Welcome to the Allergic Diseases SIG!

My name is Linda Herbert and I’m one of the SIG co-chairs. Our SIG is dedicated to helping youth diagnosed with allergies (such as food and the environment), atopic dermatitis, and/or asthma and their families. Our SIG began as many do - psychologists across the US identified an area of unmet clinical and research needs, which was followed by acknowledgement that we can achieve more if we work together! To that end, in 2016 I organized an initial meeting at the 2016 SPPAC meeting in Atlanta. I was thrilled that others were interested in collaboration and even more pleased to find a co-chair partner in Dr. Catherine Peterson. We developed and submitted a successful application to create our SIG, and we’ve hosted SIG meetings at the 2017 and 2018 SPP conferences where our SIG has given student poster awards, hosted a data blitz, and facilitated conversation about how to advance our field. We’re glad to have you join us!

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**OUR BEGINNINGS**

The Allergic Diseases SIG will hold its annual meeting at SPPAC on Thursday, April 4th, 3:15-4:15 pm. We will meet in Galerie 6 of the conference hotel. We will review the highlights of the last year, including a presentation about our measures database. We also will hold our annual research blitz and presentation of student/trainee poster awards. Please join us! You do not need to be a SIG member to attend, but you can join then if you wish.
MEET THE ALLERGIC DISEASES SIG CO-CHAIRS:

Linda Jones Herbert, PhD, is an Assistant Professor in the Department of Psychology & Behavioral Health at Children’s National Health System in Washington, DC. She is the Director of the Psychosocial Services Program for the Division of Allergy and Immunology, overseeing all psychotherapy and consultation-liaison services for patients with food allergy. Dr. Herbert is an NIH-funded clinical researcher whose research interests include the identification of medical and psychosocial factors related to adjustment to food allergies and the development of clinical interventions that support patients as they pursue treatment for food allergy. Dr. Herbert spearheaded the development of the Allergic Diseases SIG in 2016.

Catherine C. Peterson, PhD, is an Associate Professor in the Department of Psychology at Eastern Michigan University. She leads the pediatric psychology research lab, which conducts research on neurocognitive and family factors in several pediatric populations, including the food allergy population. She also holds an adjunct appointment in the Division of Allergy and Clinical Immunology at the University of Michigan’s Mary H. Weiser Food Allergy Center. Current studies include: development of allergy-specific measures to assess activity limitations and parent anxiety; assessment of allergy knowledge in college students with food allergy; and a study of eating behavior and cognitive functioning in adolescents and young adults with food allergy. Dr. Peterson will serve as Allergic Diseases SIG co-chair through 2020.

MEET THE RESEARCH CHAIR:

Alana Rawlinson, PhD, is a Clinical Assistant Professor at the University of Florida’s Department of Clinical and Health Psychology. Dr. Rawlinson provides outpatient and inpatient care of pediatric patients in the UF Health Psychology Clinic, directs the Psychology Inpatient Consultation-Liaison service at the UF Health Shands Children’s Hospital, and supervises trainees in therapy and consultation. Her clinical interests include treating patients with co-occurring medical and psychological concerns, with a focus on improving treatment adherence, coping with extended hospitalizations, and adjustment to new diagnoses. She has experience in measure development within the pediatric food allergy population and has contributed to the development of the Allergic Diseases SIG’s measure database. She will serve as the SIG’s Research Chair through 2020.
Anecdotal reports from patients suggest that it is challenging to identify mental health providers with food allergy expertise. In 2018 Dr. Herbert worked with FARE to determine the availability of mental health services for patients with food allergy at FARE’s 29 Centers of Excellence (CE). Only 3 CEs had a psychologist, 1 CE had a psychiatrist, and 2 CEs had a social worker or masters-level professional in their division. These results indicate that patients with food allergy are likely to have difficulty accessing needed mental health support. Our SIG should make efforts to address this gap.

NOTE: Further results are under review at JACI-In Practice.
Interested in joining the Allergic Diseases SIG?

E-mail us! AllergicDiseasesSIG@gmail.com

Behavioral Health Services in Allergic Diseases

By Alix McLaughlin and Taylor Macaulay

Previous research in allergic diseases has demonstrated a bidirectional relationship between allergy symptoms and stress, which then influence patient quality of life and treatment adherence (Oland, Booster, & Bender, 2018). Adjustment to food allergies differs from other chronic illnesses due to the preventative nature of management rather than responding to active medical illness (Herbert, Shemesh, & Bender, 2016). Families must maintain a balance between vigilance and anxiety, which can be aided by a number of behavioral health interventions targeted at the individual, family, school, medical provider, and community levels to alleviate the experience of maladaptive stress in patients with allergic diseases.

Examples of interventions include psychoeducation, identification of emotional and behavioral triggers, relaxation training, cognitive restructuring, problem-solving, and coping and stress management strategies (Herbert et al., 2016; Oland et al., 2018). Psychoeducation should include discussion of developmentally appropriate food allergy management for children (e.g., increasing child autonomy, shared responsibility of management between parent and teen; Herbert et al., 2016). Additionally, behavioral health professionals may need to address social skills in children with allergic diseases since food restriction may impact social activities or increase risk for experiencing bullying. Some of these strategies are targeted at reducing stress associated with allergic diseases, but other strategies, like distraction techniques, can improve adherence to treatment as well. Behavioral health clinicians should assess for psychosocial factors that may impact management and provide interventions based on this assessment. There is a dearth of published research on interventions with this population; however, it is likely that effective interventions will be based in a CBT approach similar to other chronic illness populations.

Research on behavioral health in allergic diseases is limited by an overemphasis on asthma over other forms of allergic disease (Oland et al., 2018) and reliance on self-selected samples who are Caucasian with mid- to high socioeconomic status (McQuaid et al., 2016). There is also a lack of longitudinal research on long-term associations between allergic diseases and stress, so future research must implement robust designs to address the impact of behavioral health interventions in allergic diseases.


Alix McLaughlin is a second-year Clinical Psychology doctoral student at Eastern Michigan University under the mentorship of Dr. Catherine Peterson.

Taylor Macaulay is a second-year General Clinical Psychology master’s student at Eastern Michigan University under the mentorship of Dr. Catherine Peterson.