

## DIABETES SIG

Society of Pediatric Psychology

### **SIG Newsletter**

*Issue 1 Fall 2014*

This marks the release of the first issue of 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 hope to bring updates to enrich our members' clinical, research, and training programs. Enjoy the first edition, and be on the lookout for our next release in 2015!

### **In This Issue**

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## Clinical News

### Updates to HbA1c: ADA adopts a single pediatric target

*Kimberly Driscoll PhD, Florida State University*

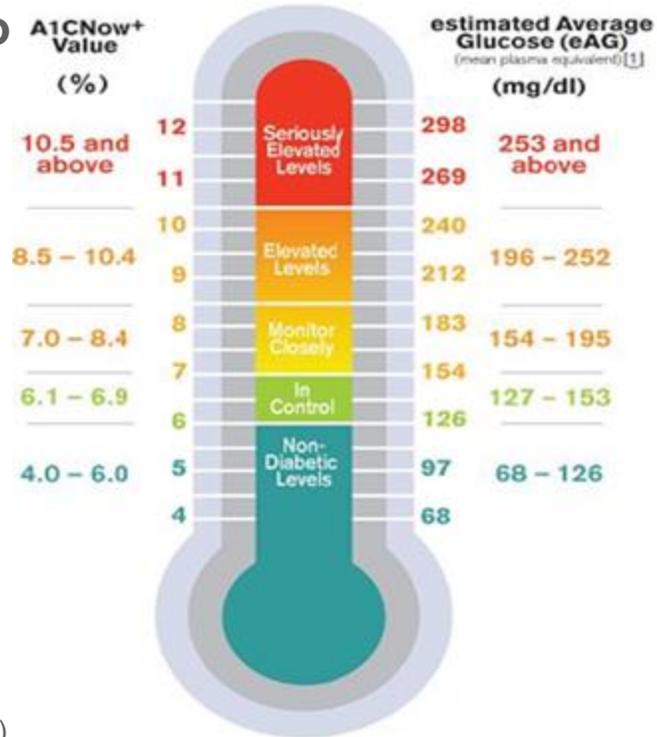
In June 2014, the American Diabetes Association (ADA) eliminated

previous A1C recommendations that varied by children's age. It is now recommended that all children under 19 years of age with a type 1 diabetes diagnosis work toward maintaining an A1C less than 7.5%. The rationale for this change is that research shows that chronic hyperglycemia can lead to early complications in children. The ADA's press release can be found

at <http://www.diabetes.org/newsroom/press-releases/2014/diabetes-association-sets-new-a1c-target-for-children-with-type-1-diabetes.html>.

The ADA's position statement providing empirical support for this change is available free of charge

at <http://care.diabetesjournals.org/content/37/7/2034>.



## Technology Advances

### The Bionic Pancreas

**Susana R Patton PhD, CDE**  
**University of Kansas Medical Center**

"Gentleman, we can rebuild him. We have the technology... (Six Million Dollar Man, TV Series 1974-1978)." To dispel any rumors, I am not old enough to have watched this show when it was on the air, but I have seen episodes on syndication.

We live in an exciting time for innovative treatments for type 1 diabetes, including the Bionic Pancreas Glycemic Control System (BPGCS). The BPGCS consists of: two insulin pumps with the Bluetooth activated (one to deliver insulin, one to deliver glucagon) , a Dexcom CGM, and an iPhone to run the control algorithm. The basic system runs like this: the Dexcom monitors a patient's blood glucose levels and sends this information in real-time to the iPhone, which uses this information to determine if a bolus of insulin or glucagon is needed or if nothing is needed. Insulin is delivered in cases where the blood glucose levels are too high; glucagon is delivered if the blood glucose levels are too low. The system doesn't fully account for food intake, carbohydrate counts still need to be entered by the patient, but it can determine the size of the meal and help with insulin dosing.



Clinical trials are underway using the BPGCS in adults and youths with type 1 diabetes and preliminary results are promising. Both adults and youths using the BPGCS show an improvement in mean glycemic levels. Importantly, patients' satisfaction with the technology appears high.

More information about the BPGCS can be found at <http://sixuntilme.com/wp/2014/07/30/go-bionic-ed-damiano-clara-barton-camp-bionic-pancreas-really-works/>. Also see the article by Russell et al., in the New England Journal of Medicine: N Engl J Med 2014; 371:313-325; July 24, 2014; DOI: 10.1056/NEJMoa1314474.

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# CGM in the Cloud: A DIY Tool for Family Diabetes Management

*Marisa E Hilliard PhD*

*Baylor College of Medicine & Texas Children's Hospital*

Continuous glucose monitor (CGM) systems are increasingly used as a tool to help manage type 1 diabetes in pediatric settings . Frequent measurements of interstitial glucose provide a visual display of the current value and trend (i.e., increasing, decreasing, steady) on a small handheld device, which can be used to inform insulin administration. Initial studies of CGM use in children and adolescents report benefits for glycemic control and decreased hypoglycemia (1). Even as CGMs are relatively new diabetes management technology, you may hear your patients and families talking about a recent family-led innovation in CGM use. In an effort to make CGM data even more accessible and thus valuable for everyday care, a group of tech-savvy fathers came together in a grassroots effort that has been come to be known as “CGM in the Cloud” and “Nightscout”

(See [nightscout.github.io](https://github.com/nightscout) and <https://www.facebook.com/groups/cgminthecloud/>).

Together, these parents developed a series of DIY steps to transmit Dexcom G4 CGM data from the device attached to their child’s body through an android smartphone and the cloud to stream real-time to multiple devices anywhere in the world, such as mobile phones, tablets, televisions, wifi-enabled watches, and desktop computers. For parents of children with type 1 diabetes, this gives them the ability to check their child’s current blood glucose values at a glance while the child is at school, playing sports, at sleepovers, and any other time they are apart. A great deal has been written about CGM in the Cloud on the diabetes online community, using the hashtag #WeAreNotWaiting to reflect the urgency families feel to take charge of their own diabetes data. Anecdotes suggest that parents find great comfort and security in having access to this data, parents talk about the potential for CGM in the Cloud to facilitate autonomy and quality of life. A few examples among many from the diabetes online community: <http://www.diabetesmine.com/we-are-not-waiting>, <http://sixuntilme.com/wp/2014/07/10/cgm-cloud-part/>, <http://www.houstonwehaveaproblemblog.com/2014/08/nightscout-cgm-in-cloud-and-how-we-roll.html>, <http://www.theprincessandthepump.com/2014/08/our-cgm-in-cloud-experience.html>.



**NIGHTSCOUT**  
**#WeAreNotWaiting**

As with any technological advance, there is controversy and questions have been raised about privacy, accuracy, and the risk of information overload, but the overall response has been extremely enthusiastic (<http://sixuntilme.com/wp/2014/07/16/cgm-cloud-personalpreferences/>, <http://chasinglows.org/category/cgm/cgm-in-the-cloud/>, <http://www.d-mom.com/cgm-in-the-cloud-nightscout/> ).

Developed by parents and growing exponentially due to massive interest, CGM in the Cloud is something that will increasingly play a role in many families' management of type 1 diabetes. Research and clinical care will have to keep pace!

1. Larson, N.S. & Pinsker, J.E. (2013). The role of continuous glucose monitoring in the care of children with type 1 diabetes. *International Journal of Pediatric Endocrinology*, 8, 1-10.

## Highlighting Center Excellence

### Improving Depression Screening for Adolescents with Type 1 Diabetes

*Jessica C Kichler PhD, CDE & Sarah Corathers MD*

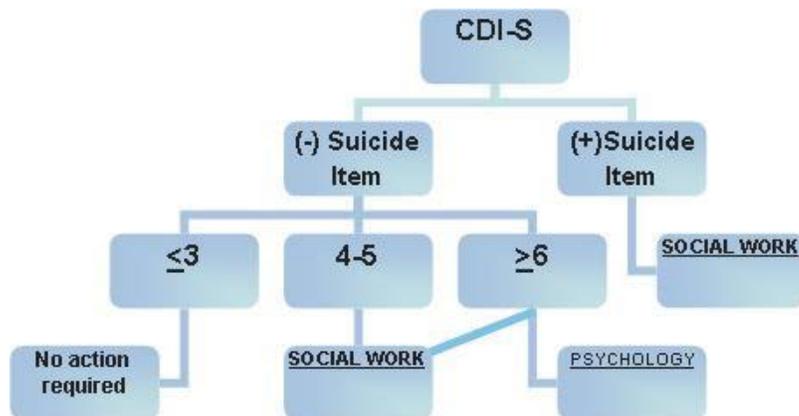


*Cincinnati Children's Hospital Medical Center*

The United States Preventive Task Force recommends screening adolescents for depression when adequate systems are in place to ensure accurate diagnosis and treatment [1]. This is especially important in high-risk populations, such as adolescents with Type 1 Diabetes (T1D), where the rates are 2-3 times higher than the general population [2,3]. Despite recommendations for screening, depression evaluation in pediatric diabetes centers is not widely performed. In order to address this, the urban, tertiary care Diabetes Center at the Cincinnati Children's Hospital Medical Center (CCHMC), which serves almost 2000 patients with T1D, developed a systematic depression screening protocol [4]. This model administers the Children's Depression Inventory (CDI) measure [5] at routine Diabetes Clinic visits. Results demonstrate this model to be feasible and have clinical significance for adolescents (aged 13-17) with T1D.

The depression screening protocol at CCHMC is available on an electronic tablet that scores and downloads results directly into the electronic medical record (EMR). Since the publication of Corathers et

al., we have initiated the screening protocol at our satellite clinic. We have also expanded the population screened to include adolescents with Type 2 Diabetes. Based upon qualitative feedback from patients and center staff about ongoing barriers to screening we have made two additional changes : 1) frequency was decreased from every Diabetes Clinic visit (quarterly) to every 6 months and 2) the survey instrument was changed from the long version of the CDI (27 items) to the short version, CDI-S (10 items). Of note, the CDI-S does not include an item about assessing suicide, but this item was added to the electronic version offered at CCHMC, with permission of the publisher.



Upon registration, the EMR identifies appropriate patients for a depression screen based upon age and diagnosis of diabetes. The nurse provides a computer tablet during clinic intake and results are available for viewing by the diabetes provider immediately within the chart encounter. A best practice alert within the EMR notifies the provider if a patient endorses suicidal ideation so that an immediate assessment can be completed by a social worker in clinic before the adolescent leaves. A scoring algorithm is present alongside the CDI-S results in the chart (depicted in the figure) to guide the provider to recommend next steps that may include a social work evaluation and/or referral to psychology. This scoring algorithm was determined using a cross-walk comparison of the CDI long and short versions and is comparable to other criteria recommendations for the use of the CDI in pediatric care [6]. Social workers provide standard documentation of their assessment, recommendations, and safety plan in the chart. Providers also record the CDI-S score and referral action in a flow-sheet in the chart.

Implications of this type of routine screening are wide reaching not only in diabetes, but in all chronic medical conditions that have similar rates of depression. Earlier identification and treatment of depression is predicted to remove barriers to adherence, improve coping skills with chronic medical conditions thus leading to more effective self-

management behaviors and improved outcomes. Future aims of the CCHMC Diabetes Center will include on-going evaluation of the established clinical guidelines and further improvements in quality of care as well as the development of appropriate routine psychosocial screening beyond depression to potentially include diabetes-related distress and resilience for adolescents with T1D using the same screening model.

1. Screening and treatment for major depressive disorder in children and adolescents: US Preventive Services Task Force Recommendation Statement. *Pediatrics*, 2009. 123(4): p. 1223-8.
2. Grey, M., R. Whittemore, and W. Tamborlane, Depression in type 1 diabetes in children: natural history and correlates. *J Psychosom Res*, 2002. 53(4): p. 907-11.
3. Kovacs, M., Goldson, D., Obrosky, D.S. Bonar, L.K. Psychiatric disorders in youth with IDDM: rates and risk factors. *Diabetes care*, 1997. 20(11): p. 36-44.
4. Corathers, S., Kichler, J., Yayah Jones, N.H., Houchen, A., Jolly, M., Morwessel, N., Crawford, P., Dolan, L., Hood, K. Systematic Depression Screening for Adolescents: An Example from Type 1 Diabetes. *Pediatrics*, 2013. 132(5): p. e1395-e1402.
5. Kovacs, M. The Children's Depression Inventory (CDI). *Psychopharmacol Bull*, 1985. 21(4): p. 995-998.
6. Allgaier, A.K., Fruhe, B., Pietsch, K., Saravo, B., Baethmann, M., Schulte-Korne, G. (2102). Is the Children's Depression Inventory Short version a valid screening tool in pediatric care? A comparison to its full-length version. *Journal of Psychosomatic Research*, 2012. 73: p. 369-374.

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## **Brief Motivational Interviewing Training for Pediatric Endocrinology Providers**



**Texas Children's Hospital®**

***Priscilla W Powell PhD &***

***Barbara J Anderson PhD***

***Baylor College of Medicine & Texas Children's Hospital***

Emerging evidence suggests the potential of Motivational Interviewing (MI) to facilitate positive behavior change and improved glycemic control among youth with T1D (Channon et al., 2007; Stanger et al., 2013; Gayes & Steele, 2014). While intensive training in MI may not be feasible for health care providers due to limited time and resources, brief, targeted MI training may be an effective and acceptable introductory-level training approach (Bean et al., 2012; Soderlund et al., 2011).

We provided brief MI training to Pediatric Endocrinology providers to target provider-level outcomes of self-efficacy and confidence in helping patients and families make health behavior changes. Focus groups informed development and format of MI training which was comprised of two 2.5 hour sessions or three 1.5 hour sessions. Participants included 5 nurse practitioners, 2 Pediatric Endocrinologists, 6 Endocrine fellows, and 2 Pediatric Psychologists. Training sessions included an overview of the core tenants and fundamental skills of MI (e.g., open-ended questions, affirmations, reflections, and summary statements). Participants engaged in role playing and group activities to practice MI-consistent approaches for exploring pros and cons of behavior change, providing information, responding to sustain talk, and eliciting change talk. Upon request, a modified training program was subsequently integrated into didactic medical education curricula for incoming Endocrinology fellows. Results from qualitative and quantitative assessment measures of provider self-efficacy and confidence obtained pre and post training will be reported in future publications.

Bean MK, Biskobing D, Francis GL, Wickham E. Motivational interviewing in health care: results of a brief training in endocrinology. *J Grad Med Educ.* 2012;357-361.

Channon SJ, Huws-Thomas MV, Rollnick S, et al. A multicenter randomized controlled trial of motivational interviewing in teenagers with diabetes. *Diabetes Care.* 2007;30:1390-1395.

Gayes LA, Steele RG. A meta-analysis of motivational interviewing interventions for pediatric health behavior change. *J Consult Clin Psych.* 2014;82:521-535.

Sonderlund LL, Madson, MB, Rubak S, Nilsen P. A systematic review of motivational interviewing training for general health care practitioners. *Patient Educ Couns.* 2011;84:16-26.

Stanger C, Ryan SR, Delhey LM, et al. A multicomponent motivational intervention to improve adherence among adolescents with poorly controlled type 1 diabetes: a pilot study. *J Pediatr Psychol.* 2013;38:629-637.

## SIG Activities

### NEW! Diabetes Training Hub

The Student Members-at-Large of the Diabetes SIG are developing a training hub. The hub will contain information about programs at the internship and post-doctoral level that include diabetes-specific clinical, research, and/or didactic experience. Information collected will be readily available to SIG members and shared with the SPP listserv.

If you have information regarding applicable programs you would like included in the Hub, please complete this brief informational survey about your program: [https://auburn.qualtrics.com/SE/?SID=SV\\_eaPzsEC3crOUYAd](https://auburn.qualtrics.com/SE/?SID=SV_eaPzsEC3crOUYAd)

Questions? Email Alana Resmini at [akr0011@auburn.edu](mailto:akr0011@auburn.edu).

## Student Spotlights

### Alana Resmini, MS

Alana Resmini is a fifth year doctoral student in the clinical psychology department at Auburn University. She has been involved in diabetes research since her sophomore year as an undergraduate student at Florida State University. There, she completed an honors thesis on the objective measurement of blood-glucose monitoring adherence in children with type 1 diabetes. During graduate school, Alana has been involved with facilitating group and individual interventions in the primary care setting for adolescents and adults with diabetes. Currently, Alana serves in an educational and clinical role at East Alabama Medical Center's Diabetes and Nutrition Center, helping youth and adults manage their diabetes treatment regimen. Additionally, she currently serves as one of the Student Members at Large within the Diabetes



SIG. Along with the other Student MALs, she is in the process of developing a diabetes-specific training resource hub for Division 54 and Diabetes SIG trainees. Her other research interests include health-related quality of life and transition to adult care in youth with food allergy and other pediatric conditions. She looks forward to pursuing additional experiences in diabetes research and training, especially during internship and postdoctoral fellowship.



### **Rebecca Kamody MS**

The manuscript “Assessing Measurement Invariance of the Diabetes Stress Questionnaire in Youth with Type 1 Diabetes” was accepted for publication in the *Journal of Pediatric Psychology* (see SIG Member citations). The purpose of this manuscript was to evaluate the factor structure and measurement invariance of the Diabetes Stress Questionnaire (DSQ), a measure of diabetes-specific stress, across sex, age (<9<sup>th</sup> grade vs. ≥9<sup>th</sup> grade), and glycemic control (optimal vs. suboptimal). Both theoretical and empirical literatures

support the notion that perceived diabetes-related stress impact glycemic control in adolescents with type 1 diabetes (T1D). As such, it is imperative to have a measure of this construct of diabetes-related stress that is both psychometrically sound and invariant across different groups that may be the target of interventions to improve glycemic control. For the purpose of this manuscript, data from 318 adolescent participants were pooled from four archival data sets and the ongoing Predicting Resiliency in Youth with Type 1 Diabetes (PRYDE) study in which the DSQ was completed. Confirmatory factor and measurement invariance analyses were conducted to confirm the proposed factor structure and measurement invariance across sex, age, and glycemic control. The DSQ factor structure was found to have an acceptable fit, which was invariant across sex, age, and glycemic control. The findings of this project indicate that when using the DSQ, differences in diabetes-related stress with respect to sex, age, or glycemic control can be considered meaningful. This study supports the DSQ as an evidence-based and well-established assessment of perceived diabetes stress in youth with T1D.

# Publications, Presentations, & Grants

## Grants

“Predicting Resiliency in Youth with Type-1 Diabetes.” The University of Memphis Faculty Research. PI: **Kristoffer Berlin**, PhD; 07/2013-07/2014.

“Promoting Resilience in Youth with Type 1 Diabetes: Pilot of a Strengths-Based Family Intervention to Improve Diabetes Outcomes.” Funded by the Texas Children’s Hospital Pediatric Pilot Research Fund, and by the Caroline Weiss Law Fund for Research in Molecular Medicine (Baylor College of Medicine Junior Faculty Seed Funding). PI: **Marisa Hilliard**, PhD; 07/2014-12/2015.

“Family Influences on Type 1 Diabetes Management in Young Children.” Funded by the Clinical and Translational Science Institute of Southeast Wisconsin. PI: **Astrida Kaugars**, PhD; 4/1/2014-3/31/2015.

UC4 DK101132: “FL3X: An Adaptive Intervention to Improve Outcomes for Youth with Type 1 Diabetes.” PI’s: Elizabeth Mayer-Davis, PhD and Michael Seid, PhD; Co-I: **Jessica Kichler**, PhD; 9/30/2013 – 9/29/2018.

R01 DK100779: “Longitudinal Test of Adherence & Control in Kids New to T1 Diabetes & 5-9 Yrs Old.” PI: **Susana Patton**, PhD; 8/1/2014-7/31/2019.

## Publications

Alemzadeh, R., & **Kichler, J.** Gender differences in the association of insulin resistance and high-sensitivity c-reactive protein in obese adolescents. (2014). *Journal of Diabetes and Metabolic Disorders*; 13.

Clements, MA, Lind, M, Raman, S, **Patton, SR**, Lipska, K, Fridlington, A, Tang, F, Jones, P, Wu, Y, Spertus, J, & Kosiborod, M. Age at diagnosis predicts deterioration in glycemic control among children and adolescents with type 1 diabetes. *BMJ Open Diabetes Research & Care*.

Corathers, S., **Kichler, J.**, Yayah Jones, N.H., Houchen, A., Jolly, M., Morwessel, N., Crawford, P., Dolan, L., Hood, K. (2013). Systematic

Depression Screening for Adolescents: An Example from Type 1 Diabetes. *Pediatrics*; 132:e1395-e1402 [Epub ahead of print].

Cousino, M., **Hazen, R.**, MacLeish, S., Gubitosi-Klug, R., & Cuttler, L (2013). Quality of life among children with Type 1 diabetes: The roles of family conflict and the allocation of treatment responsibility. *Diabetes Management*, 3, 449-457.

Crouse, J., **Kichler, J., Kaugars, A.**, Baumler, M., & Gleason, M. (2013). Glycemic index, glycemic load and blood glucose outcomes in adolescents with type 1 diabetes mellitus. *Infant, Child, & Adolescent Nutrition*.5(6), 361-367. doi:10.1177/1941406413498414

**Driscoll, K.A.**, Volkening, L., Haro, H., Ocean, G., Wang, Y., Crismond Jackson, C., Clogherty, M., Hale, D.E., Klingensmith, G.J., Laffel, L., Deeb, L.C., & Siminerio, L.M. (in press). Are children with type 1 diabetes safe at school? Examining Parent Perceptions. *Pediatric Diabetes*.

**Driscoll, K.A.**, & Young-Hyman, D. (in press) Use of technology when assessing adherence to diabetes self-management behaviors. *Current Diabetes Review*.

**Driscoll, K.A.**, Johnson, S.B., Wang, Y., Tang, Y., Gill, E., Mitchell, A., Wright N., & Deeb, L.C. (2013). The importance of manually entering blood glucose readings when wireless compatible meters are not being used with an insulin pump. *Journal of Diabetes Science and Technology*, 7, 898-903. PMID: 3879754.

**Driscoll, K.A.**, Johnson, S.B., Hogan, J., Gill, E., Wright, N., & Deeb, L.C. (2013). Insulin bolusing software: The potential to optimize health outcomes in type 1 diabetes. *Journal of Diabetes Science and Technology*, 7, 646-652. PMID: 3869132.

Ducat L, Philipson L H, **Anderson B J** . The mental health comorbidities of diabetes. *Journal of the American Medical Association*, 2014; 312 (7): 691-692.

**Harris MA**, Wagner D, Heywood M, Hoehn D, Bahia H, Spiro K (2014). Youth repeatedly hospitalized for DKA: proof of concept of novel interventions in children's healthcare (NICH). *Diabetes Care* 37(6), e125-e126.

Herbert LJ, Clary L, Owen V, **Monaghan M**, Alvarez V, **Streisand R**. (2014). Relations among school/daycare functioning, fear of hypoglycaemia and quality of life in parents of young children with type 1 diabetes. *Journal of Clinical Nursing*, epub ahead of print. doi:10.1111/jocn.12658.

Herbert LJ, **Monaghan M**, Cogen F, **Streisand R**. (2014). The impact of parents' sleep quality and hypoglycaemia worry on diabetes self-efficacy. *Behavioral Sleep Medicine*, epub ahead of print.

**Hilliard ME**, Rohan JM, Rausch JR, **Delamater A**, **Pendley JS**, **Drotar D**. Patterns and predictors of paternal involvement in early adolescents' type 1 diabetes management over three years. *Journal of Pediatric Psychology* 2014; 39: 74-83.

**Hilliard ME**, Perlus JG, Clark LM, Haynie DL, Plotnick LP, Guttman-Bauman I, Iannotti RJ. Perspectives from before and after the pediatric to adult care transition: A mixed-methods study in type 1 diabetes. *Diabetes Care* 2014; 37: 346-354.

**Kamody, R. C., Berlin, K. S., Hains, A. A., Kichler, J. C., & Diaz-Thomas, A. M., Ferry, R.** (in press). Assessing measurement invariance of the Diabetes Stress Questionnaire in youth with type 1 diabetes. *Journal of Pediatric Psychology*.

**Kichler, J.C., Kaugars, A., Marik, P., Nabors, L., & Alemzadeh, R.** (2013). Adjustment and Self-Management Intervention Groups for Adolescents with Type 1 Diabetes Mellitus and their Parents. *Journal of Health Psychology*.

Levin, L., **Kichler, J.**, & Polfus, M. (2013). The Relationship Between Hemoglobin A1C in Youth with Type 1 Diabetes and Chaos in the Family Household. *Diabetes Educator*. 39(5) 696-704. doi: 10.1177/0145721713496872

Mackey ER, Struempf K, **Powell PW**, Chen R, **Streisand R**, Holmes CS. (2014). Maternal depressive symptoms and disease care status in youth with type 1 diabetes. *Health Psychology*, 33, 783-791.

**Monaghan MC, Hilliard ME**, Sweenie R, Riekert KA. Transition readiness in youth with diabetes: The role of patient-provider communication. *Current Diabetes Reports* 2013; 13: 900-908.

**Monaghan M**, Younge TB, McCarter R, Cogen FR, **Streisand R**. (2014). Average daily risk ratio (ADRR) in young children with type 1 diabetes. *Journal of Diabetes Science and Technology*, 8, 70-73.

Nabors, L.A., **Kichler, J.C.**, Burbage, M.L., Swoboda, C.M., & Andreone, T.L. (In Press). Children's Learning and Goal Setting at a Diabetes Camp. *Diabetes Spectrum*.

**Patton, SR**, Clements, MA. (2013) Average daily risk range as a measure for clinical research and routine care. *Journal of Diabetes*

Science and Technology, 1, 1370-1375.

**Patton, SR**, Dolan, LM, Smith, LB, Brown, MB, Powers, SW. (2013) Examining mealtime behaviors in families of young children with type 1 diabetes on intensive insulin therapy. *Eating Behaviors*, 14, 474-467.

**Patton, SR**, Odar, C, Midyett, LM, Clements, MA. (2014) Pilot study results for a novel behavior plus nutrition intervention for caregivers of young children with type 1 diabetes. *Journal of Nutrition Education and Behavior*. Jan 14. pii: S1499-4046(13)00715-X. doi: 10.1016/j.jneb.2013.11.007. [Epub ahead of print]

**Patton, SR**, DeLurgio, SA, Fridlington, A, Cohoon, C, Turpin, AL, & Clements, MA. (2014) Frequency of mealtime insulin bolus predicts HbA1c in youth with type 1 diabetes. *Diabetes Technology and Therapeutics*, 16, 519-523.

**Powell PW, Hilliard ME, Anderson BJ**. (2014). Motivational interviewing interventions to promote adherence behaviors in pediatric type 1 diabetes. *Current Diabetes Reports*, 14, 531.

Schwartz DD, **Wasserman R, Powell PW**, Axelrad ME. (2014). Neurocognitive outcomes in pediatric diabetes: A developmental perspective. *Current Diabetes Reports*, 14, 533.

**Powell PW**, Chen R, Kumar A, **Streisand R**, Holmes CS. (2014). Sociodemographic effects on biological, disease care, and diabetes knowledge factors in youth with type 1 diabetes. *Journal of Child Health Care*, 17, 174-185.

Tran, S., Salamon, K., Hainsworth, K., **Kichler, J**. Pain reports in children and adolescents with Type 1 Diabetes Mellitus (T1DM). (2013). *Journal of Child Health Care*. 2013 Aug 12. [Epub ahead of print]

**Streisand R, Monaghan M**. (2014). Young children with type 1 diabetes: Challenges, research, and future directions. *Current Diabetes Reports*, 14, 520.

**Valenzuela, JM**, Smith, LB, Andrews, JS, D'Agostino, RB, Lawrence, JM, Yi-Frazier, JP, Seid, M, Dolan, LM For the SEARCH for Diabetes in Youth Writing Group. (2014). Shared Decision-Making among Caregivers and Health Care Providers of Youth with Type 1 Diabetes. *Journal of Clinical Psychology in Medical Settings*, 21(3), 234-43. doi: 10.1007/s10880-014-9400-9.

**Valenzuela, JM**, Seid, M, Waitzfelder, B, Anderson, AM, Beavers, DP, Dabelea, DM. . . Mayer-Davis, EJ For the SEARCH for Diabetes in

Youth Writing Group. (2014). Prevalence of and Disparities in Barriers to Care Experienced by Youth with Type 1 Diabetes: The SEARCH for Diabetes in Youth Study. *Journal of Pediatrics*, 164(6), 1369-75.

## Presentations

Beal, S. J., Riddle, I., **Kichler, J.**, Duncan, A., Houchen, A., Casnellie, L., & Corathers, S. Transition Readiness among Teens – Differences by Chronic Condition. To be presented at the Healthcare Transitions Research Consortium Annual Conference, Baylor College of Medicine, Houston, TX. (10/2014)

Corathers, S. , Beal, S., Yi-Frazier, J., **Kichler, J.**, Gilliam, L., Houchen, A., Watts, G., Pulliam, S., Panlasigui, N., & Pihoker, C. Confirmatory factor analysis of a novel transition to adult care readiness assessment tool for adolescents and young adults (AYA) with type 1 diabetes (T1D). To be presented at the International Society of Pediatric and Adolescent Diabetes (ISPAD) annual conference. (09/2014)

Fitzgerald, C., **Kichler, J.**, Moss, A., & **Kaugars, A.** Predictors of parental transition of care in youth with type 1 diabetes mellitus: Examining the role of executive functioning. Presented at the Society of Pediatric Psychology Annual Conference, Philadelphia, PA. (03/2014)

**Hilliard ME.** Resilience and Protection: Achieving Good Outcomes in Pediatric Diabetes. *Pediatric Diabetes* 2014; 15 (suppl 19): INV7. Presented at the International Society of Pediatric and Adolescent Diabetes (ISPAD) annual conference. Toronto, Ontario, Canada. (09/2014).

**Hilliard ME, Weissberg-Benchell J, Hood KK.** Psychometric properties of a diabetes resilience measure for adolescents [abstract]. *Diabetes* 2014; 63 (suppl 1): 1244-P. Poster presented at the American Diabetes Association Scientific Sessions. San Francisco, CA. (06/2014).

**Hilliard ME, Yi-Frazier JP, 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. Whose HRQOL is it anyway? Discrepancies between youth and parent health-related quality of life (HRQOL) ratings in type 1 and type 2 diabetes. *Pediatric Diabetes* 2014; 15 (suppl 19): P120. Poster presented at the International Society of Pediatric and Adolescent Diabetes (ISPAD) annual conference. Toronto, Ontario, Canada. (09/2014).

Huerta-Saenz, L, Knecht, N, DeLurgio, SA, **Patton, SR,** & Clements, MA (2014). Glycemic variability and nutrition knowledge measured by the NutriCarbQuiz (NCQ) in youth with type 1 diabetes. Poster

presented at the 16<sup>th</sup> International Congress of Endocrinology and the 96<sup>th</sup> Annual Meeting of the Endocrine Society, Chicago, IL, June 21-24, 2014.

**Kamody, R. C., Berlin, K. S.,** Hains, A. A., **Kichler, J. C.,** & Ferry, R. J., Jr. Assessing Measurement Invariance of the Diabetes Stress Questionnaire Across Gender. Presented at the Society of Pediatric Psychology Annual Conference, Philadelphia, PA. (03/2014)

Markey, S, Williams, K, Clements, MA, & **Patton, SR.** (2014). A comparison of ADRR scores in very young, school-age, and adolescent children with type 1 diabetes mellitus. Poster presented at the 40<sup>th</sup> Annual Conference of the International Society of Pediatric and Adolescent Diabetes, Toronto, Canada, September 3-6, 2014.

**Patton SR,** DeLurgio, SA, Fridlington, A, Turpin, A, & Clements, MA (2014). Comparing two methods for calculating an adherence score using insulin pump records in youths with type 1 diabetes: Mealtime insulin boluses versus total daily boluses. Poster presented at the Society of Pediatric Psychology Annual Conference, Philadelphia, PA, March 27-29, 2014.

**Patton, SR,** Markey, SJ, DeLurgio, SA, & Clements, MA (2014). Average daily risk range (ADRR) predicts future glycemic excursions among youths with type 1 diabetes (T1DM). Poster presented at the 40<sup>th</sup> Annual Conference of the International Society of Pediatric and Adolescent Diabetes, Toronto, Canada, September 3-6, 2014.

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# The SIG Board

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**To join the SPP Diabetes SIG, you must be a member of the Society of Pediatric Psychology/APA Division 54. Please email [marisa.hilliard@bcm.edu](mailto:marisa.hilliard@bcm.edu)**

