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**From:** Society of Pediatric Psychology, American Psychological Association Division 54  
**To:** Pediatrician Colleagues and Other Pediatric Medical Providers  
**Re:** Summary of Research Findings Relevant to Pediatric Care

Following is a summary of published research findings in the Society of Pediatric Psychology peer reviewed journals (and several other journals featuring the work of pediatric psychologists/trainees). We believe this information may be helpful to your own practice, with citations provided for further information. Please contact me with feedback or questions. [Sharon.Berry@ChildrensMN.org](mailto:Sharon.Berry@ChildrensMN.org)

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**Topical Review: Transitional services for teens and young adults with Attention-Deficit Hyperactivity Disorder: A Process Map and Proposed Model to Overcoming Barriers to Care.**

Fogler JM, Burke D, Lynch J, Barbaresi WJ, Chan, E. *Journal of Pediatric Psychology* (2017). Online in advance of publication. <https://doi.org/10.1093/jpepsy/jsx102>  
<https://academic.oup.com/jpepsy/article-abstract/doi/10.1093/jpepsy/jsx102/4057690/Topical-Review-Transitional-Services-for-Teens-and?redirectedFrom=fulltext>

In this topical review, Fogler and colleagues address the key developmental and systemic challenges facing adolescents and young adults with Attention-Deficit/Hyperactivity Disorder (ADHD) as they transition from pediatric care to the adult healthcare system. Because of deficits or delays in executive functioning, ambivalence and internalized stigma about their condition, and co-occurring mental health problems, young adults with ADHD are often less well equipped than their typically developing peers to take on the age-normative tasks of scheduling their own appointments, reliably taking and refilling their prescribed medication, and being good historians for their future healthcare providers. The authors provide a process map and the principle of *titration of responsibility* to guide busy healthcare providers as to how to support their adolescent patients with ADHD to be more reliable and self-sufficient patients. Critically, healthcare providers are advised to a) leverage motivational interviewing and the power of the doctor-patient relationship to increase buy-in for treatment and a more organized lifestyle; b) adapt technologies that the patient already uses to support executive functioning and time management; and c) direct their patients toward evidence based supports, both in person and online.

**Shared Responsibility for Type 1 Diabetes Care is Associated With Glycemic Variability and Risk of Glycemic Excursions in Youth.**

Marker, A. M., Noser, A. E., Clements, M. A., & Patton, S. R. (2017). *Journal of Pediatric Psychology*. doi: 10.1093/jpepsy/jsx081.



Children and adolescents with type 1 diabetes consistently have poor glycemic control, with only 16% of adolescents meeting recommended hemoglobin A1c levels <7.5%. Continued parental involvement in diabetes management during adolescence has been shown to improve glycemic control. However, A1c may be an imperfect measure of glycemic control, as it masks variations in daily blood glucose that increase risk for health complications. Measures of glycemic variability include the average daily risk range (describes level of risk for glycemic excursions out of recommended target range) and standard deviation of daily blood glucose (describes amount of variation in daily blood glucose levels). We examined how shared responsibility for diabetes management tasks (versus youth ‘doing it all’ or parents ‘doing it all’) related to glycemic control, blood glucose monitoring, and glycemic variability in 10-16 year olds and their parents. Our findings suggest that when parents monopolize diabetes care youth are at increased risk for hypo- and hyperglycemia, while youth who carry the bulk of responsibility showed poorer adherence to blood glucose monitoring. Further, when parents and youth shared responsibility for diabetes care, youth had less glycemic variability, indicating that sharing diabetes management equally between adolescents and parents may improve health outcomes in pediatric type 1 diabetes. One key implication of this study is the importance of including indicators of glycemic variability in clinical care, for a more detailed understanding of daily glycemic control. The second critical recommendation is that providers should consider encouraging parents and youth to share responsibility for diabetes management as children progress into adolescence.

**Is body dissatisfaction changing across time? A cross-temporal meta-analysis.**

**Karazsia, B. T., Murnen, S. K., & Tylka, T. L. (2017). *Psychological Bulletin*, 143, 293-320.**

According to dominant models of eating-related pathologies, such as anorexia nervosa and bulimia nervosa, sociocultural influences (such as peer, media, and family) can influence body dissatisfaction, which in turn is a predictor of later eating-related pathology. Over the past several decades, the nature of sociocultural pressures has been changing, particularly for girls and women, from a body that emphasizes thinness to one that is more toned and muscular. In this study, we examined changes in 2 dimensions of body dissatisfaction measures with the Eating Disorder Inventory (Body Dissatisfaction sub scale) and the Drive for Muscularity Scale. We gathered data from more than 30 years of investigations, across 326 unique samples, totaling more than 100,000 participants. Results revealed that for thinness-oriented body dissatisfaction, girls and women scored higher than boys and men consistently across the 30 year period. Interestingly, girls and women’s scores decreased gradually across time, indicating a trend toward less thinness-oriented body dissatisfaction. Boys and men scored higher than girls and women on muscularity-oriented dissatisfaction, with no changes across time. These patterns remained even when we controlled statistically for age and geographic location of samples. Our results indicate that sociocultural shifts in body acceptance and diversity may be countering thinness-related pressures for girls and women.



- Young boys and girls continue to face pressures from peers, media, and sometimes even family to conform to certain body shapes (this pressure can include being judged not by performance or internal attributes, but rather by outward appearances)
- The emphasis on thinness in girls may be changing toward a focus on thinness and muscularity, or what some scholars are calling “leanness”
- The trends toward ‘fitspiration’ could potentially create more widely accepted cultures that promote unhealthy eating and exercise behaviors
- Any efforts to emphasize health instead of appearance could help redirect personal goals

### **Childhood ADHD Symptoms and Future Illicit Drug Use: The Role of Adolescent Cigarette Use**

Lee, C.T., McClernon, F.J., Kollins, S.H., Fuemmeler, B.F. (2017). *Journal of Pediatric Psychology*, jsx098, <https://doi.org/10.1093/jpepsy/jsx098>

Use of illicit substances and substance use dependence is of high public health concern in this country. A number of factors during early adolescence can increase the risk of substance use. In particular, clinical and sub-clinical levels of Attention Deficit Hyperactivity Disorder (ADHD) symptoms and early initiation of smoking are two established risk factors for subsequent illicit substance use. It is not clear how these two risk factors relate to one another in predicting illicit substance use. A better understanding of early adolescent risk factors for later substance use could be useful toward establishing more effective prevention strategies. In this study we used a nationally representative sample with over 7000 participants who were followed from adolescence to adulthood to evaluate how childhood ADHD symptom and early adolescent smoking related to subsequent substance use behaviors in adulthood. Using discrete-time survival analysis we showed that both ADHD symptoms and smoking during adolescence predicted a higher risk of substance use and dependence. We also showed that smoking during adolescence statistically mediates the relationship between ADHD symptoms and later substance use and dependence. Overall, the results support strategies that aim to decrease smoking during adolescence as one method to decrease the incidence of later substance use and dependence in adulthood. These findings and those of others suggest that importance of assessing smoking status of adolescent patients, especially those with ADHD, and advising them on methods for cessation for those who indicate they are smoking cigarettes or using tobacco products.

### **Ethical and Legal Issues in Integrated Care Settings: Case Examples from Pediatric Primary Care.**

Williamson, A. A., Raglin Bignall, W. J., Swift, L. E., Hung, A. H., Power, T. J., Robins, P. M., & Mautone, J. A. *Clinical Practice in Pediatric Psychology*, 5(2), 196-208. DOI: 10.1037/cpp0000157.



There are challenging ethical dilemmas that arise when providing services to youth and their caregivers involved in integrated primary care (IPC) services. Although some ethical guidelines and case illustrations relevant to IPC are available, very few focus on the pediatric IPC context. This article examines salient ethical and legal dilemmas specific to pediatric IPC practice through the use of four case illustrations, with a focus on the issues of consent for services, confidentiality, scope of practice for the pediatric IPC psychologist, and multiple relationships. In this paper, we apply an ethical decision-making framework (Kanzler et al., 2013), which we have adapted for pediatric practice, to highlight practice points drawn from each of these cases. Throughout this paper, we reference the American Psychological Association's (APA) 2010 ethics code and 2015 guidelines for integrated primary care practice competencies (APA, 2015). We also discuss the similarities and differences between the APA and the American Medical Association (2012) ethics codes and standards of care. Collectively, the cases presented in this paper highlight the importance of interdisciplinary communication and collaboration between primary care physicians, psychologists, and other IPC providers in resolving IPC-related ethical and legal issues. The case dilemmas presented in this paper and the related ethical and legal considerations across professions in the IPC context also underscore the need for additional case presentations, ethical guidelines, training, and IPC research focused on these issues.

### **The Occurrence and Covariation of Binge Eating and Compensatory Behaviors Across Early to Mid-Adolescence.**

Davis, H. A., Ortiz, A. M. L., & Smith, G. T. (2017). *Journal of Pediatric Psychology*, doi: 10.1093/jpepsy/jsx113

Although many studies have provided information about the prevalence of diagnosable eating disorders in youth, few studies have reported on the prevalence of eating disorder behaviors, regardless of diagnosis, throughout late childhood and adolescence. This is an important direction because disordered eating behaviors in childhood and adolescence are predictive of diagnosable eating disorders in adulthood (Kotler, 2001). This NIAAA-funded study examined the occurrence of and overlap between binge eating, self-induced vomiting, compensatory exercise, and fasting behavior across a 5-year longitudinal period spanning from 5<sup>th</sup> grade to 10<sup>th</sup> grade. Girls and boys were assessed at 9 time points: spring of 6<sup>th</sup> grade, fall and spring of 6<sup>th</sup> through 8<sup>th</sup> grades, spring of 9<sup>th</sup> grade, and spring of 10<sup>th</sup> grade. Over the 5-year period, rates of binge eating and purging increased but rates of compensatory exercise and fasting decreased. The rates of behavior engagement did not differ for girls and boys, providing more evidence that disordered eating is not just a problem for girls. The covariation between behaviors was significant, but modest, indicating that binge eating and compensatory behaviors do not always co-occur. Health-care providers are urged to complete thorough assessments of youth presenting with eating disorder behaviors, regardless of gender, and base recommendations for interventions on the presence of particular symptoms, rather than the presence or absence of a diagnosable eating disorder.