

PG-SIG



PG-SIG Leadership

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DIGEST

Internal Newsletter of the Pediatric Gastroenterology Special Interest Group, APA DIV54

You know that your organization has finally arrived when you have an official newsletter! As I thought about putting together a newsletter, I considered all of the other newsletters I receive ... and don't read. This is due to several factors, but probably most importantly that (1) I have an incredibly short attention span and (2) I never really know how the information is all that pertinent to what I do. I wanted our newsletter to be different.

I wanted our newsletter to be designed for the professional on-the-go. Short snippets to arouse curiosity. Useful bits of information. Most importantly, I'd like the newsletter to connect us. In each section in this newsletter, you will notice that everyone's names have been made into Email links. If you read something interesting, or want to hear more, simply click on their name and send that person an E-mail. Start conversations. Meet some new folks with similar interests. Network.

You may also notice that the newsletter will highlight research as well as clinical practice in our SIG. No research project or clinical program is too small to be mentioned in our newsletter. So please, send information along for the next newsletter, and don't be afraid to show off a little bit!

I hope you enjoy our first newsletter! And please thank Katie Lamparyk, for giving this newsletter a great look and excellent functionality! -*Anthony Alioto*

PG-SIG means no one gets left behind or forgotten... or, is that ohana...?

Well, either way, we heard your concerns about members being mysteriously dropped from the list over the past year and finally made the move from Yahoo! Groups to a real honest-to-goodness university-sponsored and tech-supported list serv! This is a private list serv only accessible to PG-SIG members. As such, we have left it unmoderated (i.e., no one has to approve your posts), so please remember your netiquette! Here's a few important pointers:

- To post to our list serv, put PG-SIG@listserv.umkc.edu into the "to" line of your email and type away! It's just that easy.
- Your subscription is automatically set to receive emails individually in real time. If you prefer the digest version, simply click on the link that says "To add or remove from this mailing list, please [CLICK HERE](#), where you will find at the bottom of any one of the annoying list serv posts you receive. This should open a web browser that will allow you to modify your preferences and even receive no mail EVER if you wish. You can always access previous posts through the archive by clicking on "PG-SIG Home" on that same webpage, so you might consider bookmarking it for future reference. You know, it might help with insomnia one of those nights. You can thank us later.
- Don't even think about unsubscribing.

Just a reminder - to post to our list serv, you must be an official member of the PG-SIG vetted through the Division 54. If you aren't yet a member, but would like to be, please send an email to Karen Roberts in the Division 54 office at apadiv54@gmail.com. She will help you through the very painless process of signing up. The hazing comes later... usually in the form of being asked to take on some extra responsibility for, or as a representative of, the PG-SIG. - *Jennifer Schurman*

RESEARCH BRIEFS

Snapshots of some of the latest peer-reviewed research by members of PG-SIG

Ψ **Abdominal pain is prevalent in pediatric inflammatory bowel disease (IBD), even during clinical remission**, according to research conducted by *Rachel Neff Greenley* and colleagues. Her team examined self-reported ratings of abdominal pain and health-related quality of life (HRQoL), mother-reported HRQoL, and disease activity among 44 youth diagnosed with IBD over a six month period. They found that 55% of participants reported pain in the past week at time and that chronic abdominal pain was associated with lower HRQoL. (in press) *Journal of Pediatric Psychology*

Ψ **The Illness Behavior Encouragement Scale possesses two conceptually distinct scales**, when examined among children with functional Gastrointestinal Disorders by *Jennifer Schurman* and colleagues. Specifically, authors found two distinct factors, release from responsibility and attention and privileges, when examining report measures from 279 children and 125 primary caregivers presenting at pediatric gastroenterology department of a children's hospital. *Journal of Clinical Psychology in Medical Settings*

Ψ **In a group of children who primarily have sensory defensiveness, contingent reward along side a graduated exposure technique, can improve dietary variety**, reported *Terence M. Dovey*, and *Clarissa I. Martin*. The authors employed an anthropomorphic, psychometric, and dietary variety assessment to evaluate the impact of an intervention for children with feeding problems due to sensory defensiveness. Over the course of the six-month intervention, all children gained weight and significant effects were found for parent-reported feeding problems and dietary variety.

Ψ **Standardized measures of food selectivity may be an important indicator of a child's mealtime behaviors when presented with novel and/or non-preferred foods**, suggested *David Jaquess* and colleagues in a presentation at the 2012 INSAR conference. Authors evaluated feeding related concerns of children with Autism Spectrum Disorders utilizing the Brief Autism Mealtime Behavior Inventory, Food Preferences Inventory, estimates of nutrient intake, and mealtime observation and found that the questionnaires were both related to negative vocalizations during observations.

SPREADING THE WORD

PG-SIG members have shared insights with the public and other disciplines

Sara Williams and her colleague, Buk Li, recently published an article on Cyclic Vomiting Syndrome in *Contemporary Pediatrics* in order to increase awareness of this condition for general practitioners and encourage multidisciplinary treatment. *Click here* for a link to the article.

Katie Lamparyk was recently quoted in a *New York Times* article on childhood constipation, which encourages the use of behavioral and dietary changes as an often-overlooked adjunct to medication options. *Click here* for the article.

SAVE THE DATE

April 11-13, 2013
*National Conference in
Pediatric Psychology*
New Orleans, LA

This conference has been well-represented by PG-SIG and we'd love that to continue. Last year included presentations from Jennifer Schurman, Rachel Greenley, and Clarissa Martin.

July 31-August 4, 2012
Annual APA Convention
Honolulu, HI

October 3-5, 2013
*National Pediatric
Hypnosis Training Institute
Annual Workshop*
Minneapolis, MN

Gabriela Reed reports that this workshop was "incredibly helpful for working with Function Abdominal Pain" patients and includes a diverse group professions including GI physicians and psychologists.

CLINICAL CONNECTIONS

Highlights of member programs, projects, and developments

Ψ [Carin Cunningham](#) is in the process of developing and evaluation and screening measurement with support through a two-year Academic Enrichment Fund Grant from Seattle Children's Hospital. The Psychosocial GI screener is planned to consist of 8 distinct domains that are potential predictors of ongoing family distress, and will be user-friendly for children to complete as part of the clinical assessment process at their initial consultation with a pediatric gastroenterologist.

Ψ Nationwide Children's Hospital is expanding its Feeding Evaluation Clinic to an intensive outpatient program by 2012. The clinic will focus on children with feeding difficulties who are medically complex and helping children transition off of G-Tube dependence. Contact [Rob Dempster](#) for additional information.

Ψ Universal psychosocial screening at the Washington University School of Medicine/St Louis Children's Hospital IBD Center has lead to an expanded role for behavioral health services. Contact [Suzanne M. Thompson](#) for additional information. With the support of enthusiastic physicians, Suzanne is hopeful that these changes will better meet the needs of pediatric IBD patients.

Ψ Children's Hospital of Philadelphia is in the process of expanding their intensive day hospital feeding program and using a joint behavioral and nutritional intervention clinic to increase the number of children served with a shorter wait time. Contact [Loretta Martin-Halpine](#) for additional information.

Ψ Nationwide Children's Hospital continues to serve adolescents with rumination syndrome via an interdisciplinary inpatient program, which approaches this condition from a behavioral and habit disorder perspective. Contact [Anthony Alioto](#) for additional information.

Ψ The Cleveland Clinic Children's Hospital has expanded the role of psychology in their pediatric gastroenterology department by providing more immediate access for patients and increased coordination in both clinical and research endeavors. Pilot data from this expansion was presented in a poster at the APA Annual Convention in Miami, FL by [Katie Lamparyk](#).

Ψ A grant to improve clinical outcomes for youth with chronic abdominal pain in primary care settings is currently under review. By gathering prospective information on assessment and treatment of this population can be the first step in establishing evident-based guidelines for treatment of this population. [Jennifer Schurman](#) is the primary investigator.

CALL FOR NOMINATIONS: PEDIATRIC GASTROENTEROLOGY SPECIAL INTEREST GROUP (PG-SIG) OFFICERS

Chair-elect, member-at-large for research, and member-at-large for clinical

CHAIR ELECT

The Chair-elect shall be a member of the PG-SIG who is elected by the membership for a term of 6 years, during which he/she will serve as Chair-elect, Chair, and past-Chair. As Chair, the individual will lead the PG-SIG by assuming ultimate responsibility for all ongoing programs, leading the development of new directions, maintaining a positive relationship with the parent organization (SPP), speaking for the PG-SIG in personal and public communication, and appointing all committees, liaisons, and other offices of responsibility. S/he shall be the chairperson of the board of directors, preside at all meetings and perform all other usual duties of a presiding officer. Other specific duties include overseeing the planning of PG-SIG activities (e.g., group-sponsored activities at conferences and workshops), organizing the annual meeting for the entire membership to coordinate with the SPP national conference, coordinating quarterly teleconference board meetings, maintaining a dedicated listserv, and overseeing communication with the membership about PG-SIG activities and opportunities through the website, listserv, and newsletters. Several duties begin during the Chair-elect year and extend through the Chair year. The past-Chair leads the committee on nominations and elections and nomination and review committees for several awards among other duties during the final year of the term.

MEMBER AT LARGE, RESEARCH (2013–2014)

The Member at Large, Research (MAL-R) shall be a member of the PG-SIG who is appointed by the Chair for a term of 2 years. During his/her term, s/he shall be a member of the PG-SIG board of directors with the right to vote. The MAL-R shall serve as the liaison between members involved in research to the PG-SIG board; work with members involved in research activities to strengthen communication and build opportunities for collaboration among these members; coordinate the annual student poster award given at the SPP national conference; be responsible for regularly monitoring research publications (including journal manuscripts and books) for research findings of interest to the membership that may be appropriate for dissemination in the PG-SIG newsletters; work collaboratively with other board members to advance knowledge and training in the role of psychosocial factors in the etiology and treatment of pediatric gastroenterology conditions.

MEMBER AT LARGE, CLINICAL (2013–2014)

The Member at Large, Clinical (MAL-C) shall be a member of the PG-SIG who is appointed by the Chair for a term of 2 years. During his/her term, s/he shall be a member of the PG-SIG board of directors with the right to vote. The MAL-R shall serve as the liaison between members involved in clinical work to the PG-SIG board; work with members involved in clinical activities to strengthen communication and build opportunities for collaboration and mutual learning among these members; be responsible for regularly monitoring publications (including journal manuscripts and books) for relevant information on clinical program development, service provision, billing issues, etc. that may be appropriate for dissemination in the PG-SIG newsletters; work collaboratively with other board members to advance development, knowledge, and use of evidence-based assessment and treatment practices in pediatric gastroenterology conditions.

NOMINATION INFORMATION

To nominate a candidate for any of the above positions, send an email with the word “Nomination” in the subject line. Nominations must be received by December 31, 2012. Self-nominations are encouraged.

BOOK REVIEW

The Ins and Outs of Poop by Dr. Thomas Duhamel (2012). “It’s a nice paperback written for parents. The first time I read it, I thought maybe I had ghost authored it, as it’s all of the exact information we provide to families in our bowel management clinic. I think it’s a great resource for families, but also for students and even for psychologists who do not have much experience with constipation and soiling.” -Anthony Alioto