (within which our Neuropsychology Postdoctoral Program is embedded). This not only enriches training, but it also helps combat the isolation that can happen at other, smaller training sites.

The Postdoctoral Residency in Pediatric Neuropsychology has been training Residents continuously since 1991. Our goal is to provide advanced training for psychologists specializing in pediatric neuropsychology who plan to go on to earn Board Certification in Clinical Neuropsychology,

ABPP. A firm foundation is provided for those pursuing careers in clinical practice or academic neuropsychology. All of our graduates have gone on to positions in academic medical centers; about 1/5 then shifted into successful private practices.

Our program offers a number of opportunities not always available elsewhere. Via exposure to a large group of accomplished pediatric neuropsychologists (8 in all, including 4 primary supervisors) and pediatric/child-clinical psychologists (>130 in the Division), Residents are provided with many role models. We take a developmental training approach that balances direct supervision (to put final "polish" on trainees' skills) with increasing independence (to prepare them for graduation). The caseload is largely comprised of medical/neurological cases, giving tremendous depth of experience with these neurologically fascinating children. Our program is uniquely interested in effective communication of findings as well as the process that families experience as the neuropsychological assessment process unfolds. The training program has a clear eye on the future of each Resident, explicitly preparing them for ABPP certification and training them to leverage electronic resources to improve care quality and efficiency.

About 70% of the Residents' time is spent in the delivery of clinical services. Educational/training experiences and research activities account for the other 30%.

APPLICATION

Candidates must be on track to complete all doctoral degree and internship requirements by the start of the Residency. Graduates of APA and CPA accredited Clinical Programs and Internships are preferred, and prior training with children is required. Our program participates in the [APPCN match system](#). *This site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.* **The deadline for receipt of all application materials to our program is 5 pm Eastern on January 4, 2021.** We encourage earlier submissions to head off any unforeseen obstacles. In line with APPCN guidance around the COVID-19 pandemic, this year we plan to conduct interviews online via video conferencing.

Applications will be uploaded via an online portal. Instructions are at [this link](#).

Required materials due to us by 1/4/2021:

- 1-2-page description of career goals (or cover letter that serves the same purpose)
- Curriculum vita
- 3 letters of recommendation
- Graduate transcript(s)
- 2 sample neuropsychological reports
- [Verification of Completion of Doctorate form](#) (download from APPCN and submit to us)

If you are unable to click on the Cincinnati Children's application instructions link, please cut and paste this into the address window of your internet browser: www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/contact/

TRAINING EXPERIENCES YEAR – BY - YEAR

First Year of Training

Primary Clinical Training Experiences

Cancer and Blood Disorder Service: The first-year Resident serves as the neuropsychology liaison to the Neuro-Oncology (Brain Tumor) and Leukemia/Lymphoma Programs. Specific clinical duties include neuropsychological evaluations (averaging 1 per week), participation in weekly team rounds, consultation with multi-disciplinary treatment teams, and collaboration with school intervention professionals. Cases are seen either jointly with the supervising neuropsychologist or with “behind the scenes” supervision; using both models promotes Residents’ independent practice skills and refines their face-to-face clinical care.

Outpatient Evaluations: The Resident performs an average of 1 outpatient evaluation from our general outpatient neuropsychology referral stream per week. Referrals are received from a variety of internal and external sources. Cases are primarily seen with “behind the scenes” supervision to help build Residents’ skills and confidence as independent clinicians. Our most common referrals are for children with medical diagnoses, including but not limited to concussion through severe traumatic brain injury, epilepsy, perinatal stroke, neurosurgical interventions, and genetic and metabolic disorders. As a large tertiary care center, we also see an unusual number of rare conditions, providing tremendous breadth for trainees. Very few children seen by the Resident have primary developmental disorders. More often, our Residents see those issues amongst the host of concerns that can arise in medically/neurologically-involved populations.

Neurology Clinics: Most Tuesdays, the first-year Resident will participate in a variety of clinical activities in the Neurology Division focused on the Epilepsy Surgery Program and the Cerebrovascular Clinic. The Epilepsy Surgery program involves pre- and post-surgery neuropsychological examinations of infants, children, and adults as well as ongoing consultation and participation in the multidisciplinary case conference. The Cerebrovascular Clinic serves children and adults with a wide variety of cerebrovascular diseases from a multidisciplinary perspective, including neurosurgery, neurology, neuroradiology, hematology, rehabilitation, genetics, and neuropsychology. The Resident will learn an integrated care model that includes brief case consultation as well as formal assessment.

Secondary Clinical Training

Neuropsychology Inpatient Consultation Service: The first and second year Residents rotate monthly through this service. This consultation service varies in intensity but typically ranges from 0-2 cases/month. Typical referrals include requests for assistance in developing outpatient care plans and requests for inpatient neuropsychological screenings.



Second Year of Training

Primary Clinical Training Experiences

Inpatient Neurorehabilitation Unit: The neuropsychology Resident works with a multidisciplinary team in the care of patients with a variety of injuries/diseases of the central nervous system, including traumatic brain injury, brain tumors, CNS infections, and cerebral vascular accidents. Clinical duties include neuropsychological evaluations and team consultation. Additional opportunities for working with the children and their families following discharge are available, including outpatient assessment services.

Outpatient Evaluations: This experience is structured the same as that described on the previous page for the first-year of Residency training, but with an increased focus on independence as the fellow prepares for practice after graduation.

Supervision of Interns: During the second year, we offer unique, mentored opportunities for Residents to develop skills as a clinical supervisor. This is because the neuropsychology program is also involved in Cincinnati Children's internship in pediatric psychology, which has allowed us to match postdoctoral Residents who are interested in learning how to become effective supervisors with predoctoral interns. We use an "umbrella supervision" model, in which the Resident is guided by an experienced neuropsychologist as the Resident provides primary supervision of the intern's learning experiences. Residents will supervise at least one intern's 4-month rotation, and can elect to supervise a second intern if they choose.

Supporting Clinical Training Experiences

Second-year Residents have the opportunity to cater their experiences by creating combinations of minor rotations from the following:

Child Clinical or Pediatric Psychology: Our Division houses over 130 psychologists who work with a wide variety of patient populations. Based on the fit of experiences and opportunities, Residents can expand their repertoire of evidence-based treatments. For example, past fellows have elected minor rotations that involved behavioral management of tic disorders and group interventions for ADHD. (3-6 month elective experience)



Neuropsychology Research: All of our Residents are involved in research (see the next page). However, some Residents see neuropsychology research as a major part of their future careers, and therefore want additional research training. This elective experience allows additional emphasis in this area, including supplemental seminars and more intensive research experiences as Residents gain clinical training that makes them eligible for Board certification. (4-8 month elective experience)

Psychotherapy: We encourage Residents to maintain involvement in outpatient individual therapy or group therapy. If desired, this could become a more intensive minor rotation.

Seminars and Didactics

Required didactics include the Neuropsychology Didactic Series and Case Conference (weekly), Board-Certification Readings Group (bi-weekly), Rotation-specific readings with rotation supervisors, Neuro-oncology Radiology Rounds (weekly, year 1), Postdoctoral Fellowship Professional Development Seminar (monthly), and Psychological Colloquium (monthly). Sample topics covered in our didactics have included:

- ABPP preparation
- Journal club
- Legal issues in clinical practice
- Epilepsy
- TBI
- Neuro-oncology
- Cerebrovascular injury
- Sickle Cell Disease
- Neuroimaging
- Movement disorders

- Pervasive developmental disorders
- ADHD
- Learning disabilities
- Prematurity/low birth weight
- Sleep and Sleep Disorders
- Psychopharmacology
- Cross-cultural and bilingual assessment

Additional (optional) didactic opportunities include: Mind-Brain-Behavior Seminars, Neurology Grand Rounds, Psychiatry Grand Rounds, Pediatric Grand Rounds, Neuroradiology Rounds, Tumor Board, Epilepsy Conference, Journal Club, WADAs, Brain Cuttings, Introduction to Clinical Research, Psychology Research Group, Sleep Medicine Didactic Series, All-Fellows Rounds, and other departmental and research seminars throughout CCHMC. There are too many to attend them all; it's a good "problem" to have!

You may view additional information about these and other offerings at <http://www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/curriculum/>

Research

Residents typically become involved in ongoing research under the mentorship of program faculty. This must culminate by the end of the Residency in at least one first author manuscript submitted for publication. Both Residents are encouraged to spend half a day on research each week.

Multiple neuropsychologists are NIH-sponsored Principal or Co-Investigators. All support ongoing research into the process and impact of pediatric neuropsychological evaluation, led by Drs. Gerstle and Beebe. We are also involved in disease-specific research studies in a number of areas, including traumatic brain injury, tuberous sclerosis, epilepsy surgery, pediatric sleep, and non-

neurological medical disorders that can affect the brain. Our neuropsychologists have published on such topics as epilepsy (Byars, Beattie), traumatic brain injury (Beebe, Gerstle), spina bifida and hydrocephalus (Beebe), pediatric cancers (Gerstle, Beebe), structural neuroimaging (Byars, Beattie), functional neuroimaging (Byars, Beebe), psychometric properties of neuropsych tests (LeJeune, Beebe), sleep (Beebe), lupus (Beebe), sickle cell (Gerstle, Beebe), neurodevelopmental conditions (Byars, Hinnebusch), and cardiac conditions (Gerstle, Beebe). Brief summaries of our backgrounds, interests, and recent publications are provided at the end of this brochure.

Teaching/Supervision

Primary clinical supervision for the Resident is provided by neuropsychologists at the CCHMC base campus. Residents may also receive supervision in specialty areas of psychotherapy from other faculty and staff within the Division. Research supervision

and selection of a primary mentor for professional development is established after the start of Residency, depending on the interests of the Resident and upon available research opportunities.

STIPEND AND BENEFITS

Stipends and benefits begin the first day of training (around September 1 but varies slightly due to the weekend and Labor Day holiday). Stipends are set to be consistent with NIH NRSA pay levels. As of 2020-2021, the first year stipend is \$52,704 and the second year stipend is \$53,076. The decision to continue the Residency for a second year is finalized halfway through the first year based upon adequate progress up to that time.

Benefits include reimbursement of up to \$1750 in relocation costs for folks who move from outside of the region. There are also several health insurance plans from which to choose; all require minimal financial contribution from the Resident. Fifteen days per year of vacation and eight pre-set holidays are available, in addition to sick leave. Additional leave is granted for workshop/conference attendance as deemed appropriate by the mentor(s).



ABOUT CINCINNATI CHILDREN'S

Cincinnati Children's serves the medical needs of infants, children, and adolescents with family-centered care, innovative research and outstanding teaching programs. We are a national leader in pediatrics. Cincinnati Children's has been in the top three pediatric facilities in research funding from the National Institutes of Health

(NIH) for over a decade, and is consistently within the top three pediatric hospital in the nation by *U.S. News and World Report*. Also, University of Cincinnati's College of Medicine Department of Pediatrics, which is comprised of faculty at Children's, has consistently ranked in the top three departments of pediatrics at a medical school in the *U.S. News and World Report* survey of best graduate education programs. Reflecting its strong work environment, Children's has been named to the *Cincinnati Business Courier's* Best Places to Work Hall of Fame. Indeed, *Forbes* magazine recently ranked us the second-best employer in Ohio (best amongst hospitals), as well as one of America's Best Employers for Women and America's Best Employers for Diversity. Other kudos include recognition as being one of



the Most Innovative children's hospitals by *Parents* magazine and a leader in Healthcare Equality by *The Human Rights Campaign*. For additional information about awards earned by Cincinnati Children's as well as information about medical advances originating here, please visit: www.cincinnatichildrens.org/about/awards/default/.

Our program offers interviews by invitation following application review. In line with APPCN guidance around the COVID-19 pandemic, this year we plan to conduct interviews online via video conferencing.



CINCINNATI AND SURROUNDINGS

Keep it quiet, but **Cincinnati has a lot to offer!** It has one of the oldest art museums in the country and a thriving theater scene; the symphony orchestra is world-class; and the opera and Shakespeare Company are well supported. There's plenty of big name and boutique shopping and great restaurants. The hills and rivers offer natural outdoor activities. For sports fans, there are the Cincinnati Reds, Bengals, FC Cincinnati, as well as a wealth of other local teams. Our Western and Southern Open is one of the nation's largest tennis events.

It is ridiculously convenient to get around. Compared to bigger cities like Boston, Atlanta, Chicago, New York or Washington, you will spend a lot less time in transit, and more time wherever you want to be!

The restaurant scene is surprisingly delicious. Great restaurants are scattered throughout the city, including world-class restaurants. We have many dozens of restaurants that not only have food to rival New York or Washington D.C. offerings, but at a fraction of the price. There is no shortage of gourmet food, craft breweries, or food trucks, if those are more your speed. Cincinnati is open late – restaurants and bars have flourished. If you are a night owl, there's plenty to do after hours.

- ✓ **Want to enjoy life?** Wallethub lists us as the [7th best city for recreation](#), the best in the midwest.
- ✓ **Want to make your dollar stretch?** Forbes says we're one of the [top 3 most affordable cities](#) in America.
- ✓ **Looking for a cool place to live?** In 2018, Lonely Planet ranked Cincinnati in the [top 5 US Destinations You Need to See](#). BuzzFeed declared Cincinnati is [Low-Key America's Coolest City](#).
- ✓ **Got a partner who needs a job?** We have [10 Fortune 500 companies based in Cincinnati](#). Per capita, that's more than New York, Chicago, or L.A.!
- ✓ **Education important to you?** Per US News & World Report, Cincinnati has half of the [top 10 public high schools](#) in Ohio. Just cross the river and you will find 2 of the top 3 high schools in Kentucky.
- ✓ **Like food?** Wallethub has known for years that we're among the [best foodie cities for your wallet](#). Also, AAA declares that we have the [only Five Diamond restaurant in the midwest](#), outside of Chicago.

Cincinnati is family-friendly. There are many options for both public and private schools; there many large and small colleges and universities that bring in students. The city is small enough to have a neighborhood feel in many places, and the neighborhoods have strong voices. Cincinnati has tapped into sustainability. Most neighborhoods have their own weekly farmers market. Bike lanes are being used and built. The local foods movement is strong. The Civic Garden Center has neighborhood gardening programs for the elementary schools and can teach you about putting a green roof on your house! Our zoo, which Parents Magazine ranks in the top 10 for kids, houses the "greenest restaurant in America" according to the Green Restaurant Association. Whatever your hobbies, from brewing your own beer to practicing yoga, there are plenty of groups here to join.

The region is made great by its diversity. There are many large and/or international companies that attract people from all over the world. The region is home to several major universities, and is headquarters to national and multinational companies, including Proctor and Gamble, Kroger, and GE Aviation. Every race and religion is represented, and both locals and transplants from around the globe have made homes here.

MEET OUR TEAM



Dean W. Beebe, Ph.D., ABPP is a Professor in the Division of Behavioral Medicine and Clinical Psychology and Directs the Neuropsychology Program. He is board-certified in Clinical Neuropsychology and Pediatric Clinical Neuropsychology. He is president-elect of the American Academic of Clinical Neuropsychology (AACN) and has served on committees of the AACN, American Board of Clinical Neuropsychology (ABCN), International Neuropsychological Society, and Sleep Research Society. He is associate editor for *Journal of Pediatric Psychology* and is on the editorial boards for *Child Neuropsychology*, *Sleep*, and *Behavioral Sleep Medicine*.

Training Roles: He is the Training Director, and supervises first- and second-year fellows' work with general neuropsychological assessment cases. He also participates in didactics, supervises inpatient consults, and is available as a career development or research mentor.

Outside the Hospital: Dr. Beebe enjoys travelling, spending time with his family, and staying active. He has lived in the Clifton, Mt. Washington, and Anderson Township neighborhoods, but now loves life in Northside.



Julia F. Beattie, Ph.D. is an Assistant Professor in Behavioral Medicine and Clinical Psychology. She completed her Ph.D. at the University of Alabama at Birmingham and her fellowship at Cincinnati Children's. She is interested in mentorship, community education, and ensuring high-quality care for non-English speaking families.

Clinical Roles: She works with children with a range of medical conditions, with a particular interest in those with epilepsy and cerebrovascular conditions.

Research: Dr. Beattie's prior research includes investigating structure-function relationships of memory. She is currently conducting research in cerebrovascular disease as well as process and outcomes of pediatric neuropsychological evaluations.

Training Roles: Our newest neuropsychologist, Dr. Beattie participates in didactics, supervises inpatient consults, and is available as a career development mentor.

Outside the hospital: Dr. Beattie enjoys running, working on her Spanish language skills, and traveling at every opportunity. She lives in northern Kentucky with her husband and dog.



Anne Bradley, Ph.D. is a Staff Neuropsychologist in Behavioral Medicine and Clinical Psychology. She earned her Ph.D. from Loyola University Chicago, with postdoctoral training in pediatric rehabilitation neuropsychology at University of Michigan. She is a full-time clinician with an interest in program development, especially leveraging technology to improve the quality of care and integration of multidisciplinary care.

Clinical Roles: Dr. Bradley works with children with a range of medical conditions. She is the lead neuropsychologist for the neuromuscular disorders program.

Training Roles: She is the Associate Training Director. She participates in didactics, supervises inpatient consults, and is available as a career development mentor.

Outside the hospital: Dr. Bradley enjoys the diversity and urban neighborhood atmosphere of the Clifton Gaslight area where she lives. She dabbles in music, fiber arts, ceramic arts, creative writing, enameling, and computer programming.



Anna Weber Byars, Ph.D., ABPP is a Professor in the Division of Neurology. She completed her Ph.D. at the University of Alabama at Birmingham and her fellowship at Cincinnati Children's. She is board certified in Clinical Neuropsychology and recently completed a term as a Board Examiner for the ABCN. She is also a member of the Professional Advisory Board of the Tuberous Sclerosis Alliance.

Clinical Roles: Dr. Byars sees patients and conducts research in the multidisciplinary Comprehensive Epilepsy Program and the Cerebrovascular Clinic. She also has clinical and research interests in tuberous sclerosis and stroke.

Training Roles: Dr. Byars supervises the Neurology Clinics training of the first-year fellow. She also joins didactics and can be a career development or research mentor.

Outside the Hospital: Dr. Byars spends her time with her children and their activities at various soccer fields and swimming pools around Cincinnati. Her family lives in Clifton with a hyperactive yellow lab.



Melissa Gerstle, Ph.D., ABPP is an Associate Professor in Behavioral Medicine and Clinical Psychology and is board-certified in Clinical Neuropsychology and the Pediatric Neuropsychology subspecialty. She completed her Ph.D. at the University of New Mexico at Albuquerque and her fellowship in Pediatric Neuropsychology at Texas Children's Hospital/Baylor University.

Clinical Roles: She works with children with a range of medical conditions, with a particular interest in those with genetic conditions. She is the lead neuropsychologist for the Turner syndrome clinic.

Research: She is active in programmatic research on parent outcomes and experience with neuropsychological evaluation, with a recent focus on parents' views of neuropsychological evaluation reports.

Training Roles: Dr. Gerstle participates in didactics and is available as a professional development mentor.

Outside the Hospital: Dr. Gerstle enjoys traveling, and the favorite places she has visited (so far) include Ireland, New Zealand, and Iceland. She is also an animal lover. She recently moved to Evendale.



Alex Hinnebusch, Ph.D. is a Staff Neuropsychologist in Behavioral Medicine and Clinical Psychology. He completed his Ph.D. in Clinical Psychology at the University of Connecticut, and fellowship in Pediatric Rehabilitation Psychology/Neuropsychology at the University of Michigan. He has particular interest in rehabilitation populations including traumatic brain injury (TBI), cerebral palsy, and spina bifida.

Clinical Roles: Dr. Hinnebusch provides comprehensive evaluations to patients with a variety of medical conditions, with a particular focus on TBI survivors. He also provides psychotherapy to patients and families with complex medical conditions and rehabilitation needs, specializing in the interpersonal process approach.

Training Roles: He supervises the second-year fellow's training on the inpatient rehabilitation unit. He also participates in didactics and is available as a professional development mentor.

Outside the hospital: Dr. Hinnebusch lives in Hyde Park with his wife and their three dogs. He enjoys cooking, running and exercising, playing music, and showing off pictures of his dogs (Cal, Emma, and Sandy).



Brenna LeJeune, Ph.D., ABPP is a Board-Certified Neuropsychologist in Behavioral Medicine and Clinical Psychology. She earned a Ph.D. from Indiana University Purdue University Indianapolis in 2006. She joined the clinical staff in 2008 after her specialty training in pediatric neuropsychology through the Postdoctoral Residency at Cincinnati Children's.

Clinical Roles: Dr. LeJeune provides assessment services for children with a variety of medical conditions at Cincinnati Children's Fairfield satellite location.

Training Roles: Dr. LeJeune participates in didactics, supervises inpatient consults, and is available as a career development mentor.

Outside the Hospital: Dr. LeJeune enjoys cooking, running, and dog training. She lives with her family (including two rescued mutts) in Fairfield.



Thea Quinton, Ph.D. is a Staff Neuropsychologist in Behavioral Medicine and Clinical Psychology. She completed her Ph.D. at the University of Texas at Austin and her fellowship in Pediatric Neuropsychology at Cincinnati Children's.

Clinical Roles: She serves patients seen through our Cancer and Blood Diseases Institute, including children and adolescents with brain tumors, leukemia, lymphoma, or sickle cell disease. She also works with children with a range of other medical conditions.

Training Roles: Dr. Quinton supervises the cancer and blood disorders rotation of the first-year resident. She also participates in didactics and is available as a career/professional development mentor.

Outside the Hospital: Dr. Quinton lives with her husband and dog in Colerain Township. During the COVID-19 pandemic she has developed a great appreciation for the many beautiful parks and hiking trails in the Cincinnati area.

RECENT PUBLICATIONS (2018-2020)

- Arya R, Aungaroon G, Zea Vera A, Horn PS, **Byars** AW, et al. (2018). Fosphenytoin pre-medication for pediatric extra-operative electrical stimulation brain mapping. *Epilepsy Res*, 140, 171-176.
- Arya R, Babajani-Feremi A, **Byars** AW, et al. (2019). A model for visual naming based on spatiotemporal dynamics of ECoG high-gamma modulation. *Epilepsy Behav*, 99, 106455.
- Arya R, Ervin B, Dudley J, Buroker J, Rozhkov L, Scholle C, Horn PS, Vannest J, **Byars** AW, et al. (2019). Electrical stimulation mapping of language with stereo-EEG. *Epilepsy Behav*, 99, 106395.
- Arya R, Ervin B, Holloway T, Dudley J, Horn PS, Buroker J, Rozhkov L, Scholle C, **Byars** AW, Leach JL, Mangano FT, Greiner HM, Holland KD. (2020) Electrical stimulation sensorimotor mapping with stereo-EEG. *Clin Neurophysiol*, 131, 1691-1701.
- Arya R, Roth C, Leach JL, ... **Byars** AW, Holland KD. (2019). Neuropsychological outcomes after resection of cortical sites with visual naming associated electrocorticographic high-gamma modulation. *Epilepsy Res*, 151, 17-23.
- Arya R, Wilson JA, Fujiwara H, Vannest J, **Byars** AW, et al. (2018) Electrocorticographic high-gamma modulation with passive listening paradigm for pediatric extraoperative language mapping. *Epilepsia*, 59, 792-801.
- Austin, CA, **Gerstle** M, Baum KT, **Bradley** A, **LeJeune** B, Peugh J, **Beebe** DW (2019). Evolution of parental knowledge and efficacy across the pediatric neuropsychological evaluation process. *Clin Neuropsychologist*, 33, 743-759.
- Badia P, Hickey V, Flesch L, ... **Beebe** D, Davies SM, Dandoy, CE (2019). Quality Improvement Initiative to Reduce Nighttime Noise in a Transplantation and Cellular Therapy Unit. *Biol Blood Marrow Transplantation*, 25, 1844-1850.
- Baum KT, von Thomsen C, Elam M, Murphy C, **Gerstle** M, Austin CA, **Beebe** DW. (2018). Communication is key: the utility of a revised neuropsychological report format. *Clin Neuropsychol*, 32, 345-367.
- Becker SP, Epstein JN, Tamm L, ... **Beebe** DW (2019). Shortened sleep duration causes sleepiness, inattention, and oppositionality in adolescents with ADHD: Findings from a crossover sleep restriction/extension study. *J Am Acad Child Adol Psychiatr*, 58, 433-442.
- Becker S, Tamm L, Epstein J, **Beebe** D (2020). Impact of Sleep Restriction on Affective Functioning in Adolescents with ADHD. *Journal of Child Psychology and Psychiatry*, 61, 1160-1168.
- Beebe** DW, Field J, Miller MM, Miller LE, LeBlond E (2017). Impact of multi-night experimental sleep restriction on adolescent performance in a simulated classroom. *Sleep*, 40, zsw035.
- Beebe** DW, Powers SW, Slattery EW, Gubanich PJ. (2018) Short Sleep and Adolescents' Performance on a Concussion Assessment Battery: An Experimental Sleep Manipulation Study. *Clin J Sport Med*, 28, 395-397.
- Coleman K, Flesch L, Petiniot L, Pate A, Lin L, Crosby L, **Beebe** DW, et al. (2018). Sleep Disruption in Caregivers of Pediatric Stem Cell Recipients. *Pediatric Blood and Cancer*, 65, e26965.
- Combs T, **Beebe** DW, Austin CA, **Gerstle** M, Peugh J. (2020) Changes in child functioning pre-to post-neuropsychological evaluation. *Child Neuropsychol*, 26, 711-720.
- Corathers, S., **Gerstle**, M., Casnellie, L., Pater, C., & Trotman, G. (2019). Transition in Turner syndrome - an interdisciplinary approach. In Lyons S, Hilliard M (eds) *Transitioning from Pediatric to Adult Care in Endocrinology: A Clinical Handbook*, Springer Publishers, pp 139-160.
- DiFrancesco MW, Lee G, Altaye M, **Beebe** DW, Meyers-Eaton J, Brunner HI. (2020). Cerebral microvascular and microstructural integrity is regionally altered in patients with systemic lupus erythematosus. *Arthritis Res Ther*, 8, 135.
- DiFrancesco MW, Van Dyk T, Altaye M, Drummond SPA, **Beebe** DW (2019). Network-Based Responses to the Psychomotor Vigilance Task during Lapses in Adolescents after Short and Extended Sleep. *Sci Reports*, 9, 13913.
- Daniels S, Pratt C, Hollister EB, Labarthe D, Cohen DA, Walker J, Beech BM, Balagopal PB, **Beebe** DW, et al. (2019). Promoting Cardiovascular Health in Early Childhood and Transitions in Childhood Through Adolescence: A Workshop Report. *J Pediatrics*, 209, 240-251.
- Duraccio KM, Krietsch K, Chardon ML, Van Dyk TR, **Beebe** DW (2019). Poor Sleep and Adolescent Obesity Risk: A Narrative Review of Potential Mechanisms. *Adol Health, Med, and Therapeutics*, 10, 117-130.
- Duraccio KM, Krietsch KN, Zhang N, Whitacre C, Howarth T, Pfeiffer M, **Beebe** DW. (in press). The impact of short sleep on food reward processes in adolescents.

J Sleep Res.

- Esbensen AJ, Hoffman EK, **Beebe** DW, Byars KC, & Epstein J. (2018). Links between sleep problems and daytime behavior in children with Down syndrome. *J Intellect Disabil Res*, 62, 115-125.
- Gaston TE, Nair S, Allendorfer JB, Martin RC, **Beattie** JF, Szaflarski JP. (2019). Memory response and neuroimaging correlates of a novel cognitive rehabilitation program for memory problems in epilepsy: A pilot study. *Restor Neurol Neurosci*, 37, 457-468.
- Gerstle** M, Baum KT, Quinn CT, & **Beebe** DW. (2019). Pediatric Case Study in Sickle Cell Disease In K. Sanders (Ed.). *Physician's Field Guide to Neuropsychology – Collaborative Instruction Through Clinical Case Examples (pages 63-81)*. Springer.
- Goetz AR, **Beebe** DW, Mara CA, Lanphear BP, Braun JM, Yolton K, Stark LJ (2019). Longer sleep duration during infancy and toddlerhood predicts weight normalization among high birth weight infants. *SLEEP*, 42, zsy214.
- Hodges E, Marcus C, Kim JY, Xanthopoulos M, Shults J, Giordani B, **Beebe** D, et al. (2018). Depressive Symptomatology in School-Aged Children with Obstructive Sleep Apnea Syndrome: Incidence, Demographic Factors, and Changes Following a Randomized Controlled Trial of Adenotonsillectomy. *SLEEP*, 41, zsy180.
- Kraus D, Vannest J, Arya R, Hutton JS, Leach JL, Mangano FT, Tenney JR, **Byars** AW, DeWitt TG, Horowitz-Kraus T. (in press). Reading in children with drug-resistant epilepsy was related to functional connectivity in cognitive control regions. *Acta Paediatr*.
- Krietsch KN, Chardon ML, **Beebe** DW, Janicke DM (2019). Sleep and Weight-Related Factors in Youth: A Systematic Review of Recent Studies. *Sleep Med Reviews*, 46, 87-96.
- Krietsch KN, King CD, **Beebe** DW. (2020). Experimental sleep restriction increases somatic complaints in healthy adolescents. *Sleep Med*, 73, 213-216.
- Meltzer LJ, **Beebe** DW, Jump S, Flewelling K, Sundström D, White M, Zeitlin PL, Strand MJ. (2020) Impact of sleep opportunity on asthma outcomes in adolescents. *Sleep Med*, 65,134-141.
- Narad ME, Nalepka P, Miley AE, **Beebe** DW, Kurowski BG, Wade SL. (2020). Driving after pediatric traumatic brain injury: Impact of distraction and executive functioning. *Rehabil Psychol.*, 65, 268-278.
- Patel, P.G., Jaquez, S.D., & **Quinton, T.L.** (2019). Alternative Educational Settings. In Dempsey, A.G. (Ed.) *Pediatric Health Conditions in Schools: A Clinician's Guide for Working with Children, Families, and Educators*, Oxford University Press, pp 101-121.
- Redel JM, DiFrancesco M, Vannest J, Altaye M, **Beebe** D, et al. (2018). Brain Gray Matter Volume Differences in Obese Youth with Type 2 Diabetes. *J Ped Endocrin and Metab*, 31, 261-268.
- Roy M, Haszard JJ, Savage JS, Yolton K, **Beebe** DW, et al. (2020). Bedtime, body mass index and obesity risk in preschool-aged children. *Pediatr Obes*, 15, e12650.
- Sakpichaisakul K, **Byars** AW, Horn PS, Aungaroon G, Greiner HM, Mangano FT, Holland KD, Arya R. (2020). Neuropsychological outcomes after pediatric epilepsy surgery: Role of electrical stimulation language mapping. *Seizure*, 80, 183-191.
- Vannest J, Maloney TC, ...**Byars** AW, et al. (2019). Changes in functional organization and functional connectivity during story listening in children with benign childhood epilepsy with centro-temporal spikes. *Brain Lang*, 193, 10-17.
- Van Dyk TR, Krietsch KN, Saelens BE, Whitacre C, McAlister S, **Beebe** DW (2018). Inducing More Sleep on School Nights Reduces Sedentary Behavior without Affecting Physical Activity in Short-Sleeping Adolescents. *Sleep Med*, 47, 7-10.
- Van Dyk TR, Zhang N, Combs A, Howarth T, Whitacre C, McAlister S, **Beebe** DW (2019). Feasibility and Impact on Daytime Sleepiness of an Experimental Protocol Inducing Variable Sleep Duration in Adolescents. *PLoS One*, 14, e0218894.
- Vannest J, Maloney TC, Tenney JR, Szaflarski JP, Morita D, **Byars** AW, et al. (2019). Changes in functional organization and functional connectivity during story listening in children with benign childhood epilepsy with centro-temporal spikes. *Brain Lang*, 193, 10-17.
- Ward AL, Galland BC, Haszard JJ, Meredith-Jones K, Morrison S, McIntosh D, Jackson R, **Beebe** DW, et al. (2019). The effect of mild sleep deprivation on diet and eating behaviour in children: protocol for the Daily Rest, Eating, and Activity Monitoring (DREAM) randomized cross-over trial. *BMC Public Health*, 19, 1347.
- Williams ME, Pearson DA, Capal JK, **Byars** AW, et al., (2019). Impacting development in infants with tuberous sclerosis complex: Multidisciplinary research collaboration. *American Psychologist*, 74, 356-367.