

Tamara Hubbard Allergies

Tamara Hubbard: [00:00:00] I will typically talk to my about the fact that we can live in or life or the power of, and, and that looks like if we are using safety, as our guiding value,

Jill Stoddard: Um,

Tamara Hubbard: to get into this rigid.

We have to be safe or we can't do this. . , we're safe, or we have risk and we go to this place. We want to go. That's just not safe. Let's shift that mindset. . And look at the power of, and how can we be safe and still go to that place.

We want to go, how can we be safe and still go to the family party? Because that's also a value being connected to our family and our friends and having enjoyment in life. That is a value. how can we do those two things together?

Jill Stoddard: That was Tamra Hubbard on psychologists off the clock.

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Hey everybody. It's Jill here. And I'm here with Debbie to introduce an episode with Tamra Hubbard on living with food allergies. So the reason that I really wanted to do this episode is a few years back, was contacted by a pediatric allergy doc. who said she had been seeing [00:03:00] much anxiety in kids and families in her allergy clinic.

And I run an anxiety clinic. And so she wanted to kind of partner with me to try to help these families. And I knew nothing. About allergies. The only thing I knew really was about my nephew, Elliot, who was allergic to pretty much all of the, almost all of the top eight now top nine, which Tamar talks about allergens and how they had coped with it.

And so I did a lot of self study and I even did a talk at the food allergy and research education. Conference and talk about feeling like an imposter. but I was still seen as like kind of the only quote unquote expert in the area, even

though I was self-taught and knew very little. And worked with an allergy family, um, a few allergy families actually.

And what I realized is that. What a big difference. There can be way people respond to this diagnosis. I thought, you know, there's probably a lot of clinicians who are encountering this and don't have a lot of information.

[00:04:00] There are lots of people, everybody knows something. Who deals with allergies on top of people who have their own allergies.

So I just thought, why not use the podcast to get some information and education out there to our listeners? So, Debbie, I'm curious what you thought about the episode.

Debbie Sorensen: Well, I found that really helpful because I've definitely known people with various food allergies. You know, I've, I've known people who will go to the hospital if they have a nut that they accidentally eat. And then also more probably what Tamara would describe as more of a food intolerance. And to me, since I don't have a personal experience with food allergies, Has been very mysterious to be like, I don't really get it.

And just, I think, I mean, Tamara's great. I loved listening to her. I think what was most helpful to me though, is just getting a little bit of really food allergy 101, but then also hearing about the psychological part of that and what kinds of things people are [00:05:00] grappling with and going through?

I think it helped me. I have more understanding and compassion for that. And so I think it'll be just really helpful moving forward, both in my clinical practice, but then also just in my life to have a much better understanding of it.

Jill Stoddard: Yeah. And that compassion piece is so important. know, , if we have some listeners who. Felt really annoyed that their kids have to have a peanut free classroom. You know, my hope is that maybe at the end of this episode, they'll change their attitude about that. You know, it's really hard to live with food allergies.

And when I think about my little nephew Elliot, you know, he's had allergies since he came out of the womb and this has been a normal part of his life. Whole life. Not that that makes it any easier. But then I also think about people. , you know, I have a really close girlfriend who never had allergies until just a few years ago.

And now she has lots of food allergies. And what it changed that is, you know, you go from being able to eat everything under the sun without thinking about it to all of a sudden having to. [00:06:00] Rearrange your life. And when you, think about how much of our social existence revolves around the food, you know, it can really be a change.

And I imagine even a loss in some ways,

Debbie Sorensen: Yeah. I was thinking about that loss piece of it when I was listening, because I do think that sometimes because of an allergy, people have to give something up. That is, you know, it's just hard and it's, it's maybe not the world's most major loss to not be able to get a peanut butter sandwich again or something like that.

But at the same time, there can be a little bit of. That I have to change something. I have to live without something. And I have an example, so I don't have a food allergy, but I do have a skin allergy, a dermatologist's diagnosed me cause I kept getting like breakouts around my mouth and chin. And apparently a lot of women my age get this.

And it's actually caused by like an allergic reaction. I'm having to something in skincare products. So she put me on a. Strict [00:07:00] skincare regimen, which is super boring. And I can, I have to use this very mild cleanser and moisturizer, and I can never cry face makeup. That isn't a very specific kind or else I'll break out.

And the truth is I do break out every single time, but it's kind of a bummer and I am not equating it to a food allergy. I think it's a different thing, but I also feel like. Ah, I would really like to be able to do that. And it is a loss a little bit like again, a small loss, but still I get that, that I think when, especially if it's a food you've enjoyed eating or one that you see other people enjoying and you can't have that, there are some, there can be some sadness that shows up around that.

Absolutely.

Jill Stoddard: I think even like a loss of a sense of safety, know, whether it's an anaphylactic reaction or, you know, vomiting or a skin reaction, there are so many different reactions, but you don't want to have a reaction, whether it's a more mild or. Life-threatening or severe reaction. want to live your life in a way that that's not going to happen.

[00:08:00] And so I think that loss of that sense of safety, where like, oh, I don't even have to think about this and now I really have to be more vigilant, you know, is a, it can be, can be a challenge

Debbie Sorensen: Loss of innocence almost if you right? Like you missed the days when you didn't have to think twice about it.

Jill Stoddard: exactly. So I hope that you find this episode educational and informative and.

I'm really excited about today's topic. This is something that we've never talked about on the podcast before.

And what we're going to talk about today is the intersection of allergies and psychology. So how allergies can impact a person's social, emotional, psychological functioning, and then how we can use psychology to best cope with allergies and their impact. And so I had the amazing Tamara Hubbard here.

Who's going to talk to us about. Tamara is a family therapy trained, licensed clinical professional, and private [00:09:00] practice providing evidence-based therapeutic support for women mothers and those managing food allergies and allergic diseases. The creator of the internationally recognized food allergy, counselor directory and resource website, and the exploring food allergy families podcast.

Tamar has been named one of Spokane's top 100 women in food allergies. She has been interviewed for articles focused on therapy or food allergies for Forbes, NPR business, insider romper, real simple magazine science news for students nature Undark and the American counseling associations online magazine counseling.

Additionally, she's authored articles that have been featured in allergic living magazine, coping with asthma and allergies magazine and scary.

Mommy Tamra is an allied health member of the American academy of allergy asthma and immunology, and the American college of allergy asthma and immunology. She's a founding community advisory board member for the center for allergy and asthma research. Tamra is [00:10:00] currently working on her first book, which offers therapeutic guidance and strategies for managing the social and emotional aspects of life with food allergies, Tamra.

Welcome. I'm so happy to have you here on psychologist's off the clock.

Tamara Hubbard: Thank you for having me. I, my longtime listener. So I'm excited to be invited.

Jill Stoddard: Yes, I, well, I think that this is such an incredibly important topic and one of the reasons that it really spoke to me, you know, why, why I really wanted to feature you on the podcast is, . I had an allergy and asthma doc here in San Diego, reach out to me knowing that I was a, an anxiety expert.

I do clinical work and anxiety, and she reached out to me saying our families are struggling. Like they are suffering from so much anxiety. , she's pediatric. And so not only are the kids who have the allergies experience, a lot of anxiety. , but the parents of these kids were having a lot of anxiety and she was reaching out to me as somebody who could maybe help.

And truthfully, I felt so far out of my [00:11:00] depth. And so I, I started to research and learn and do the best that I could. But when I came across you on social media, it was like, oh my God, there are actually mental health professionals who specialize in this area. So I thought this could just be a really incredibly helpful conversation for our listeners who either have allergies or have people they love, who struggle with allergies.

Tamara Hubbard: Yeah. Well, you know, I'm so glad that you brought this, , topic up as something that you'd like to focus on for your show, because if we look at the stats, let's just focus on the us. One in 10 adults has a food allergy and one in 13 kids has a food allergy. So if we think about that, Pretty much, I would say, I would guess knows somebody who has a food allergy or has someone in their family with a food allergy.

Right. We kind of think of it like substance abuse like that. Those are usually everybody knows somebody who might be managing a substance abuse disorder.[00:12:00] food allergies are similar. Those numbers are staggering and they're going up. I think it's important. Like you said that whether it's the person or the family managing the allergy or those who know people managing allergies to just gain a better understanding of what food allergies are and aren't, how to help other people and how, if you're the person managing it to balance that fear and quality of life.

Jill Stoddard: Yeah.

well, so why don't we start with what food allergies are an orange, because I realize, you know, we all probably have some basic sense of what we think of food allergy is,

Tamara Hubbard: Yeah.

Jill Stoddard: why don't we start with like correctly identifying it or defining it?

Tamara Hubbard: I think that's great because you are right. And I'll give you a stat before I give you a definition. , there was, uh, research into adult onset, food allergies or adults managing food allergies, whether they were adult onset or child onset. And, to give you kind of the example of, you know, how people maybe [00:13:00] misunderstand food allergies, almost 11% of adults thought they had a food allergy in this study.

And so therefore they have. The food that they thought they were allergic to. And what turned out is that only about 5% had a physician diagnosed food allergy. that impacts life right there be somebody thinks they have a food allergy. They're going to avoid that food. And actually only, you know, half of that amount of people had an actual food allergy that will require them to avoid the allergen.

So

Jill Stoddard: Wow.

Tamara Hubbard: step back and we look at the definition of what this diagnosis is, is allergies are an immune based and immune systemic response to food. when you eat a food allergen that you're allergic to body is going to trigger a systemic reaction. And that could be, , in any of the systems.

It can be respiratory. It can be, in the digestive system, it can be the skin, the, you know, the system. , and every time you [00:14:00] eat that allergy. It is going to trigger those responses every single time. And many of those could be life-threatening depending on a variety of factors and intolerance on the other hand is more of a digestive response.

So it's not an immune based response and it typically will be accompanied by non life-threatening reactions, such as upset stomach, maybe some headaches. and other piece is that there might be times when you eat that food, that those

symptoms don't show up. So it's not a consistent thing, whereas with a food allergy, if you are truly allergic to a food and, and we call that an IgE mediated food allergy, because it has to do that's a science piece.

I don't get too involved in the science piece, but it means that it's, it's, you know, immune immunological in response. , it's always going to trigger those symptoms every time you eat it.

Jill Stoddard: And so how can people find out? Cause it's my understanding, and this may be a misunderstanding that even having, you know, there's the [00:15:00] scratch skin tests that people have, then there's the blood tests. And it's almost feels like there's some controversy around which of these is better or more accurate.

Or some people will talk about being tested for food allergies, but somehow they still didn't get diagnosed with celiac for many years. So, so how, like if somebody knows that every time they eat wheat, they get. Bloated and their joints hurt, you know, what's the best route to try to figure out what's going on So that people aren't avoiding foods unnecessarily, but also are, you know, taking the best care of their bodies as they possibly can.

Tamara Hubbard: So I'll start off by saying what not to do, , do not order kits that say, Hey, we can figure out, you know, what is your food allergy or your food intolerance? and again, this is getting into the science piece and I'll say, I'm not a doctor, but this is what I've learned from reputable allergists is that we may be [00:16:00] sensitized to a food, but that doesn't mean it's an allergy.

And that doesn't mean we have to avoid it. So you really want to go to a board certified allergist in order to have them run these tests that you shared. But to your point, Allergy has a bit of an art and a science put together. And I think that's where, where you were getting at with this idea that, you know, there's the skin test, there's the Rast test, which is the scratch test on our skin.

And then there's the gold standard test of eating it. So allergists have to take all of that information. And some of it's contradictory to one another. It may be positive on a skin test and negative on a blood test. , they may have you do a supervised oral food challenge where they actually have you eat that allergen and see what happens.

And at this point in science, the oral food challenge is what they call the gold standard for testing. So if you can eat that and not have any kind of a reaction,

then you don't have an, a food allergy to that allergen. , and again, you, you mentioned, you know, if you're [00:17:00] sitting there and you're like, okay, I'm eating that.

And I feel bloated and I have joint joints hurting immediately. My thought is that's probably going to be more of one of those intolerances. An allergy. So I would have a person go to an allergist and get that teased out. Is this an intolerance? Is this a food allergy? To what degree do I have to avoid the food?

To what degree is eating that food going to impact impact my health? And is it life-threatening allergy, in which case that triggers, you know, epinephrine auto-injectors and all sorts of emergency action plans.

Jill Stoddard: So is it fair to say that if you have an allergy, the response would be pretty immediate.

Tamara Hubbard: So typically if you have an allergy to a food and you eat that food, or you ingest that food in some way, the response is typically within a couple of hours. And sometimes it's immediate. , it can be as quickly as an, within a few minutes, it can take a few hours again. There's a lot of variables that go into it.

How much [00:18:00] did you eat? Much allergic load is your body already handling? Maybe you have environmental allergies and it's the time of the year where you're most allergic. And so now you introduce the allergen. your body going to react quickly or is it going to react a little bit, but typically, yeah, it's, it's going to be pretty immediate.

Whereas, you know, somebody who maybe has an intolerance may not feel it for a day, a day later for the rest of the week. this is going to be more of an immediate response and going to be one that, , if not cared for, will continue to progress usually and, and include other systems in the body.

So if it starts off with a rash, some hives and it's not treated, and you are truly allergic, it may then go to the respiratory system. And now you may have breathing issues, right. Or the giant digestive system, and you may have or cramping or upsets.

Jill Stoddard: So I imagine, you know exactly [00:19:00] what you're saying is one of the reasons folks have a lot of anxiety around allergies is because even if an allergy starts out as quote unquote, just vomiting or skin at any point, it could

become anaphylactic, it may not, but it could. , and you know, that's pretty scary both as an allergy sufferer or as a parent of someone with an allergy.

That uncertainty, there

Tamara Hubbard: There's a lot of uncertainty or what feels like uncertainty when it comes to living a life with a food allergy. and I think because it is you know, a pretty intense diagnosis, if we w as soon as we put life-threatening or potentially life-threatening into that sentence, that's going to induce fear, anxiety, and.

Understandably. So, so if it's a parent, who's getting this diagnosis for their young child, or maybe it's an adult with an adult onset allergy, who's hearing, Hey, you have to change your entire lifestyle to avoid [00:20:00] X, Y, and Z allergen. because it could be life-threatening that is going to induce that fear.

so now things feel uncertain. And what do we want for uncertainty? We want predictability and certainty. , so it is it's it's when you get that diagnosis, no matter where in your life you are, it is life changing.

Jill Stoddard: And I want to talk about this line between, you know, obviously a certain. Level of anxiety and fear is adaptive and healthy. And, and I know correct me if this is wrong, but it's my understanding that teenagers can be at the most risk because they tend to be, you know, less anxious and kind of have that, um, sense of what's the word I'm looking for.

Um, invincibility. Right. And, and that like, because they tend to be less worrying and less anxious about their allergies. It is the most dangerous time do I have that? Right.

Tamara Hubbard: Yes. So, so research has shown that, um, you know, because of [00:21:00] a variety of, uh, variabilities during those teen adolescent years, that does tend to be a higher risk time. I think you hit the nail on the head at that age, right? You've got the developmental stuff going on. They want to fit in. They want to belong.

They want to figure out who they are, know, be with their friends and not cause a scene either by a reaction or having to ask questions at a restaurant. Right. So, , maybe they don't want to carry their auto injector because they don't want to,

you know, if they're a boy, where do they put it? And I don't want to have it in my purse and I don't want to be different.

So, those

Jill Stoddard: Yeah.

Tamara Hubbard: added on to the fact that, you know, one of the key things that you have to do when you have an allergy is to carry. Auto-injector and your emergency action plan should a reaction happen. , if, if teens are unwilling to do those things and just want to fit in, you've got all of these potential risks that kind of come together in a perfect storm situation.

Should the teen have an allergic reaction? They don't have their auto-injector on them. [00:22:00] You know, their friends, they haven't talked to their friends. They aren't aware that, Hey, I have this allergy. So yeah, it does potentially become riskier because of that time in, in the development for, for kids. but again, with allergies, no matter what age you are.

And so obviously for parents, this is going to be put more on them when the kids are younger. Whereas as the child gets older and becomes an adult, that's going to become their responsibility teaching them the basic skills to keep themselves. And how to advocate for their own self needs to speak up when they need to, to learn how to identify friends and support systems that are going to be there in case of a reaction.

Jill Stoddard: Yeah. so it's a lot to, to it's manageable, but it's a lot to manage. And so how do you know. Like the line between an adaptive amount of concern. Like I need to be vigilant about this because it is something that could be life-threatening. And so having like a healthy amount of anxiety [00:23:00] is important, or at least, you know, arousal awareness, maybe it's not anxiety, but you know, having this like healthy level of vigilance to take care of myself, to keep myself safe or to keep my child safe.

Where, how do you know, like, where is the line between that and anxiety that is maybe above what is warranted for the situation?

Tamara Hubbard: So I would probably, you know, to, to put it simply, I would say it's very similar to. What we would say, working with anybody, right? , it crosses that line from adaptive and helpful to unhelpful. When the anxiety, , becomes something that impacts your daily life, keeps you from being able to

do things that are important to you to function on a daily basis, becomes something that you know, is showing physical sensations of anxiety all the time that you're now becoming really hypervigilant about potentially thinking you're having a reaction all the time when you're not right.

Cause there's that piece of [00:24:00] anxiety that is physical. so if we think about allergic reactions tend to be physical, obviously, and we feel different. So there's that overlap there as well. So it's really similar to what we would say with anybody where that anxiety stays adaptive versus unhelpful.

, but I also like to help people normalize the fact that when you have a medical diagnosis, like a food allergy, a life-threatening food allergy, there is going to be just sort of a higher level of anxiety as a baseline. Anyhow, parents are going to be more hypervigilant than parents of kids, without food allergies.

People who have a food allergy are going to be more hypervigilant and aware than people without whether it's aware of their own physical sensations, aware of the environment around them, what others are eating, others are doing that hypervigilance. if we can learn to live with that in a way where in the moment we can use that helpfully adaptively to assess safety, [00:25:00] to make decisions and then move forward.

Towards, whatever it is we want to do, that's useful. we start to have that, those very things keep us from doing things. where it's no longer helpful. would say it would be helpful to get somebody, you know, a therapist who understands allergies or at the very least can help you at least assess the anxiety and make some changes.

Jill Stoddard: So, this makes sense to me that, you know, we know something is maybe like a little excessive, if it's interfering in their life in some way, what happens if you get clients, whether it's the allergy sufferer or the family, or both where their level of restrictions.

Is something that they feel justified in. So they may not be saying, you know, yes, Tamra, you're Right. I'm not doing the things I want to do. It's interfering in my life. I want help to change that. They're saying, well, yes, of course. I, you know, there are certain things I'm not doing that I want to do, but I can't do these things [00:26:00] because it's too dangerous.

And in your estimation, maybe they're overestimating the risk. Does that make sense?

Tamara Hubbard: Yeah. So my. Flags would go up. I don't want to say red flags, but my flags would go up and say, okay, what I'm hearing is very rigid boundaries, rigid rules. And I would want to know more about why, did they create those rigid rules, those boundaries for themselves. and that leads to what's their understanding of risk, right?

So there's, there's actual risk there's perceived risk. And when we're managing an allergy, those lines become very blurred and. it's it, you know, it stems from what were they told when they received the diagnosis, right? So there's, was an education piece on the front end of here's how you assess risk, here's where, you know, you don't need to be so overly concerned, some conversation and education about what risk assessment should look like.

That would be helpful. If somebody didn't get that information or [00:27:00] education from their allergist or a support group. After receiving the diagnosis, they may tend to overestimate the risk and underestimate their capabilities to navigate that situation. And so I would want to work with them to understand they may be comfortable in restricting a lot of things, but a, is that working.

Is that helping them to do all of the things that they want to in life, or have they over accommodated this fear and this know, risk assessment protocol that they've created themselves to stay safe and not feel anxious. And now, you know, they've, they've been giving up whole bunch of things they'd like to be doing in their lives just because they feel they have to do to stay safe.

I would want to revisit the actual versus perceived risk and I would get their allergist involved. And that's a big piece too, when we're working with, with patients, who are managing food allergies this multidisciplinary collaborative care piece. And, um, [00:28:00] you know, I it's important for me or any provider who's working.

Though, as managing allergic diseases understand the exact pieces of their puzzle, right? Because an allergic disease, a food allergy asthma can look different depending on each individual's that there's that art and science piece. it's important for us to connect, you know, get, get the release of information, to connect with our allergists and understand.

So I would even be saying to the

Jill Stoddard: Um,

Tamara Hubbard: Hey, noticing that this patient of yours really feels that, you know, they need to perceive many things as a really high risk versus a lower or moderate risk that may be a piece of, of conversation or education you might be able to provide to help that patient balance that a little better and get a little bit more accurate level of what the risk actually is so that they can change how they respond to it.

Jill Stoddard: So it really sounds like a team approach, you know, where there's the allergy doc, [00:29:00] the mental health professional, the family, you know, having everybody really hooked in and kind of on the same page about risk versus balancing, living your life in a non overly restrictive ways. Incredibly important.

Tamara Hubbard: It is. And, , you know, not every allergist has referrals to psychologists or therapists who can help support families like that. I think that's, , something as allergy informed mental health care providers that we're pushing for is to say there's a spot for us to have. Create this multidisciplinary care so that, you know, when your patient or family comes in and says, we really are feeling a lot of anxiety or maybe the provider, the allergist notices, Hey, they're not doing this.

They're not doing that. Their teen is, you know, not having autonomy enough independence. , there is an imbalance with the developmental stages because of the fear [00:30:00] could then refer out to a therapist or make the suggestion that that might be helpful. , so it's, it's something that, is becoming more of a conversation piece.

And I think the research that's being done in the allergy space is clearly indicating that there is a lot of psychosocial impacts for those managing food allergies, which warrants this multidisciplinary approach and warrants more information and research to be done on the psychosocial

Jill Stoddard: Yeah,

Tamara Hubbard: to

Jill Stoddard: well, well, this is the perfect segue into my next question, which is let's talk about what some of the. Psychosocial impacts are, you know, we've already talked about the potential for allergy to limit what people are doing. Obviously there's this heightened level of anxiety or fear or hypervigilance that you talked about.

, what other ways are I, whether it's the allergy suffer or their, you know, their siblings, their parents, what are some of the other impacts that you've seen?

Tamara Hubbard: So, um, I [00:31:00] mean, think about this let's for a second. Imagine that you could no longer eat anything with dairy because every time you had something with dairy, whether it be cheese and butter has dairy in it typically, we don't always remember that. Right? So all of these things that have dairy or derivatives of dairy in it, you can no longer eat that.

And so you think about your day on a day-to-day basis. Okay. now it impacts you at least three times a day when you're eating. Right. And so additionally, you go grocery shop. Right. And you have to relabel. So now grocery shopping takes longer. And let's put on top of that, some more uncertainty here, because why not?

Right. And labeling laws, at least in the United States, all that have to be labeled are the top nine ingredients. And I say nine, it used to be top eight. Sesame just got added. So it's top nine now. if it's an actual ingredient in a food, it has to be labeled if it's [00:32:00] may contains, which means maybe it was made in a facility with that allergen, or it was made on the same line.

There, there is no mandated regulation for that. So if somebody is allergic to trace amounts of their allergen and you put together the fact that there's no required labeling for what's called precautionary labeling for the may contains are made in the facility. That's up to the manufacturer to decide if how, and when they put it in.

Jill Stoddard: Wow. , I want to clarify really quickly. You said the top eight ingredients, but are you talking about the most common allergens, the eggs, dairy wheat, shellfish tree nuts What am I

Tamara Hubbard: So the top nine would be shellfish milk, peanut nuts, finfish, wheat, And now the ninth assessing me in this, in the United.

Jill Stoddard: Got it. I didn't know about the Sesame, so,so it's not that labels have to have the first nine ingredients. It's that if any of [00:33:00] those nine things are in the product, they have to label it, but not if it's just in trace amounts. Okay.

Got it.

Got it.

Tamara Hubbard: you

Jill Stoddard: I wanted to make sure I clarify.

Tamara Hubbard: Yeah, If it's an ingredient in the product and it's one of those nine allergens, top nine allergens, it has to be, has to be labeled in some clear way

Jill Stoddard: Okay.

If it's the trace amounts or it's made in a plant with this, like they can choose to do that or not do that.

Got it.

Tamara Hubbard: That's going to ramp up anxiety and impact lives a regular basis. Right?

you think about navigating the, the social things, the activities, the sports, the family gatherings, the parties, Those are all parts of lives, where we get enjoyment typically and connection. now we add in, we have to navigate the food piece of this.

do others understand your allergy? What about the food they put out? Is it labeled? If it's not, how do we find out if it's safe? Right. Did I bring my auto-injector just in case? So then there's teens there's dating, right? [00:34:00] I mean, so food is an integral part of our lives. And so if you have a food allergy, you've got to learn how to navigate, travel, everything that food, which is we.

Jill Stoddard: Yeah, absolutely.

Tamara Hubbard: you know, oh, I'm going to go have a business meeting. going to go to Starbucks, grab a cup of coffee. Great. Okay. if you're allergic to dairy? You remember, do they clean out the containers? Now we have to ask a set of questions and there is that risk assessment. I comfortable with how they approach their cleaning procedures they make their drinks in order for me to order a drink there and feel okay.

And be able to sit there with my friend at this meeting not be panicking. Right? I mean, it impacts your entire life.

Jill Stoddard: You know, I imagine that this has to result in a fair amount of kind of like rule governed behavior. So maybe there's a specific type of bar that I eat that I know is safe.

And so maybe that's the only bar [00:35:00] I'm going to eat,

because why take the chance that I might try something else that has trace amounts of my allergen. And I might react poorly to that. And, you know, you and I both do a therapy called acceptance and commitment therapy, a huge piece of which is really kind of letting go of rule

governed behavior in general.

Tamara Hubbard: yeah,

Jill Stoddard: but I wonder if this, this is almost an exception or maybe you get choosy about like when a rule is workable and actually allowing you to better live your life in line with your values, versus when a rule becomes overly rigid and, and unworkable. End is interfering. Is that something that you talk about with clients?

Tamara Hubbard: And because I primarily work in my practice with, parents, or even more specifically moms, we have a lot of these conversations. Um, so I typically end up talking about is the fact that when we're managing a life-threatening food allergy, we are very, very guided by the value of.

Right. That is [00:36:00] like top number one. I mean that you get diagnosed. Here's what you avoid. Here's your auto-injector to keep you safe. Safety is number one. However, because of the anxiety and the fear that come along with

all this uncertainty that we feel when managing this food allergy. As you said, we tend to develop more rigid behaviors or rules.

, and safety is at the, at the forefront of this. So you'll see, for example, a lot of times in support groups online or on social media, there'll be a lot of conversation where people compare how they manage their food allergy, right. On a day-to-day basis. There's a lot of conversation about, especially primarily at the onset of the diagnosis, because again, when we feel the most uncertain and out of control and we're making these big changes and it's overwhelming, but a lot of conversation about do you call the manufacturer to find out about how they label, right?

So for example, some parents will call. On a somewhat regular [00:37:00] basis, two food brands that they eat and say, how do you determine your labeling? As far as the precautionary that may contains or remain a facility? whereas other people either told by their allergist that they didn't need to, or they feel comfortable not doing that.

So when you said, you know, each family is going to develop or each person's going to develop their own guiding rules, some may be more rigid than others about this either because their anxiety level is higher and they haven't learned how to manage and perceive that risk in a way that helps them move forward still, um, others, because of either their coping strategies already in life, their perceptions, maybe they themselves have already managed a food allergy themselves.

So now their child has, when they have a different perspective, maybe they don't have quite as rigid guidelines to navigate this. but it goes back to safety, being the. Usually the top value that families and individuals are connected to. I will typically talk [00:38:00] to my about the fact that we can live in or life or the power of, and, and that looks like if we are using safety, as our guiding value,

Jill Stoddard: Um,

Tamara Hubbard: to get into this rigid.

We have to be safe or we can't do this. So in order, in order to be safe, we can't go here. We can't do this. We're safe, or we have risk and we go to this place. We want to go. That's just not safe. Let's shift that mindset. Right. And look at the power of, and how, how can we be safe and still go to that place.

We want to go, how can we be safe and still go to the family party? Because that's also a value being connected to our family and our friends and having enjoyment in life. That is a value. how can we do those two things together? that's where we do a lot of work the rigid, the rigid rules that we've put in place in order to [00:39:00] and find some way of getting through with this uncertainty and anxiety.

Can we loosen those? Can we change those? Can we shift those so that we can do safety and other values instead of safety or other values?

Jill Stoddard: love that. I love that So, much. And what a, what a simple but powerful shift a person can make when they change or, but to, and, , the other thing that I'm wondering about is, you know, you're talking about like the necessity of kind of making space for some of this anxiety and uncertainty, et cetera. Does there have to be some tolerance of risk? I mean, saying this and they made me think, well, like nothing. You can't guarantee any situation will be risk-free allergy or otherwise.

Right. I mean, you and I sitting here right now, a ceiling tile could fall on the head, right? Like no situation is guaranteed to be 100% safe. So is part of your work teaching families to [00:40:00] tolerate some level of risks so that they can go to this party or event, you know, and feel safe, but like safety is relative.

Does that make sense?

Yeah. Okay.

Tamara Hubbard: And the answer is simple. Answer is yes, because as you pointed out, there's always going to be a level of risk, no matter what we do just by living

Jill Stoddard: Yeah.

Tamara Hubbard: And so, honestly we do talk about tolerance, but it's not just tolerance of risk. It's tolerance of the discomfort being faced with risk.

Right. So it's when I'm anxious because I'm faced with risk. do I manage that? And how do I keep that

from. Keeping me from moving towards something that feels risky, , that goes back to that assessment of risk. if we think about it in terms of steps, so we would assess what is holding somebody back?

Their anxiety is, is heightened because of a certain aspect or piece of the food allergy management. That's impacting their [00:41:00] lives, how that's keeping them from going to the family party. Okay, great. what is, let's assess the risk. the perceived risk of going to the family party? What's the actual risk of going to the family party.

Great. Okay. can we do make that safe for you to go and be with your family? Okay. And now let's look at how do we tolerate the fact that there is some risk, what do we need to do? And that can be working on mindset can be working on self-talk. That can be working on asking questions ahead of time to get an understanding of the

Jill Stoddard: Um,

Tamara Hubbard: risk is grandma gonna make a pie with Trina it's with peek, hands in it that I'm allergic to.

So, so then we start to look at how do we tolerate the fact that there is going to be risk and you're right. Every time you eat a food, there is inherent risk. but we have to eat we

Jill Stoddard: right.

Tamara Hubbard: And so it is about , [00:42:00] tolerating, the distress, both the actual distress and the feelings of distress.

Jill Stoddard: Yeah.

And, and what I find myself thinking is like, you're always going to feel the most safe and the least anxious at home because it is an environment you can 100% control and that any time you're venturing out, you know, whether it's sending your kids to school or going to the birthday party or the family event, there are unknown variables. And I imagine the more people stay at home and don't venture out the harder that becomes and that as they venture out, it sounds like what you're suggesting is, you know, it's okay to gather some data to assess the risk,

To make an informed decision, but probably it means a lot of like, choosing to step out of your comfort zone.

Tamara Hubbard: There is a lot of stepping out of the comfort zone. Let's use the [00:43:00] pandemic as an example, though, like let's look at the pandemic. There's a couple of things in the allergy community where the pandemic is. Kind of similar to living with an allergy, and, and how it's impacted those managing allergies. So simply put being home so much more than being out.

Anxiety levels have, have decreased for those managing allergies, because we're not, we haven't been out, with risk. And as you said, feel more in control in our homes because we can choose what we have in our home. We can be an allergen free home. so we have more control in our own homes. So that's, been one impact.

And also, , just the fact that we have to be so as, as a population, as everybody has to be more careful and have to make these choices about, you know, risk, do I want to send my child to sports practice where they're not wearing masks? Is that a level of risk I'm comfortable with versus, you know, so that gives you an idea of what it's like to live on a daily basis with a [00:44:00] food allergy.

We're constantly sizing things up. ,

Jill Stoddard: that's a great comparison. And I think about how exhausting the last 18 months has been because of the basic decision fatigue around trying to understand risk. And that I'm so glad you just set that because it just gave me this whole new level of compassion for folks with allergies. And that makes me think of another question, which is, you know, unfortunately you see a lot of, I don't know if discrimination is the right word, but you see a lot of lack of compassion.

So for example, if your kids go to a school, that's a nut-free school, there are families that are pissed off about that. You know, like why should my kid not be able to eat peanut butter? Because your kid has an allergy that has got to be such a challenge for families who. Are dealing with this. And is there anything that you recommend in that specific type of situation when you feel like you've [00:45:00] got folks who just aren't very understanding about allergies?

Tamara Hubbard: Yeah, you're 100% right there. Not all the time, but there are times where there's a lack of compassion, empathy, and understanding from people, , because the decisions are the rules that are made to keep one family

safe, makes another family uncomfortable or unhappy. and so whether that's related to a decision because of a medical concern of a food allergy or diabetes, this is part of life, right.

We make, have rules and decisions that help some, but are going to keep others, you know, unhappy. , I really encourage families or individuals to, , grow a thick skin. I hate to say it, but you know, there's opportunities where we can get into conversations with people. And again, because this is such an emotion driven diagnosis, there's the fear, there's the, need to keep ourselves in our child's safe. more likely to want to get into arguments with people [00:46:00] about this, to really explain, just please understand just how important it is to keep my child safe. know, if your child is in the situation, couldn't you understand wanting to keep them safe but I do encourage people to, to, to assess when you're face-to-face with somebody who is lacking the compassion and empathy for this situation,

Jill Stoddard: Um,

Tamara Hubbard: really assess a couple of different things. if you're going to converse with that person, what's your purpose? Are you going to try to sway them and help them gain some better understanding so they can develop compassion and empathy for the situation?

you trying to inform them? Are you just trying to stand your ground and say, no, this is how it has to be, but don't feel bad about what it is you need to do to keep your child safe. Somebody's always going to be unhappy. So it's not, it's not up to us to try to accommodate and make everybody else happy.

You know, and, and smooth things over. We can do that in a very kind way. Again, I'm a values-based [00:47:00] person, I'm a values-based practitioner. So I'm always leading with, how would you like to have that conversation? Would you like to approach that person who has a lack of empathy with anger, or would you like to approach them with compassion?

Because you're a compassionate person and you're going to model that for them. , so it's really about, you know, the fact that there was this acceptance piece, again, that there is going to be, of people out there who are just not going to get it, who are just going to be cruel about it.

There was, , a conversation going on on Twitter this weekend. My friend Leanne Mandlebaum is, goes by no nut traveler social media and she is big into

at legislation. Rules. As far as airline travel goes Allergan consumption in on airplanes and rules regarding all of that. And so there was this conversation going on and I just kind of happened to pick up a piece of it this weekend, where, you know, somebody was really upset about the fact that there was an announcement made on an airplane, that there was no nuts were allowed to be eaten.

No [00:48:00] peanuts or tree nuts were allowed to be eaten because of an allergic severely allergic passenger. And got very upset about that. And, um, you know, so again, you start to have these debates, but there's multiple sides to every coin. So this is no different than pretty much everything in life.

There's going to be people who get it and have compassion. There's gonna people, people who don't, and it's not our job to do anything other than ourselves in our child's safe lead with our values. If we're a

Jill Stoddard: Yeah,

Tamara Hubbard: person, let's not lead with anger, let's lead with compassion. And if that person doesn't give it back to us, that's what.

Jill Stoddard: right. It's sort of making me think of like holding the outcome lightly. Like you use your values to determine whether you're going to say something, what you're going to say, how you're going to say it, that it's coming from a place where it feels important to you to express that you're respectful of how it turns out, because there's no way to know whether you're going to get more compassion or whether you're not going to have that understanding or,

[00:49:00] um, but how tough

Tamara Hubbard: everything and everybody,

Jill Stoddard: everyone,

Tamara Hubbard: control somebody else's response to,

Jill Stoddard: right.

Tamara Hubbard: things. And again, if you think about it from like a school perspective, that was your example, right? If a school in, you know, initiates that it's a peanut free school or it's a peanut free classroom, , those are rules that the

school made because they felt they were warranted and safe so that isn't something that should be on the parent. The parents shouldn't

Jill Stoddard: Right.

Tamara Hubbard: but, again, we're dealing with the most. And people are going to be reactive. And so it really is just developing this thick skin and realizing, you know, Hey, I'm going to have to accept the fact that some of the things I have to say and do going to ruffle feathers, but they keep me safe.

Jill Stoddard: Well, I think there, there's another unfortunate COVID comparison here. When you see people's different attitudes about masking and, you know, can't, we all agree to do this simple thing to keep each other safe. but then you have another group of people that says, you know, no, [00:50:00] this is my freedom. And that's what matters.

And you know, this, this allergy situation kind of reminds me of that, that, you know, you'll always have people who are more focused on their own comfort and freedom than on the good of the community. And while it would be lovely, if we could change people's minds on that, you know, chances are we won't and therefore, you know, having that fixed skin, or I had a classmate who I adored, who used to always say own it.

And I use that all the time, this like simple two word phrases, like you just got to own it, right? Like. I have this allergy. It is nothing I need to feel bad or guilty about. I sure as heck, don't have to apologize to you for the fact that I have this allergy and need to avoid the allergen that might kill me.

So I'm just gonna own it.

And you know, of course easier said than done, but I think that's what kind of part of having a thick skin is that like, own that this is my reality.

Tamara Hubbard: Well, and you just brought in another pace humor. I don't know. I'm, I'm

Jill Stoddard: Yeah.

Tamara Hubbard: humorous value in my family so much so that when I [00:51:00] was getting a tattoo on my wrist, I almost put the word laughter on

there. That's how much of a value it is for me. I, by the way, went with the word believe because that's also something important to me.

but anyhow, it, what you said reminded me of a guest that I had on my podcast, exploring food allergy families recently, it's a young adult who has navigated food allergies, her entire life. And we were talking about tips for teens for young adults, because you know, it's hard enough trying to date as a teen without any medical conditions.

Right. so she was talking about. You know, her experiences to have that first kiss and starting to date somebody. And when do you tell them about the allergy and how do you tell them? And, you know, there's that, that, that feeling of, well, what's their response going to be? Are they going to be compassionate?

Are they going to dump me because of it? . And so she said, I used humor, I'd put it right out there and say, you know, like, Hey, are you going to kiss me? Because I, you know, No dairy it's just so [00:52:00] we can bring and to sort of diffuse some of that tension at times, and maybe just sort of reset things.

and it's not making fun of ourselves with the allergy. It's just sort of lightening the situation because of, you said, there's such a lack of compassion right now. There's that compassion, divide compassion, fatigue. And then, you know, that leads to point that a lot of those managing food allergies feel is exhaustion and burnout of constantly having to educate people and explain.

And know, every time we drive through Wendy's we'd double check. Hey, have, has anything changed with your Frosties? Do you use anything that makes, you know, so there's that piece of the constant conversation and, and if people could just understand and be compassionate of that piece, that families and individuals managing food allergies have to do this on a daily basis to stay safe would go a long.

Jill Stoddard: Yeah. And can we maybe not add to what is an already [00:53:00] difficult situation by not being supportive of this medically necessary change

Tamara Hubbard: that's

Jill Stoddard: an environment?

Tamara Hubbard: piece that, that one of your recent guests, rather than adding you subtract something, right. The

Jill Stoddard: Yeah. Yeah. I loved

Tamara Hubbard: I did too. I do.

Jill Stoddard: Well, I feel like I could talk to you about this forever. I have like a million more questions I would love to ask, but we're coming to the end of our time. So I want to direct people to your podcast. So folks who are listening, who, you know, have, have allergies or have a family member with allergies, it's such an incredible resource., you know, you can get much more of Tamara and her expertise and you were just telling me your most recent guests from this week was the Supernanny.

How cool is that?

Tamara Hubbard: , Joe Frost also known as Supernanny is, manages food allergies herself, she is an allergy advocate. And so she came on to my show, actually just recorded it this last week, but part one's already out there now. And part two [00:54:00] will be out probably by the time this airs. So, it was really just a great conversation about how she had learned to manage her allergies in a way that didn't her from traveling and doing everything she's been able to accomplish in her life.

So definitely check that one out, but you know, we really, my, my podcast exploring food allergy families is not a medical podcast. It's a podcast that looks at how do we navigate the relationships, the social, the emotional pieces of life with food allergies and how that impacts different aspects of families.

Jill Stoddard: Yeah. And that's, what's brilliant about it. You know, people who suffer from allergies have their medical doctors who give them, you know, the basic facts they need around allergy, but then, you know,

you're off on your own to try to navigate Everything else.

So I just think it's a great resource. The other thing I wanted our listeners to know about, especially our listeners who are mental health providers, , if they want to get more educated, like let's say somebody wants to be a therapist [00:55:00] who works with people with allergies or families or already is working with them and maybe is feeling like they don't know enough., is there

like a one-stop shop for these kinds of resources or if they want to refer to an allergy specialty mental health professional, where can they go?

Tamara Hubbard: So at this point there isn't any real training for behavioral health care providers to. You know, learn more about, with those managing food allergies or allergic conditions. It is in the works. And I think if you give it another couple of years, it will actually be, you know, certification trainings or training programs to help people gain that skillset.

just not there yet. , however, , a couple of places providers can go to, to learn a little bit more, because again, I think most of us in our practices as therapists and psychologists will come across somebody or a family who has an allergic disease, that would be [00:56:00] asthma, food allergies, F pies, EOE, something like that.

A couple of reputable places I would recommend just to learn the more medical piece of it quality. So this is just such a long name. call it quad AI in the field. It's allergy asthma and immunology, sorry, the American academy of allergy asthma and immunology and their website is, AA. I dot.

Jill Stoddard: It's a lot of A's to get the right number of A's and we'll,

I'll make sure to put all these oh, cool. A I, okay. I got it. Four A's and then I, okay. I got it. And we'll make sure we put all these links in our show notes so people can easily find them too.

Tamara Hubbard: The other major, , medical organization that is about allergy and immunology is the American college of allergy asthma and immunology. And that's, we call it the college. see, we don't want to say all the names either. It's just too many and twisters. , so their website is a C a i.org.

And then, , fare food [00:57:00] allergy research and education. So it's fair. F a R e.org is another good website. There's a bunch of organizations that focus on food allergies or allergic conditions that if you just want to sort of understand the more, more science, the medical, the, you know, the, , stats behind it, you can look those up.

And then my resource website that I've created is called the food allergy counselor website. So it's food allergy, counselor.com. And that website, , is helpful for both the community and the providers. So for the providers, I've started to reading a list of links, research, , information that's helpful for us as

providers working with these, these clients, there's a link to an article about how do you do exposure therapy with these clients? Because the key piece with that would be, not going to do exposure therapy to the allergen. We would never do that.

That's

Jill Stoddard: Right,

Tamara Hubbard: That would be something the allergist would be doing in the office, but it's exposure therapy up the ladder of things [00:58:00] for fear, so

Jill Stoddard: right.

Tamara Hubbard: afraid? And then we do some exposure therapy to those things. so there's

Jill Stoddard: That's great.

Tamara Hubbard: there on the food allergy council.

Website, there's the podcast episodes, which can be helpful as well. , there's blog posts. And the other key piece of that website is the food allergy, counselor directory. And so you mentioned maybe there's providers out there listening who already have a great understanding of food allergies. , nine times out of 10 it's because we're personally affected by them, ourselves and our family, but maybe they have a great understanding of it.

They understand the psychosocial needs of families and individuals managing them. And they would like to start providing those kinds of targeted services in their practices, or be listed somebody who understands them and can help support people, , have them reach out to me through the food allergy counselor website, because we have a listing.

I think I have to look back, but I think we've got providers in at least almost 40 states in the us. We have, at least one provider [00:59:00] in England, couple in Canada, one in Australia, and these are all allergy informed. Behavioral health providers.

So if somebody wants to be added to that list, they can reach out for an application, there's also a networking group that I've created for us, and we have

food allergy focused peer consultation groups that are run once a month. , so, so I'm, my goal is really to be a liaison between the community, the providers, the doctors, just sort of help guide people into the direction for the resources they need.

Jill Stoddard: that's so great. So that's a place that therapists can be listed, but also where families can find therapists who can suit this need. That's fantastic.

Tamara Hubbard: will refer to that list as well. especially if they don't have somebody they know of to refer people

Jill Stoddard: Right?

Tamara Hubbard: with tele-health through this pandemic, you know, we don't have to be super local to our patients. We can just, you know, as long as we're in the same state. And

Jill Stoddard: Hmm.

Tamara Hubbard: top of that, [01:00:00] Saypac, a couple of our, about five of our providers that are psychologists providers on that list can with people in, I think almost 25 states

Jill Stoddard: Yeah. Yeah. it's so much more flexibility. Well, we will list all of those resources on, in our show notes and you will have a book coming out sometime in the next year or two, these things take some time. , so if people want to be informed for when that book comes out, what do you have? Like a mailing list that they could sign up for or something like that?

Tamara Hubbard: Absolutely. So I have a newsletter , if you go to the food allergy counselor website at [food allergy, counselor.com](http://foodallergy.counselor.com).

And in that newsletter, I have some sections that are, new latest research related to psychosocial and food allergies, information for providers. I have tips that I share, will, of course share when my book comes out other, projects I'm working on. So that would be the best place for them to sign up and stay on top of everything.

And then also all over [01:01:00] social media. on Twitter and on Instagram, I am therapist, Tamara T a M a R a and then there are also the food allergy

counselor accounts on Twitter and Instagram and a food allergy counselor page on Facebook.

Jill Stoddard: Perfect. Well, I hope people come find you because your resources are incredible. And I think that there's a dearth of evidence-based information and strategies out there. So I hope people find you. And thank you so much for being here.

I think this was a really, really useful interview and I can't wait to read the book when it comes out.

Tamara Hubbard: Thank you so much for having me. And hopefully this has helped people understand allergies more and find some resources they didn't know about.

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