

Thank you for inviting me to speak about therapy (CBT + more) and psychological barriers in food allergy care!

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Avoid your allergens!





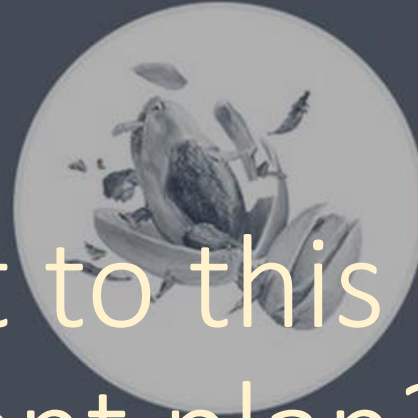
peanuts



sesame



shellfish



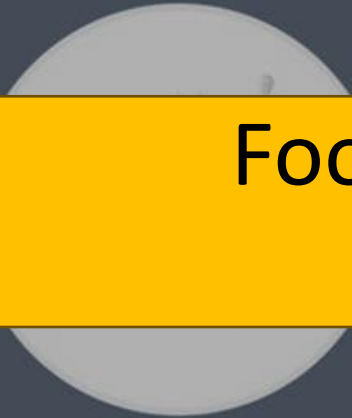
tree nuts



fish

How do patients react to this food allergy management plan?

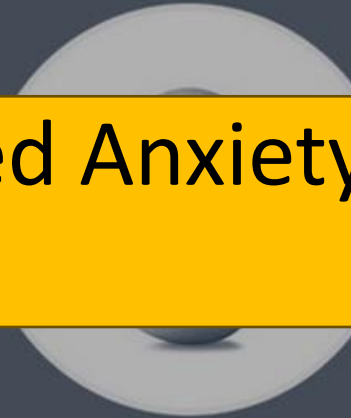
Food Allergy Related Anxiety (FARA)



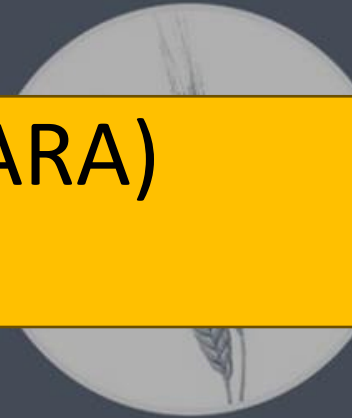
milk



soy



egg



grains



Don't eat, get near,
touch, smell, cook with
(your food allergens).

Is anxiety a co-occurring problem for those with food allergies, or is it the treatment?



Avoid
Allergens

Rx

NAME _____
ADDRESS _____

Prescription:

SIGNATURE _____ DATE _____

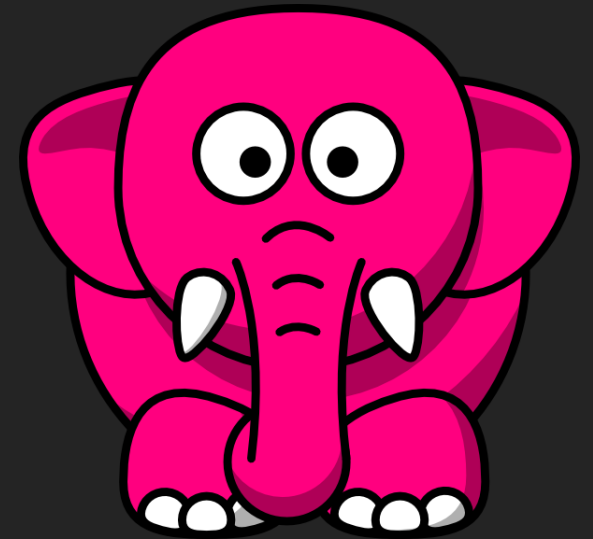


“White Bear” or “Pink Elephant Paradox” (1987)

Trying to suppress a thought “has paradoxical effects as a self-control strategy”

Psychological process whereby our deliberate attempts to suppress certain thoughts make them more likely to surface has been named “ironic process theory” (David Wegner, PhD)

- **Propagation of persistent negative emotions**
- **Increased distractibility**
- **Poor decision making**



Anxiety can be adaptive

Triggers “fight-flight-freeze” response

- Alerts us and helps us prepare
 - For real danger (bear confronting us in the woods)
 - To perform at our best (get ready for a big game or speech)





About Anxiety

- Survival system
- Instinctive way to respond
- It's developmental: different anxieties depending on age of child



Anxiety has 3 parts

Physical feelings: How our body responds - Tummy aches, headaches, skin problems, etc.

Thoughts: What we say to ourselves - What if my mom doesn't find me?
What if there's a storm?
What if he doesn't want to go out with me?

Behaviors: What we do - our actions. Avoidance, staying home from school, meltdowns, comfort habits.

What does too much anxiety look like?

Physical



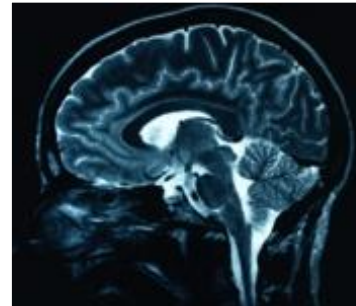
crying, shaking,
unexplained illness,
pain, fatigue,
ailments, actual
allergy symptoms
without exposure

Behavioral



irritability,
argumentative,
withdrawal,
avoiding, running
away, restricting
safe foods,
checking, acting
out, risk taking

Cognitive



what if?,
hypervigilance,
rumination, lack of
concentration, lack
of attention,
academic changes

Social-Emotional



angst, fear, sad,
withdrawal from
others, fighting with
others, seeking
attention from
others in unhealthy
ways

A close-up photograph of a hand holding a pen, with the pen tip pointing towards the text. The background is blurred, showing other fingers and the pen's body.

Developmental Considerations: How much and when is FA anxiety is “prescribed”??

Birth to Daycare

Preschool to Kindergarten

Kindergarten to Grade School

Grade School to Middle School

Middle school to High School

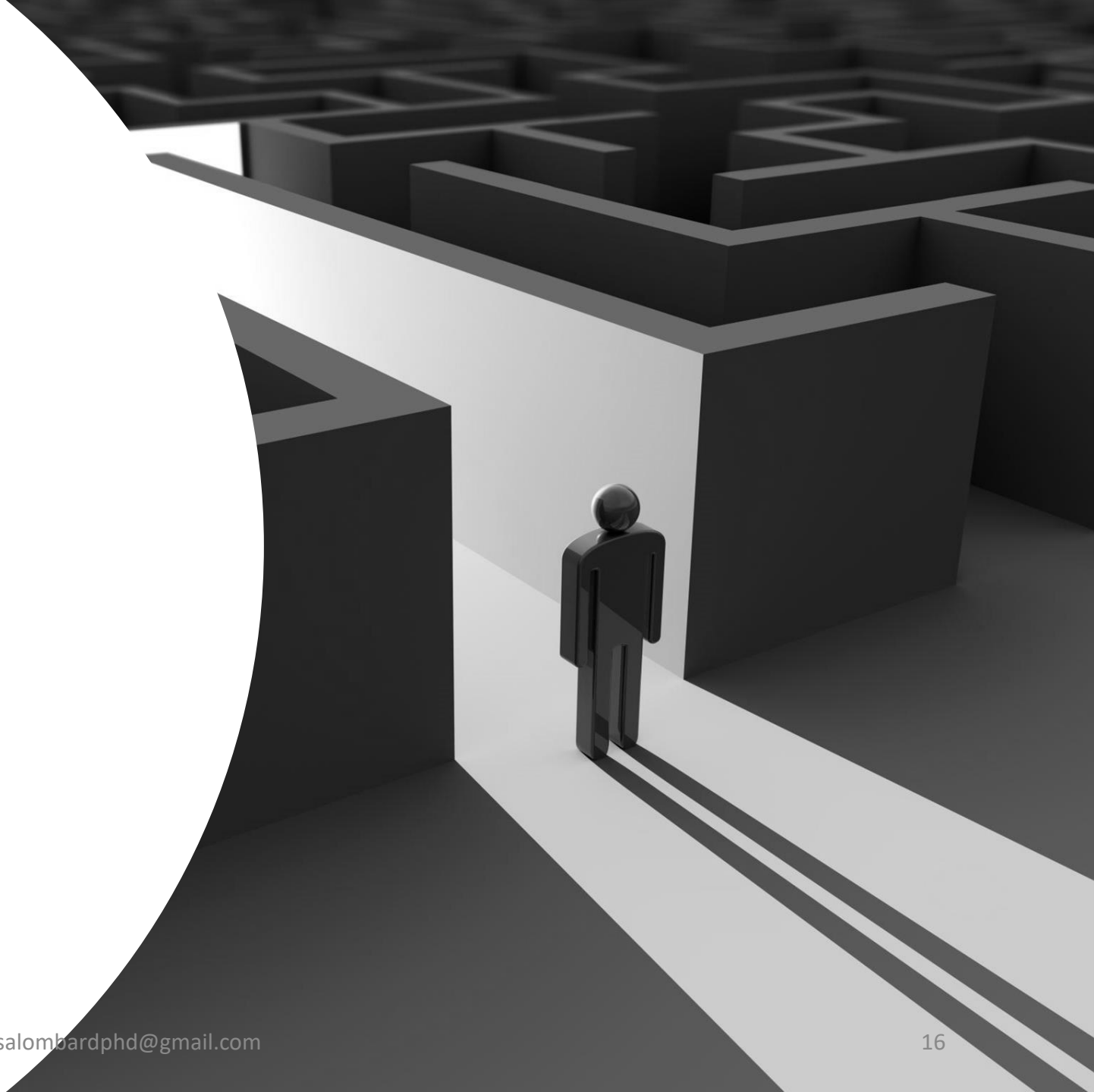
High School to College

Navigating Work Setting

Parents themselves

Fear: Something present

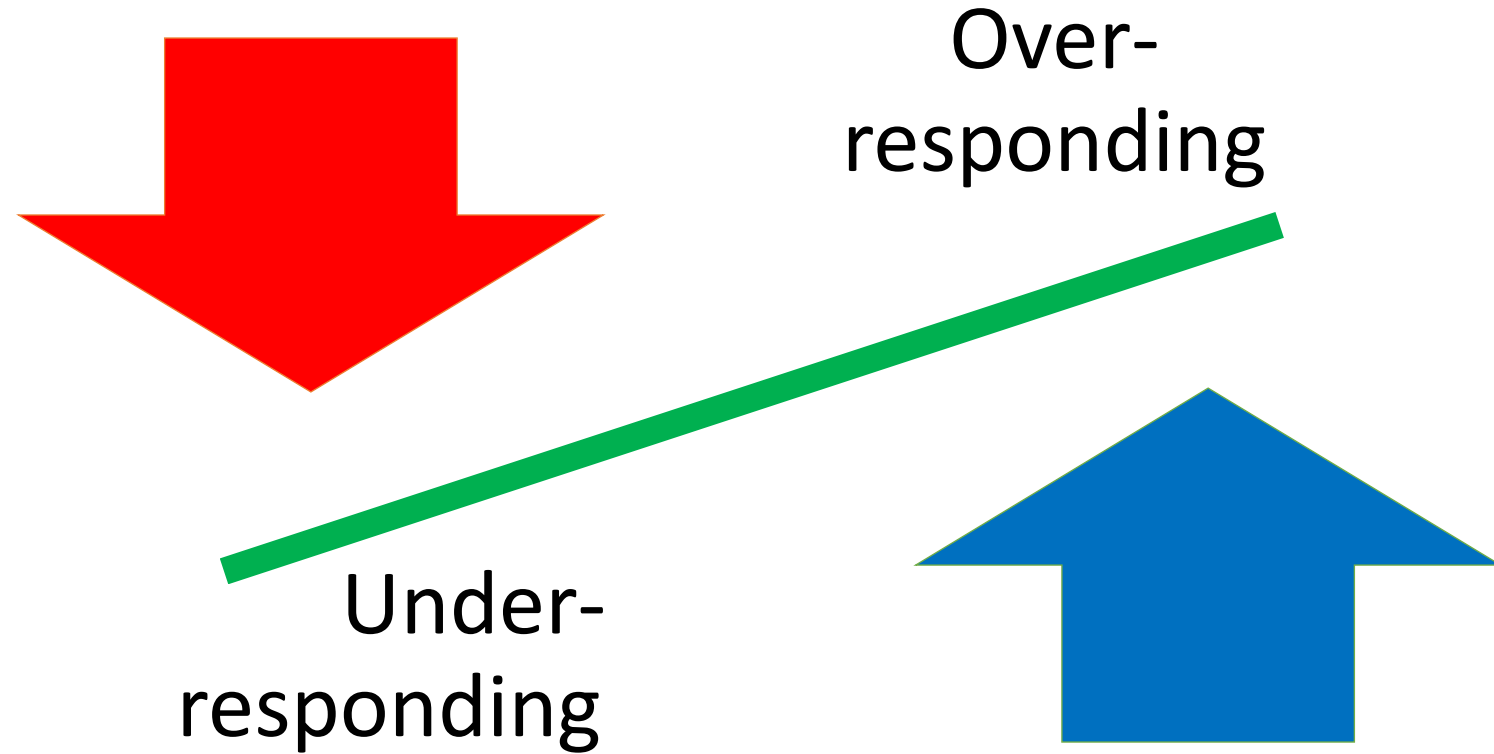
Anxiety: Something anticipated



Anxiety wants certainty and comfort.

Managing food allergies comes with uncertainty.

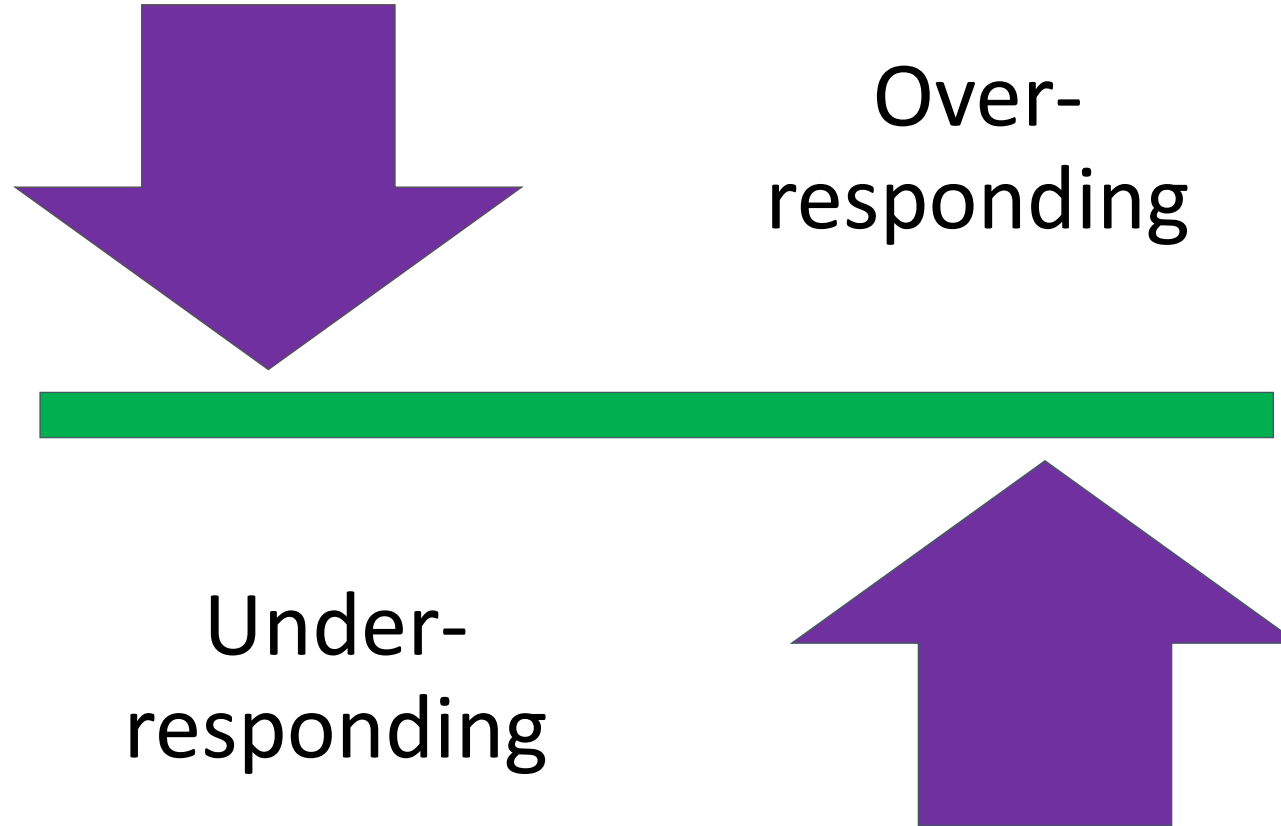
Anxiety and Food Allergies






Goldilock's Principle

Finding the Balance

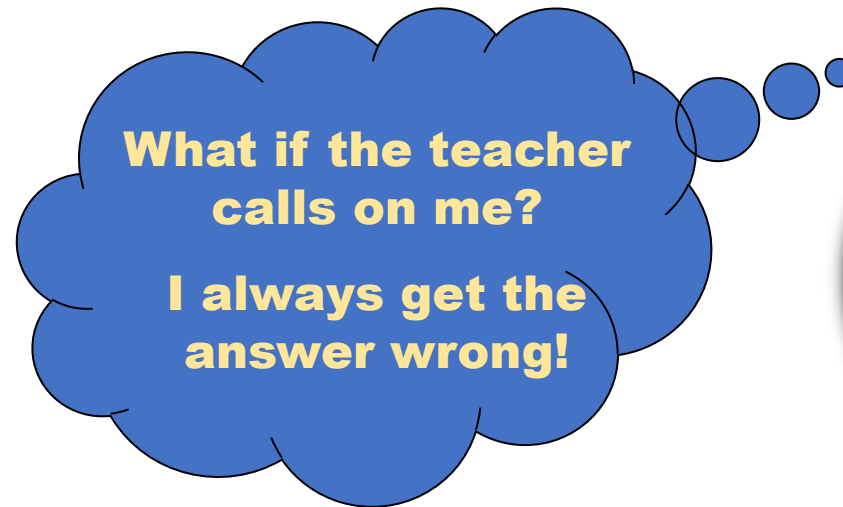




Avoid your allergens!

Anxious Thoughts

Overestimating: expecting the worst will happen -
“What if...??”



FA Anxious Thoughts:

Overestimating: expecting the worst will happen

“What if...??”

What if no one remembers I am allergic to peanuts?

I'll never be able to go to the birthday party.

What if he didn't wash his hands?




Anxious Behaviors

Avoidance/escape

Reassurance-seeking

Tantrums/disruptive behavior

School refusal



I wish I could play
with them, but
I'm too nervous.

FA Anxious Behaviors

Avoidance/escape

Reassurance-seeking

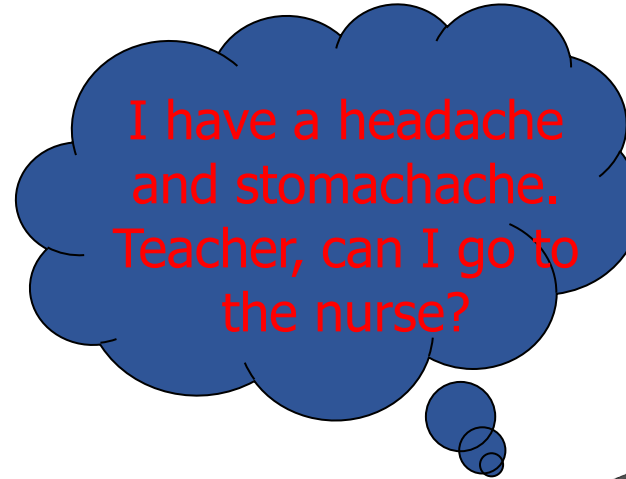
Tantrums/disruptive behavior/school refusal

I'll stay home. I won't eat anything. No, I'll watch, b/c I'm nervous about the food.

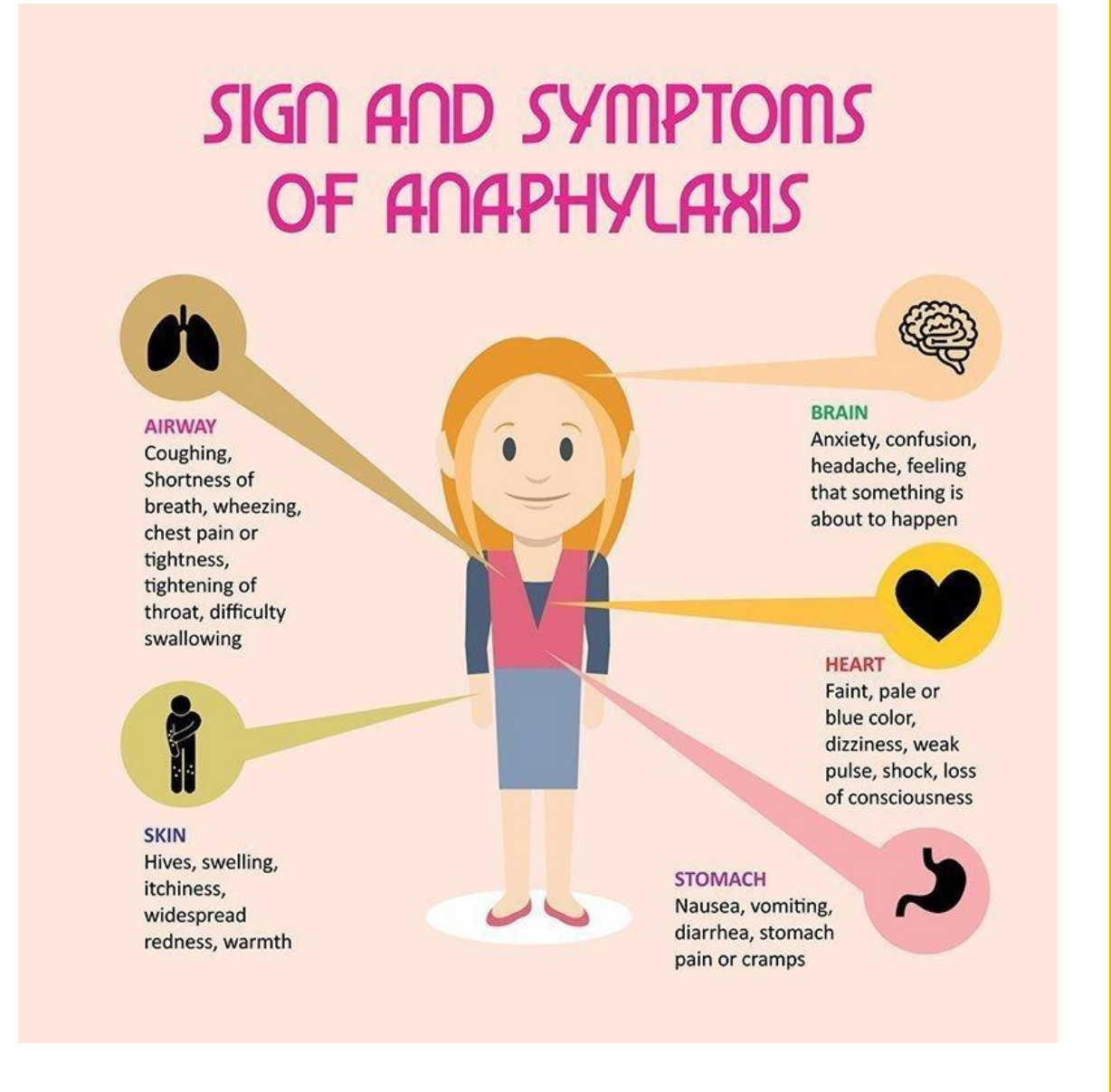


Physical Symptoms (Anxious children are more sensitive to physical complaints/sensation).

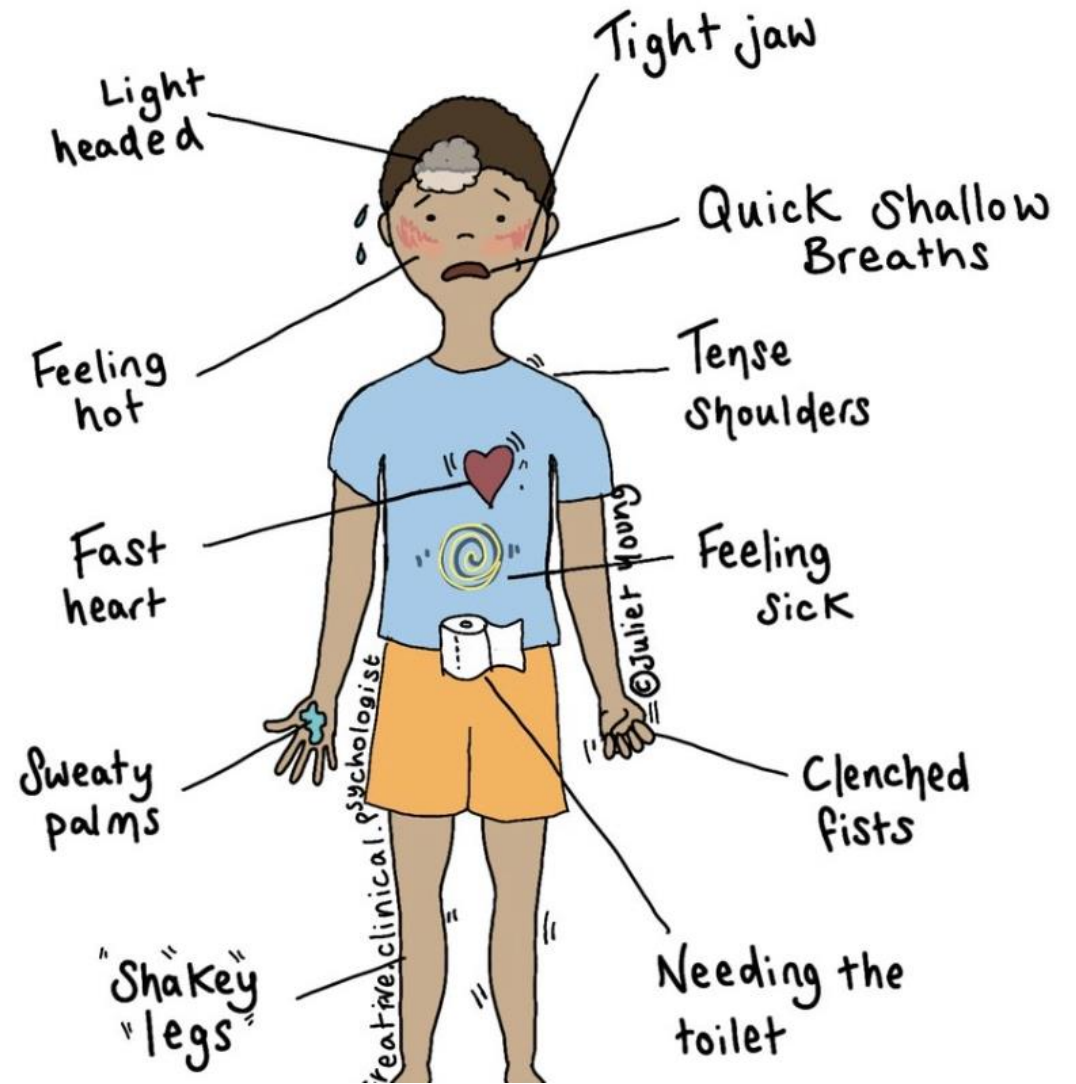
- Muscle tension
- Heart palpitations
- Abdominal pain
- Nausea
- Flushed face
- Headaches
- Perspiration



What does anaphylaxis look like?



What does anxiety look like?



Let's rearrange how we think about FA related anxiety

1. The goal isn't to eliminate anxiety, but to help a child manage it
2. Don't avoid things just because they make a child anxious
3. Express positive—but realistic—expectations.
4. Respect feelings, but don't empower them
5. Don't ask leading questions



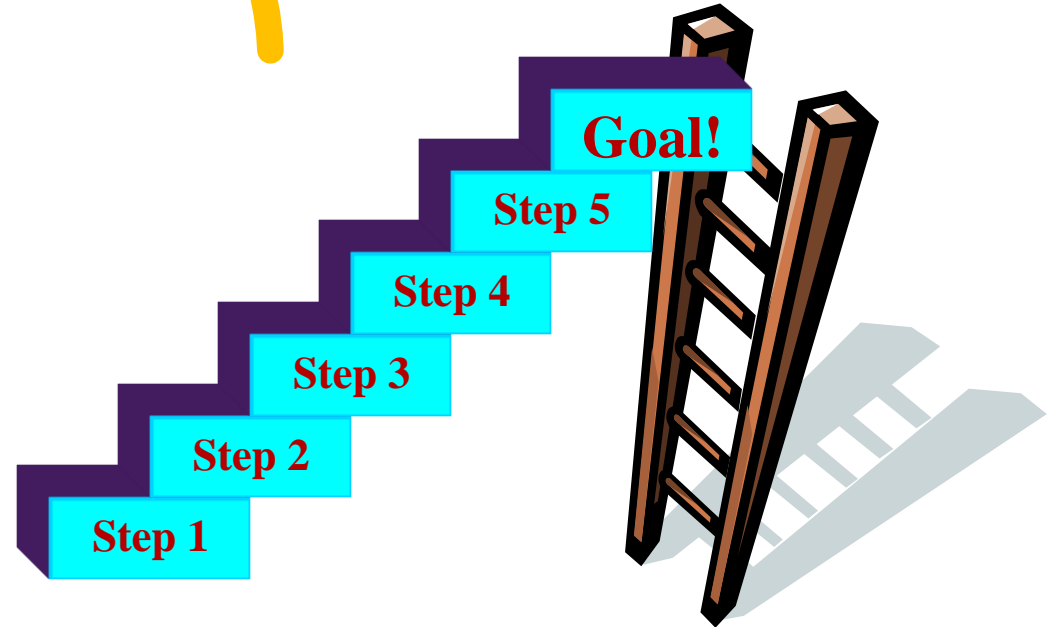
Let's rearrange how we think about FA related anxiety

6. Don't reinforce the child's fears
7. Encourage the child to tolerate her anxiety
8. Try to keep the anticipatory period short
9. Think things through **with** the child – collaborative problem-solving
10. Model healthy ways of handling anxiety – do them together!

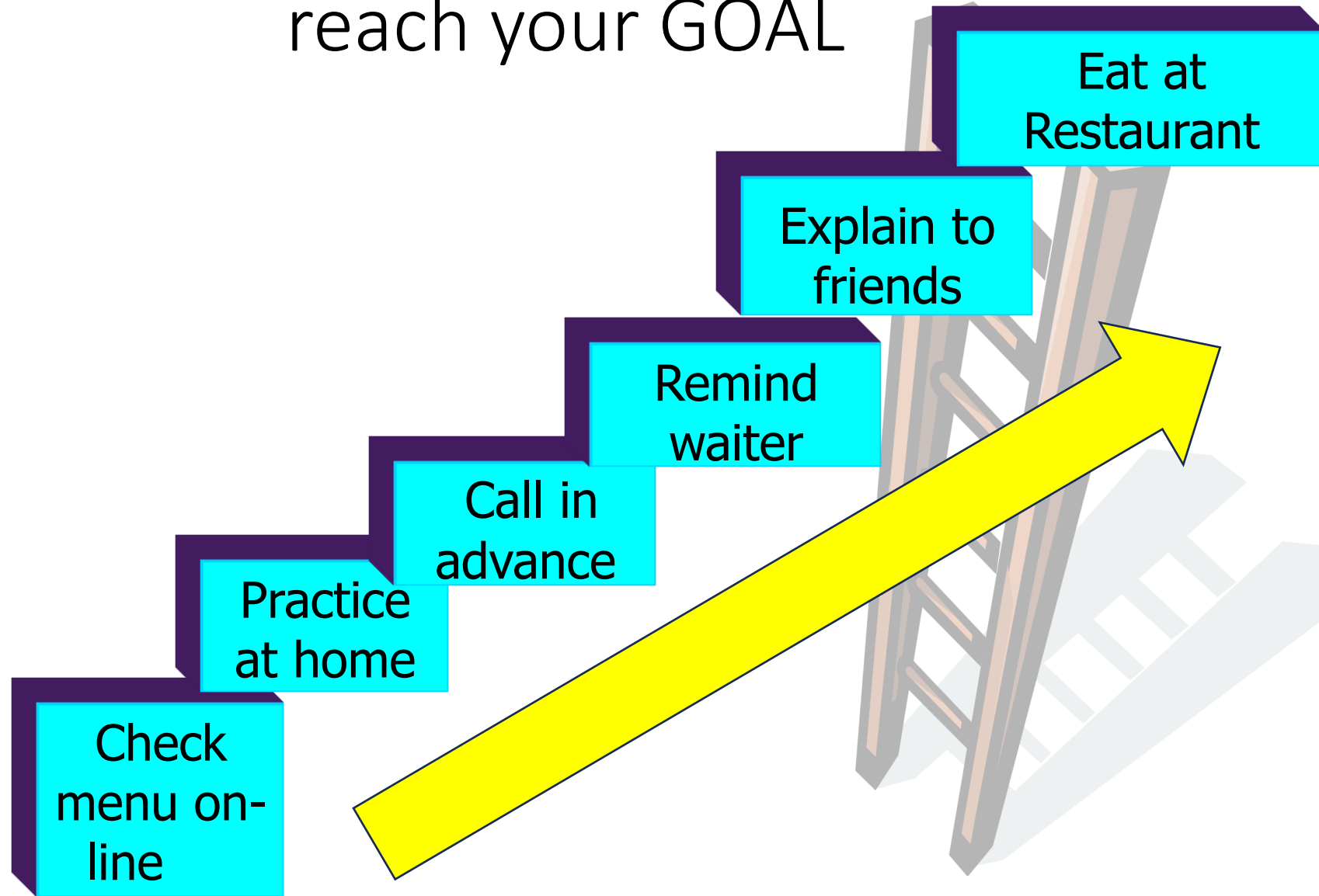


Exposure/Practice: Facing Fears (CBT for anxiety)

- Rationale
 - Anxiety is partly learned and can be unlearned
 - Learn that feared consequences do not occur
- Fear Ladder
 - Gradually build from easy to hard situations to practice



Create *appropriate* steps to deal with FA Anxiety AND reach your GOAL



Next: Going
Beyond CBT to
manage FA
related anxiety





Predict - Food Allergy
Related Anxiety happens

Provide - Ways to move
toward balance and
management of FA anxiety

Psychosocial Interventions for Food Allergy

Would you be interested in trying a psychosocial support intervention for your child's food allergy?

About 70% indicated YES.



Survey Development and Dissemination

We created a cross-sectional survey and disseminated it to caregivers 18 years and older caring for a child with a food allergy. Collected:

- Demographics
- Emotions related to caring for their child with a food allergy
- Current coping strategies
- Interest in testing future interventions for psychosocial FA management



We asked caregivers: which coping strategies do you use (from the following)?

Education/Training:

- Reading books/research articles about food allergy
- Attending Educational Conferences
- Practicing use of epinephrine

Social Connection:

- Using social media to connect with others with FA
- Talking to friends and family
- Joining a support group

Healthcare Support:

- Talking to a doctor/allergist
- Taking prescribed medication
- Talking with a mental health professional

Stress Management Strategies:

- Using an online app for stress management
- Mindfulness-based stress management strategies
- Meditation/Breathing Exercises
- Guided Imagery
- Hypnosis
- Journaling

Coping Behaviors:

- Listening to music
- Exercising/playing sports
- Crying
- Making art
- Yoga
- Substance Use
- Nothing

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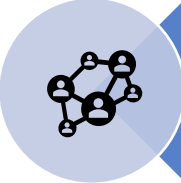
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Top 4 Most Common Coping Strategies for Children

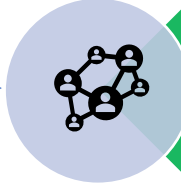
 Talking to a trusted adult

 Talking to a doctor/allergist

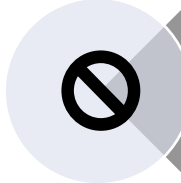
 Practicing use of epinephrine

 Talking to friends

Top 4 **Most Helpful** Coping Strategies for Children

 Talking to a trusted adult

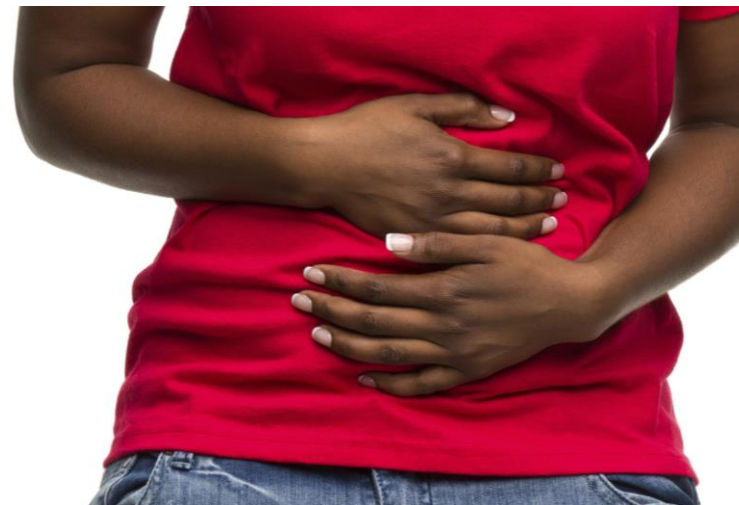
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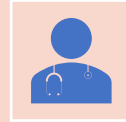
 I don't know

Connecting Body
& Mind

How do we do that
for folks facing
atopic diseases?

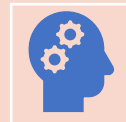


When you refer to behavioral health specialists & psychologists it doesn't mean "it's all in your head!"



Relieve

Relieve &/or Reduce symptoms



Develop

Develop new skills



Support

Support new ways of thinking



Associate

Associate new responses/behaviors/habits to specific contexts



Coping strategies allow you
to explore & master the
anxiety!



Self-Regulation is a Big Goal (sensory, cognitive, emotional, behavioral)

- Shift focus - distraction
- Relaxation training
- Raise sensory threshold
- Calm a specific internal organ (e.g., stomach -self-soothing)
- Reframe panic episodes - reduces somatization

Magic Glove Protocol



Developed originally by Leora Kuttner, Ph.D., Clinical Psychologist and Clinical Professor of Pediatrics Vancouver, BC. Canada

- http://youtu.be/cyApK8Z_SQQ?t=32s
- <https://www.apa.org/pubs/journals/features/cpp-cpp0000074.pdf>

Magic Glove Protocol adapted - Magic Patch/Shorts for FA Situations

Teach magic glove and create numbing response

Transfer the sensation to the thigh area (or another location) where auto-injection will be done

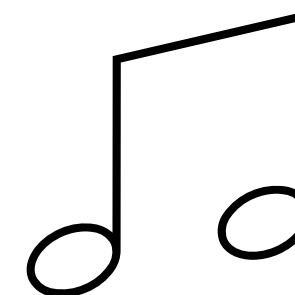
Rub area, paired with these verbal cues:

"1-2" "We know what to do!"

"3-4" "Rub it some more/numb like before"

"5-6" "What a helpful fix!"

"7-8" "I'm doing great!"





Stress Management

Stress = when an internal or external challenge is greater than your internal or external resources.

The background of the slide is a microscopic image with a blue and green color palette. It features several circular, cell-like structures with distinct nuclei and some fibrous or filamentous structures, possibly representing biological cells or tissues. The overall appearance is that of a scientific or medical illustration.

Chronic stress alters the immune system's response to further stressors

Reduce stress by:

1) decreasing challenges (internal and external)

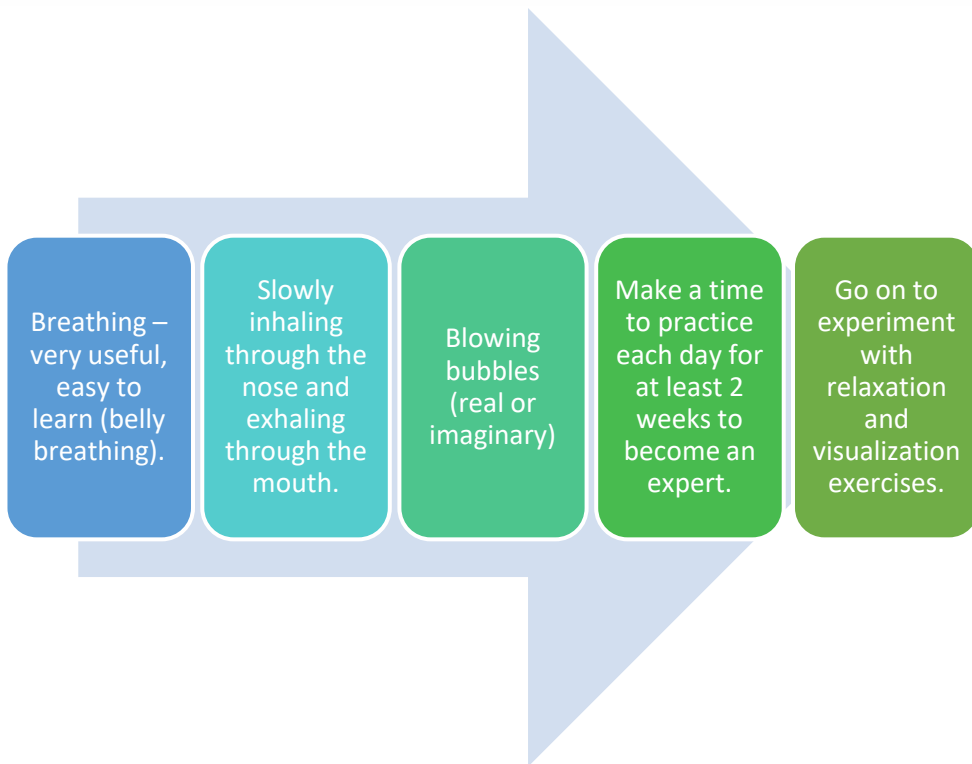
2) increasing resources (internal and external)



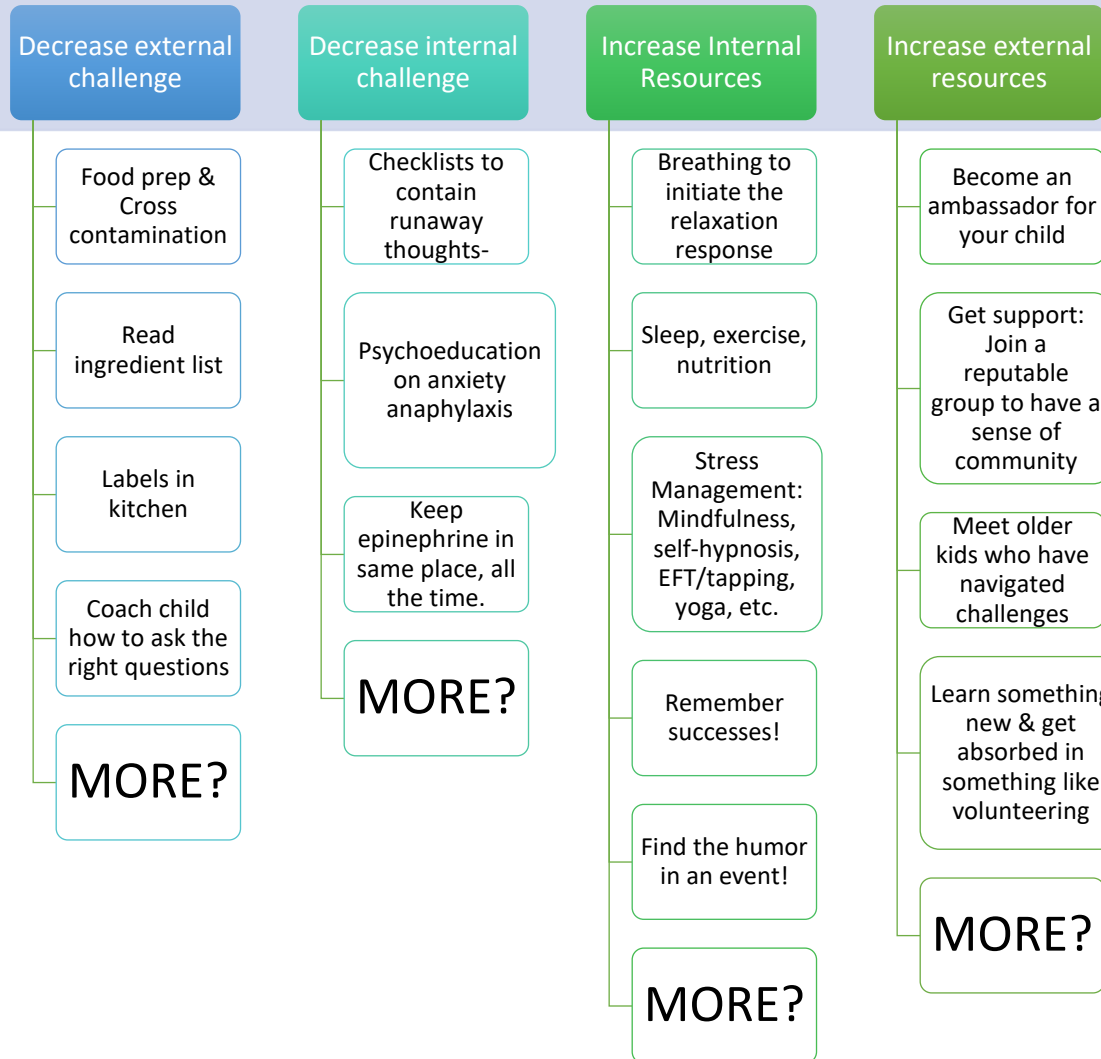
Allergists & Parents as “coach”

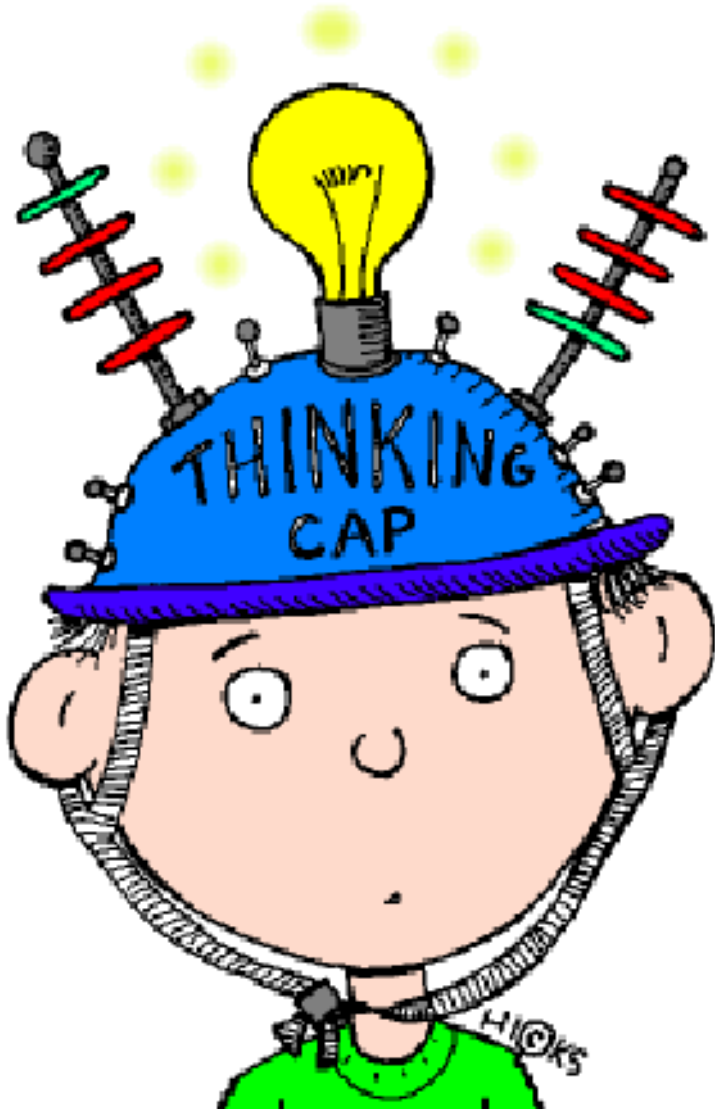


Something you can coach – Regulated Breathing



FA Stress Management – A tool for patients and their families to complete!





2 psychologically informed goals you can integrate into your clinical care:

LOWER STRESS

Grow resources, so they equal or exceed the challenges (build resilience)

CHANGE ANXIETY to a REALISTIC AND PRODUCTIVE SIGNAL

Make choices based on sound information (cognitive) PLUS tolerance of mild anxiety (emotional & behavioral)



lisalombardphd@gmail.com

You are
STRONGER
than you seem,
BRAVER
than you believe, and
SMARTER
than you think you are.

Christopher Robin - Winnie the Pooh - A.A. Milne