

From: [To communicate with division membership](#) on behalf of [Marisa Hilliard](#)
To: DIV54-MEMBERS@LISTS.APA.ORG
Subject: [DIV54-MEMBERS] SPP Diabetes SIG Fall Newsletter
Date: Tuesday, October 27, 2015 10:19:25 AM

Dear SPP colleagues,

Please enjoy the Diabetes SIG semi-annual newsletter, below. If you are involved in clinical, research, advocacy, or other pediatric psychology work in diabetes, please consider joining our SIG -- you can email me (marisa.hilliard@bcm.edu) about becoming a member!

Best,
Marisa

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SIG Newsletter

Issue 3 Fall 2015

Please enjoy the semi-annual newsletter published by APA Div 54/SPP Diabetes Special Interest Group! The goal of the newsletter is to share new information with SIG members from the larger diabetes community, foster collaboration among

members, and support the training and mentoring of our students and fellows. In each issue, we share updates to enrich our members' clinical, research, and training programs. Enjoy this Fall 2015 edition, in which we introduce our new Co-Chair, Dr. Danny Duke, and introduce new opportunities and committees within the SIG (in addition to our regular features).

Thank you to Dr. Kim Driscoll for her work and efforts as the Diabetes SIG Co-Chair from 2013-2015!

An Introduction from the New Co-Chair

I am honored and excited to assume the role of co-chair for the Diabetes Special Interest Group (D-SIG). In beginning my role I am reminded of the exceptional work of past Diabetes SIG leadership, specifically the efforts of Susana Patton, Kimberly Driscoll, and Marisa Hilliard. Without their tireless efforts we would likely not have a Diabetes SIG. When you get the chance, please offer them your sincere thanks for a job well done. I am looking forward to working this next year with an exceptionally talented group of individuals to help meet the needs of the Diabetes SIG membership.

Sincerely,

Danny C. Duke, PhD

In This Issue

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Clinical News

What You Already Know: Addressing Non-Adherence

Danny C Duke PhD, Oregon Health & Science University

It is well known that managing diabetes is difficult and that successfully doing so is more problematic during the developmental period of adolescence. Accomplishing diabetes care is invasive, intensive, and unrelenting; the required behaviors are complex and multiple factors determine an individual's ability to effectively manage diabetes care tasks, and optimize long-term health outcomes and quality of life. An important focus of ongoing research has been to formulate new and more effective approaches to address problems of adherence to diabetes self-care recommendations. However, the application of well-established principles of behavioral learning has often been underutilized in diabetes care settings. Yet, the vast majority of empirically supported interventions rely heavily on the basic behavioral principles. Thus, it would be remiss for pediatric psychologists to neglect opportunities to integrate the established, well-known, and empirically supported principles of behavioral learning into the routine delivery of diabetes care.

Below, I offer several examples:

Adherence

Consider a 13 year-old male who has been diagnosed with diabetes for 8 years and prescribed a basal-bolus regimen. The frequency of conducting blood glucose checks and administering associated insulin has decreased for this young man consistently over the past several years. In developing a treatment plan, multiple factors should be evaluated as possible contributors including, miscarried helping, developmental factors, instrumental and social supports, etc. Important is considering the direct learning that may have occurred given repeated diabetes management tasks have consistently been associated with undesirable outcomes (>23,000 sticks) and have thus may have reduced the likelihood this young man prefers to engage in the behaviors (i.e., punishment). For youth, a formal reward system should be recommended to pair preferred behavior (e.g., blood glucose checks, insulin administration) with preferred behaviors, to more than compensate for the punishment (discomfort, inconvenience) associated with diabetes care and increase the likelihood the behavior will be repeated (i.e., reward).

Patient/Team Interactions

The frequent interactions between youth and diabetes providers are opportunities to optimize the contingencies (rewards and punishers) associated with diabetes care. By purposefully applying behavioral learning principles, such as praising effort and success, a strong patient/provider bond can be developed that will increase opportunities to reinforce an improve self-care behavior and increase their frequency. Conversely, when the provider has focused on what the patient has not accomplished, the patient may feel less connected, even punished, and will become less likely to disclose adherence difficulties in the future and more likely to decrease the frequency of clinic attendance. Pediatric psychologists who are embedded in diabetes care settings are in a good position to educate the team regarding how to apply basic behavioral principles.

Provider Burn-Out

Understanding and applying behavioral principles is also important for providers. If provider interactions with patients are not pleasurable, then the provider will be increasingly likely to experience burn-out. The delivery of medical care in fee for service systems may yield few rewarding interactions and many that may be aversive and punishing. To be sustainable, the positive aspects (potential rewards) of providing quality medical care must outweigh the negatives (potential punishers). The current U.S. model of healthcare delivery creates an environment wherein it is increasingly difficult for providers to experience pleasurable or

satisfying interactions with patients during the delivery of care. In most institutional healthcare delivery systems, the emphasis is on productivity, with a reduced emphasis on quality and interactions that are satisfying for providers and their patients.

Accomplishing effective diabetes care is known to be difficult, and the contributing factors are varied and complex. However, behavioral learning is an important, often overlooked, and foundational component of effective diabetes care. Understanding and implementing behavioral principles is important to improving patient/provider relationships, patient satisfaction, retention, and adherence. As the title suggests, most pediatric psychologists already know and understand these principles. Challenge yourself and your team to consider how to consistently apply these principles to your diabetes practice and clinic.

Stoeckel, M. & Duke, D. (2015) Diabetes and Behavioral Learning Principles: Often Neglected Yet Well-Known and Empirically Validated Means of Optimizing Diabetes Care Behavior. *Current Diabetes Reports*, 15(39), 1-8. doi: 10.1007/s11892-015-0615-4

New SIG Initiatives & Committees

Diabetes SIG Involvement in Advocacy and the Diabetes Online Community

Jessica Pierce, Ph.D. & Marisa Hilliard, Ph.D.



The “Diabetes Online Community” (DOC) is an international group of people with diabetes, caregivers, health care providers, and diabetes organizations that engage in a variety of online forums (e.g., social media, blogs) to offer and receive support, contribute to advocacy efforts, and share knowledge to improve the lives and health of people with diabetes. The DOC originated as a small group of bloggers and over the last decade has evolved into a diverse support network and platform for diabetes advocacy. The DOC welcomes anyone whose lives

are impacted by diabetes; it is time for the Diabetes SIG to become involved!

Reasons why Diabetes SIG members should check out the DOC:

- To learn about the day-to-day experiences of patients and caregivers living with diabetes.
- Provides free, convenient, 24/7 resources for patients to receive emotional support and

social connection and has the potential to be a supplement to professional health care services. We should be familiar with what is available in order to direct our patients to the highest quality resources.

- To be aware of what diabetes-related information (accurate or not) patients/families are accessing and being exposed to online.
- To share best practices or provide information about established, evidence-based guidelines and important behavioral/psychosocial topics related to living with diabetes.
- To stay up to date on the latest diabetes research, technologies, and treatments.
- To become aware of, and involved in, diabetes advocacy opportunities.

How Diabetes SIG members can connect with the DOC:

The DOC is everywhere, so there are many ways to participate (Note: “lurking”, or reading without commenting, is perfectly acceptable as you explore about the DOC). Check out these [initial guidelines](#) to assist healthcare providers in guiding their patients toward the DOC and in participating in the DOC themselves. For a list of personal blogs and diabetes communities, check out [Best Diabetes Blogs of 2015](#) and [Best of the Diabetes \[Online\] Community](#) as a starting point. Some community forums allow health care professionals to register or are open access, such as [children with DIABETES](#), [TuDiabetes](#), and [Type One Nation](#). There are thousands of active diabetes groups and communities on Facebook and Twitter that offer conversations about a variety of diabetes-related subjects. Start by following the hashtags #DOC and #diabetes! The DOC has also amplified the voice of the diabetes community to increase diabetes awareness, support research and care, and influence government policy and action. The [American Diabetes Association](#), [JDRF](#), and [International Diabetes Federation](#) host websites and social media campaigns to engage people in diabetes advocacy activities. Consider joining [Diabetes Advocates](#), a program with DOC presence that conducts advocacy workshops and connects diabetes advocates across the world. Check out these hashtags to see how enthusiastic DOC participants are about advocating through social media: #BigBlueTest, #SpareARose #ShowMeYourPump, #SmashDiabetes, #WorldDiabetesDay, #StripSafely #ChildrensCongress, and #WeAreNotWaiting.

Increasing Diabetes SIG awareness of and participation in the DOC goes hand-in-hand with opportunities for our SIG members to raise our communal voices in advocacy for diabetes and related psychological/behavioral issues. To this end, the Diabetes SIG is starting a new committee on advocacy (Diabetes SIG Online & Advocacy Committee). The initial goals of the Diabetes SIG Online & Advocacy Committee is to promote awareness of, and address barriers to, widespread access to appropriate mental health services for patients with diabetes and an integrated approach to care through the DOC and beyond. This is an exciting new opportunity for SIG members to learn about and contribute to advocacy and DOC resources!

Please contact Jessica Pierce, Ph.D. (jessica.pierce@nemours.org) if you are interested in learning more about or participating in the Diabetes SIG Online & Advocacy Committee. This committee is just starting to be formed now, and all ideas for this committee’s mission and activities are welcome. We will be scheduling an initial meeting to discuss goals and efforts in the upcoming months.

Dissemination Committee and Resource Library

Jessica Parrish, Ph.D. & Susana Patton, Ph.D.

Have you ever felt lost in your diabetes work, wondering “how could I measure (fill in the blank)” or “what’s the evidence for using this approach to treat (fill in the blank)?” Wouldn’t it be great to have a resource of diabetes assessments, intervention materials, training protocols, quality improvement projects, or technology resources (i.e., apps, games, etc.) at your fingertips?

Please let me introduce myself, my name is Jessica Parrish and I’m a pediatric psychologist within the endocrinology department of Pediatric Specialists of Virginia in Fairfax, VA. I want to tell you about an **exciting new role** I am taking in the Diabetes SIG leading our new **Dissemination Committee**. I am thrilled to take on this role and invite you to join me in collecting and disseminating resources relevant to pediatric psychologists working with diabetes. Again, these resources might include assessment instruments, intervention materials, training protocols, quality improvement projects, program development ideas, technology resources (apps, games, etc.), and more.



To help us build our resource library, first we want to better understand the needs of our members. In the next few weeks, please keep an eye out and complete a new survey we are developing to help prioritize the new tools and resources we go after for our library. This will be a large project, so we will direct our efforts by first focusing on collecting resources that are rated as most important to the membership.

You can also help by **servicing** on the **Dissemination Committee**. We will need help locating evidence based tools/practices and reaching out to authors, determining the best place to house the resource library, devising ways to make this process interactive, and using technology to best achieve our goals. Please email me at jparrish@psvcare.org to participate.

Speaking of resource banks, there are two resource banks that are already in use and while not exclusive to diabetes, they still may be helpful to pediatric psychologists working with diabetes. I’ve listed these below:

- Intervention Resource Library- created by the Adherence SIG. Includes a section on diabetes and has collected and summarized evidence based interventions that have been studied to promote adherence in children and adolescents with type 1 diabetes.
- The Pediatric Psychology resource bank- created and run by Bryan Carter. It was designed to include resources which may be useful to CL psychologists and contains a number of assessment, intervention, and educational materials for working with children with chronic illness, pain, and comorbid psychological conditions. One of the great things about this site is that you can benefit from using tools that have already been created and access it all in one site.

Please contact Jessica Parrish at jparrish@psvcare.org for more information.

Student Spotlight

Sarah Westen, MS

Sarah Westen, M.S. is a fourth year doctoral candidate in the

Department of Clinical and Health Psychology at the University of Florida (UF). Sarah works under the mentorship of Dr. David Janicke in the Pediatric Psychology Lab.



Sarah has a longstanding interest in pediatric psychology. Prior to enrolling at UF, Sarah was awarded an Intramural Research Training Award from the National Institute of Mental Health (NIMH). Under this award, Sarah completed a two-year fellowship and was involved with a range of clinical research studies (e.g., examination of psycho-social implications of chronic illness in children; risk for suicide in children with medical complaints; the creation of Voicing My Choices, an advanced directive for youth; and, the adaptation of a pediatric distress thermometer for use in outpatient medical settings). Sarah has continued to develop her training in pediatric psychology at the University of Florida. She has been involved in research related to behavioral family interventions for behavioral sleep disorders and pediatric obesity, unhealthy weight control behaviors in children, and family mealtime functioning.

As a person living with type 1 diabetes (T1D) herself, Sarah has a personal and professional interest in the disease. Throughout her graduate training at the University of Florida, Sarah has provided supervised inpatient consultation and liaison services as well as outpatient consult and long-term therapy services to children with T1D in the UF Pediatrics Division of Endocrinology, Gerold L. Schiebler Children's Medical Services Center, and UF Psychology Clinic. Sarah has taken an active role in providing supervision to younger students interested in working with children with T1D. Sarah's doctoral dissertation proposes to assess the prevalence of youth adherence to diabetes technology, how diabetes-specific psychological factors (e.g., fear of hypoglycemia) predict this adherence, and how psychological factors differ among insulin injection versus insulin pump users. Sarah has taken an active role in providing psychoeducation on T1D to graduate students, faculty, and the community through undergraduate- and graduate-level guest lectures, departmental presentations, and conferences. This November, Sarah will present a talk at the World Diabetes Day Symposium in Sarasota, Florida addressing psychological implications of T1D to general medical providers, patients, and the community. Sarah currently serves as one of the Student Members at Large (MAL) within the Division 54 Diabetes Special Interest Group (SIG). More information about Sarah, including her contact information, can be found here: [Curriculum Vitae \(https://phhp-faculty-janicke.sites.medinfo.ufl.edu/files/2012/11/Sarah-Westen_CV6.pdf\)](https://phhp-faculty-janicke.sites.medinfo.ufl.edu/files/2012/11/Sarah-Westen_CV6.pdf).

Postdoctoral Fellowship Opportunity

Post-doctoral Fellowship Opportunity



Position Title: Clinical Psychology Postdoc – Diabetes Specialty – 1 Year

Location: Stanford, Lurie Children's Hospital, University of South Florida, Joslin Diabetes Center and potentially others

Compensation: Salary is commensurate with NIH fellow training levels. Excellent benefits at each site.

This is an exciting opportunity to work with nationally known researchers and program directors in diabetes in a collaborative research and clinical skills program. This opportunity will develop advanced diabetes clinical and research skills.

Bringing Science Home is funding this position as part of a larger initiative to build capacity in diabetes clinical psychology and to enhance psychology based diabetes research.

The Postdoc will work collaboratively on a national mental health screening initiative, with policy implications. Fifty percent of time will be spent on research and the other 50% of time will be spent on clinical training.

Applicants should have an interest in a career in diabetes psychology. Applicants should have knowledge of diabetes and demonstrate commitment to diabetes service.

Minimum Requirements:

- Doctoral degree in Psychology
- Knowledge of diabetes
- Ability to work collaboratively on research projects
- Ability to lead and work in teams
- Proficiency in Microsoft office applications
- Ability to use statistical software

If you are interested in either of these positions please send your CV and a Letter to Dr. Nicole Johnson at diabetespsychology@gmail.com

Publications, Presentations, & Grants

(SIG members are in **BOLD**)

Publications

Barnard, KD, **Wysocki, T**, Allen, JM, Elleri, D, Thabit, H, Leelarathna, L, Gulati, A, Nodale, M, Dunger, DB, Tinati, T, and Hovorka, R. (2014). Closing the Loop Overnight at Home Setting: Psychosocial Impact for Adolescents with Type 1 Diabetes and their Parents. *British Medical Journal: Diabetes Research and Care*, 2:000025. doi:10.1136/bmjdr-2014-000025

Barnard KD, **Wysocki T**, Thabit H, Evans ML, Amiel S, Heller S, Young A, Hovorka R; Angela Consortium. (2015). [Psychosocial aspects of closed- and open-loop insulin delivery: closing the loop in adults with Type 1 diabetes in the home setting](#). *Diabetic Medicine*, May; 32(5):601-8. doi: 10.1111/dme.12706.

Berlin, KS, Hains, A, **Kamody, R**, **Kichler, J**, & Davies, WH. Differentiating peer and friend social information-processing effects on stress and glycemic control among youth with type 1 diabetes. *Journal of Pediatric Psychology*

Buckloh, L, **Wysocki, T**, Antal, H, Lochrie, A, & Bejarano, CM. (2015). Internet survey of parents regarding education about long-term complications of pediatric type 1 diabetes. *Children's Health Care. E-Published Ahead of Print, Sep 21*; doi: 10.1080/02739615.2015.1065742

Caccavale, LJ, Weaver, P, Chen, R, **Streisand, R**, & Holmes, CS. (2015). Family density and SES related to diabetes management and glycemic control in adolescents with type 1 diabetes. *Journal of Pediatric Psychology*, 40(5), 500-8. doi: 10.1093/jpepsy/jsu113. PMID 25596386, PMCID: PMC4447826

Ducat L, Rubenstein A, Philipson LH, **Anderson BJ**. A Review of the Mental Health Issues of Diabetes Conference. *Diabetes Care*, 2015; 38: 333-338.

Duke, DC, & **Harris, MA**. (2014). Executive Function, Adherence, and Glycemic Control in Adolescents with Type 1 Diabetes: A Literature Review. *Current Diabetes Reports*, 14, 532. doi: 10.1007/s11892-014-0532-y

Duke, DC, Raymond, J, **Harris, MA**. (2014). The Diabetes Related Executive Functioning Scale (DREFS): Pilot Results. *Children's Health Care*, 43(4), 327-344. doi: 10.1007/s11892-014-0532-y.

Ghandi K, Vu BK, Eshtehardi SS, **Wasserman R**, **Hilliard ME**. Adherence in adolescents with type 1 diabetes: Strategies and considerations for assessment in research and practice. *Diabetes Management*; in press.

Hannonen, R, Eklund K, Tolvanen, A, Komulainen, J, Riikonen, R, **Delamater, AM**, Ahonen, T (2015, in press). Psychological distress of children with early-onset type 1 diabetes and mothers' well-being. *Acta Paediatrica*.

Harris, MA, Freeman KA, & Duke, DC. (2015). Seeing Is Believing: Using Skype to Improve Diabetes Outcomes in Youth. *Diabetes Care*, 38, 1427-1434. doi: 10.2337/dc14-2469

Hilliard ME, Anderson BJ. Contemporary face of diabetes care for youth and young adults in the 21st century: Evolution in the roles of patients and families, healthcare providers and systems, behavioral health, and the online community. *Current Diabetes Reviews*, 2015; 11(4): 208-209.

Hilliard ME, Sparling KM, Hitchcock, J, Oser T, Hood KK. The emerging diabetes online community. *Current Diabetes Reviews* 2015; 11: 261-272.

Hilliard ME, Oser S, Close K, Liu N, Hood KK, Anderson BJ. From individuals to international policy: Achievements and ongoing needs in diabetes advocacy. *Current Diabetes Reports* 2015; 15: 59-68.

Hood KK, **Hilliard ME**, Piatt G, levers-Landis C. Effective strategies for behavior change in people with diabetes. *Diabetes Management*; in press.

Kichler, J, Weissberg-Benchell, J, Harris, M, Contemporary Roles of the Psychologist in Diabetes Care. *Current Diabetes Reviews*, 2015; 11(4): 210-221.

Leelarantha, L, Dellweg, S, Mader, JK, Barnard, K, Benesch, C, Ellmerer, M, Heinemann, L, Kojzar, H, Thabit, H, Wilinska, ME, **Wysocki, T**, Pieber, TR, Arnolds, S, Eans, ML, & Hovorka, R, on behalf of the AP@Home consortium. (2014). Assessing the effectiveness of three months day and night home closed loop insulin delivery in adults with sub-optimally controlled type 1 diabetes: A three centre randomized crossover study. *Diabetic Medicine*, September 3; 4,(9) :e006075. doi: 10.1136/bmjopen-2014-006075.

Lord, J H, Young, MT, Gruhn, MA, Grey, M, **Delamater, AM**, Jaser, SS. (2015). Effect of race and marital status on mothers' observed parenting and adolescent adjustment in youth with type 1 diabetes. *Journal of Pediatric Psychology*, 40, 132-143.

Mayer-Davis, E, Seid, M, Nachreiner, J, Crandell, J, **Wysocki, T**, Thomas, J, Standiford, D, Maahs, D, Lagarde, W, & Dolan, L. (2014). Flexible Lifestyles for Youth (FL3X) behavioural intervention for at-risk adolescents with type 1 diabetes: Report of a randomized pilot and feasibility trial. *Diabetic Medicine*, June 23, 32, (6), 829-833. Nov 25. doi: 10.1111/dme.12641. [Epub ahead of print]. (Brief Report)

Monaghan MC, Clary L, Stern A, Hilliard ME, Streisand R. Resilience in young children with type 1 diabetes. *Journal of Pediatric Psychology* 2015; 40: 878-887.

Naranjo, D, Schwartz, D, **Delamater, AM.** (2015). Diabetes in ethnic minority youth: Disparate burden and intervention approaches. *Current Diabetes Reviews*, 11; 251-260.

Patton, SR (2015). Adherence to glycemic monitoring in diabetes. *Journal of Diabetes Science and Technology*. 9(3): 668-675.

Patton, SR, Goggin, K, & Clements, MA. (2015). The cost of a healthier diet for young children with type 1 diabetes mellitus. *Journal of Nutrition Education and Behavior*. 47(4), 361-366. PMID:4509633

Patton, SR, Clements, MA, George, K, & Goggin, K. (2015) "I don't want them to feel different": A mixed methods study of parents' beliefs and dietary management strategies for their young children with type 1 diabetes mellitus. *Journal of the Academy of Nutrition and Dietetics*, Aug 8. pii: S2212-2672(15)01111-9. doi: 10.1016/j.jand.2015.06.377. [Epub ahead of print]

Patton, SR, DeLurgio, SA, Clements, MA. Evaluation of the average daily risk range (ADRR)

as a measure of glycemic variability in youths with type 1 diabetes. Diabetes Technology and Therapeutics; in press.

Pierce, JS & Wysocki, T. (2015). Topical review: Advancing research on the transition to adult care for type 1 diabetes. Journal of Pediatric Psychology. [Epub ahead of print]. doi: 10.1093/jpepsy/jsv064

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Raman S, Dai H, DeLurgio, SA, Williams, DD, Lind, M, **Patton, SR**, Spertus, JA, Kosiborod, M, & Clements, MA (2015). Hemoglobin A1c variability is associated with early risk of microalbuminuria in children with T1D. Pediatric Diabetes; in press

Riley, AR, **Duke, DC**, Freeman KA, Hood, KK, & **Harris, MA.** (2015). Depressive Symptoms in a Trial Behavior Family Systems Therapy for Diabetes: A Post Hoc Analysis of Change. Diabetes Care, 38:8 1435-1440. doi:10.2337/dc06-1769

Rohan, JM, Huang, B, **Pendley, J, Delamater, A**, Dolan, L, Reeves, G, & **Drotar, D.** (2015). Predicting health resilience in pediatric type 1 diabetes: A test of the resilience model framework. Journal of Pediatric Psychology; 40(9): 956-967.

Smith, LB, Kugler, BB, Lewin, AB, **Duke, DC**, Storch, EA, Geffken, GR. (2014). Executive functioning, parenting stress, and family factors as predictors of diabetes management in pediatric patients with type 1 diabetes using intensive regimens. Children's Health Care, 43(3), 234-252. doi: 10.1080/02739615.2013.839383

Stoeckel, M & **Duke, DC.** (2015) Diabetes and Behavioral Learning Principles: Often Neglected Yet Well-Known and Empirically Validated Means of Optimizing Diabetes Care Behavior. Current Diabetes Reports, 15(39), 1-8. doi: 10.1007/s11892-015-0615-4

Wagner, DV, Ulrich, J, Guttman-Bauman, I, & **Duke DC.** (2015). The Process of Transition from Pediatric to Adult Diabetes Care: A Review. Diabetes Management, 5(5), 79-391. doi: 10.2217/dmt.15.31

Wasserman R, Hilliard ME, Schwartz DD, **Anderson BJ.** Practical strategies to enhance executive functioning and strengthen diabetes management across the lifespan. Current Diabetes Reports; in press.

Wherrett, DK, Chiang, JL, **Delamater, AM**, DiMeglio, LA, Gitelman, SE, Gottlieb, PA, Herold, KC, Lovell, DJ, Orchard, TJ, Ryan, CM, Schatz, DA, Wendler, DS, Greenbaum, CJ (2015, in press). Defining pathways for development of disease modifying therapies in children with type 1 diabetes: Consensus Report. Diabetes Care.

Yi-Frazier JP*, **Hilliard ME***, Fitzgerald NC, Hood KK, Naughton MJ, Lang W, Seid M, Liese AD, Hockett CW, Pihoker C, Lawrence JM for the SEARCH for Diabetes in Youth Study (*Co-first authors). Whose quality of life is it anyway? Discrepancies between youth and parent health-related quality of life ratings in type 1 and type 2 diabetes. Quality of Life Research 2015; advance online publication. doi: 10.1007/s11136-015-1158-5.

Presentations

Clements, MA, Staggs, V, Paprocki, E, Habib, S, Leisner, K, Barnes, M & **Patton, SR.** Glycemic variability: A peril of modern insulin therapy among youths with type 1 diabetes?

Paper to be presented at the 41st Annual Conference of the International Society for Pediatric and Adolescent Diabetes, Brisbane, Australia, October 7, 2015.

Hilliard ME, Hagger V, **Anderson BJ**, Trawley S, Jack MM, Pouwer F, Skinner T, Speight J. Strengths, risk factors, and resilient outcomes in adolescents with type 1 diabetes (T1D): Results from Diabetes MILES Youth – Australia. *Pediatric Diabetes* 2015; 16 (Suppl. 21): O28. Oral presentation at the International Society of Pediatric and Adolescent Diabetes; Brisbane, Australia (October, 2015).

Hilliard ME, Kushner JA, Hood KK, **Weissberg-Benchell J**, **Anderson BJ**. Diabetes resilience: Psychometric properties of a measure for preadolescents with type 1 diabetes. *Diabetes* 2015; 64 (Suppl 1): 845-P. Poster presented on Audio Poster Tour at American Diabetes Association Scientific Sessions; Boston, MA (June, 2015).

Kichler, J. Invited panelist for a symposium at the American Diabetes Association's 75th Scientific Sessions in June 2015: "Food-related Behavioral and Emotional Health Comorbidities Screening and Management—When to Ask What"

Lawrence JM, **Hilliard ME**, Fino N, Lang W, Bell R, Bowlby D, Corathers S, Dabelea D, Hood KK, Naranjo D, Pihoker C, Powell J, Yi-Frazier J. Preparation for transfer from pediatric to adult care among adolescents with type 1 diabetes. *Diabetes* 2015; 64 (Suppl 1):A227. Poster presented at American Diabetes Association Scientific Sessions; Boston, MA (June, 2015).

Matlock, K, Yayah Jones, NH, **Kichler, J**, & Corathers, S. Clinical and Psychosocial Factors Associated with Suicidal Ideation in Adolescents with Type 1 Diabetes. Poster Presentation at the Pediatric Academic Society (PAS) annual conference (04/2015).

McDonough, RJ, Clements, MA, DeLurgio, SA, **Patton, SR**. Sleep duration and its impact on adherence in adolescents with type 1 diabetes mellitus. Poster presented at the 41st Annual Conference of the International Society of Pediatric and Adolescent Diabetes, Brisbane, Australia, October 7-10, 2015.

Patton, SR, Clements, MA, Dolan, LM, & Powers, SW. Confirmatory factor analysis of the hypoglycemia fear survey for parents of young children (HFS-PYC) in a sample of intensively managed kids. Poster presented at the 41st Annual Conference of the International Society of Pediatric and Adolescent Diabetes, Brisbane, Australia, October 7-10, 2015.

Patton, SR, **Driscoll, KA**, Barnes, M, & Clements, MA. Adherence to insulin pump behaviors among young children with type 1 diabetes (T1D): Opportunities for intervention. Poster presented at the 41st Annual Conference of the International Society of Pediatric and Adolescent Diabetes, Brisbane, Australia, October 7-10, 2015.

Steinberg DM, **Anderson, BJ**, de Wit M, **Hilliard ME**. Positive well-being in young adolescents with type 1 diabetes (T1D). *Pediatric Diabetes* 2015; 16 (Suppl. 21): P210. Poster presented at the International Society of Pediatric and Adolescent Diabetes; Brisbane, Australia (October, 2015).

Stough, C, Gowey, M, Williams, J, Lee, J, & **Kichler, J**. The implementation of group interventions targeting adjustment and self-management in pre-adolescent and adolescent youth with Type 1 diabetes mellitus and their parents. Diabetes SIG presentation to the Society of Pediatric Psychology (SPP) annual conference (04/2015).

Tsai, S., **Patton, SR**, DeLurgio, SA, Apodaca, T, & Clements, MA. A new pediatric diabetes knowledge test: Instrument development and factor analysis. Paper presented at the 41st Annual Conference of the International Society for Pediatric and Adolescent Diabetes, Brisbane, Australia, October 7, 2015.

Wasserman RM, Anderson BJ, Hilliard ME, Schwartz DD. The teenage brain: Executive functions and diabetes management. *Pediatric Diabetes* 2015; 64 (Suppl 21): P222. Poster presented at the International Society for Pediatric and Adolescent Diabetes; Brisbane, Australia (October, 2015).

Grants

Anderson BJ & Hilliard ME (Co-PIs). Diabetes health-related quality of life (HRQOL) across the lifespan: Measure development. The Leona M. and Harry B. Helmsley Charitable Trust 2015PG-T1D084. 3/1/2015-2/28/2017.

DiMeglio L (PI) and **Anderson BJ** (Co-PI); **Hilliard ME** (Co-I). Improving family management and glycemic control in youth <8 with type 1 diabetes. The Leona M. and Harry B. Helmsley Charitable Trust 2016PG-T1D011. 7/1/2015-6/30/2018.

Patton, SR. (PI). Reducing hypoglycemia fear in parents of young kids with video-based telemedicine. NIH/NICHD 1R21HD081502-01. 4/1/15-3/31/17.

Patton, SR. (PI). An interactive mHealth app for better glycemic control in families of young kids with T1D. NIH/NIDDK 1DP3DK108211-01. 9/20/15-9/19/19.

Streisand, R (PI); **Hilliard ME** (Co-I). A stepped care behavioral intervention trial for young children with T1D. NIH/NIDDK 1R01 DK102561. 07/01/2015-06/30/2020

Wysocki, T & Pierce, J. (MPIs). A Crowdsourced Social Media Portal for Parents of Very Young Children with Type 1 Diabetes. NIH/NIDDK 1DP3DK108198-01. 9/20/15-9/19/18

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