

Misophonia Guide For Parents



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How do I know my child has Misophonia?

As of now, we are without an official test for Misophonia. There are a small number of scales that were developed by audiologists, psychologists, and adult misophonia sufferers. None of these scales are validated, which means that we don't know if they actually test for Misophonia. However, these preliminary scales may be useful to help doctors identify symptoms. Most parents identify their own children as having Misophonia, and follow up with a specialist who can help confirm the diagnosis.

What are the symptoms of Misophonia in a child?

The symptoms of Misophonia in children are similar to those of adults. Children respond to specific sounds as though they were harmful, or toxic. As a result, the autonomic nervous system (the part of nervous system that is involuntary) escalates. Upon exposure to these sounds, a child may even go into fight/flight.

What are typical responses to sounds?

While each child is an individual, here are some typical behaviors to look for:

- Covering ears with hands
- Quick and seemingly unprovoked mood changes
- Crying in response to sounds that other children don't notice
- Becoming angry, fearful, or overwhelmed in response to sounds that other children do not notice

- A desire to leave, or actually leaving, specific places when triggered
- Avoiding specific places where triggers are known to occur
- Difficulty with self-regulation (the ability to calm one's self) that seems atypical for child's age

What are common trigger sounds?

The Jastreboffs, who coined the term Misophonia, originally stated that trigger sounds were "pattern-based" and could be loud or soft. Many sounds that bother children with Misophonia emanate from other people. However, research suggests that while these organic sounds are often an issue, other sounds (e.g., mechanical noises and tapping sounds) are also aversive. Most children are not bothered by their own sounds because sound is processed very differently when it is self-generated.

Common triggers are, but not limited to:

- Chewing
- Slurping
- Coughing
- Pencil tapping
- Throat-clearing
- Keyboard tapping
- Pen-clicking
- Fingers tapping
- Specific letters of the alphabet (when spoken)

by others)

- Certain consonants within words, such as the “s” sound

What does the research tell us?

Scientific research is the best path to understanding Misophonia, what causes it, and how to treat it. Scientific studies use stringent methods and are reviewed by professionals. Although there are only approximately 50 research papers on Misophonia so far, it is important to understand that at least some preliminary conclusions may be drawn:

- Misophonia is real
- Misophonia appears to vary in severity from mild to severe
- Children with Misophonia may have more severe or less severe responses to trigger sounds at different times of the day, and across different environments
- This does not mean that a child is “poorly behaved” or “manipulative”
- Rather, similar to any condition, Misophonia responsivity varies depending on how a child may feel physically, regarding health and/or general mood
- The underlying mechanisms of Misophonia are auditory and neurological and include behavioral, cognitive, and emotional responses
- Misophonia is not yet classified as any specific type of disorder and most agree that it should be studied and treated across multi-disciplinary fields such as audiology, psychology, neurology, neuroscience, medicine, nursing, occupational therapy, etc.

Studies addressing the specific mechanisms underlying Misophonia are not conclusive. However, a recent study by Kumar (2017) adds evidence that the brains of those with Misophonia are different than other peoples’ brains. Kumar and colleagues found that there was higher myelination in between parts of the brain that process auditory stimuli and those that process emotion and the fight/flight response. Myelin is a substance in the brain that speeds up the information going from one area to the other.

Due to this difference, those with Misophonia may be misinterpreting how important certain sounds are, and may be assigning negative attributes to those sounds in the preconscious parts of the brain (before one would be aware of the sound or what they thought about the sound). As a result, neurophysiological changes occur that may even lead to the fight/flight response.

Finally, age of onset is unknown, and preliminary studies suggest that both children and adults have Misophonia. Misophonia may overlap with other developmental, medical, and psychiatric disorders, and may also present without co-occurring diagnoses. Common co-occurring disorders are hyperacusis (Jastreboff & Jastreboff, 2001), Autism Spectrum Disorder (Brout et al., 2018; Danesh & Kaff, 2012), Sensory Processing Disorder (Brout et al., 2018; Cavanna & Seri, 2015), and Obsessive-Compulsive Disorder (Webber, Johnson, & Storch, 2014). Anxiety appears to mediate Misophonia symptoms, and may also co-occur as a disorder (Brout et al., 2018).

Full resources for parents of children with Misophonia can be found at www.misophoniakids.com, a website dedicated entirely to issues Misophonia kids and their families.

What can I do if I think my child has Misophonia?

Currently, many doctors are unaware of misophonia. However, don't let that stop you for reaching out for help. Misophonia awareness is gaining ground. Here are a list of the kinds of doctors and therapists who can help you:

- Audiologists
- Psychologists and Counselors
- Occupational therapists
- Pediatricians
- Nurses
- School Counselors
- Speech and Language Therapists

While there is no official treatment for Misophonia, a multidisciplinary approach can be used to help patients cope with Misophonia. Coping skills are an important part to managing Misophonia. Coping skills are beneficial for Misophonia patients because they help patients to:

- Reduce the intensity and duration of reactivity when triggered
- Ease the anxiety and emotional distress related to Misophonia
- Help sufferers to understand the disorder
- Improve academic, occupational, or social functioning
- Reduce family tensions related to Misophonia
- Allow sufferers and their families to advocate

for themselves while at work and in school

Coping skills are Psychoeducational (understanding Misophonia, the nervous system, and the brain), Physiological (how to calm the body and return to homeostasis), Cognitive and Emotional (altering thoughts and emotions surrounding Misophonia), and Behavioral (developing new behavioral patterns of responding).

Can I get accommodations for my child at school?

Currently, Misophonia is not a diagnosis that many teachers or school personnel are familiar with. It is also not in any diagnostic manuals. However, we offer a booklet for schools that you can use to help explain Misophonia to your child's school.

In addition, there are audiologists, psychologists, and counselors who can help you get accommodations for your child.

What are the accommodations that a parent should ask for?

Every child and every school are different. However, here are some general accommodations that have been helpful:

- Preferential seating in class
- Sometimes it is helpful if a child can either change or choose a seat that is either close to the door or near the front of the class
- Allowing the child to leave the classroom for small breaks
- It is often helpful for children to leave the classroom for a few minutes in order to get a

break from the particular sounds that bother them

- If the child is very young, going to the nurses' office for a small break can be very useful
- Taking tests in a separate room
- Taking tests in a separate room (especially for older children) can be very important as trigger sounds are highly distracting
- Often it is helpful for a child to see the School Counselor

Misophonia Parents' Classes

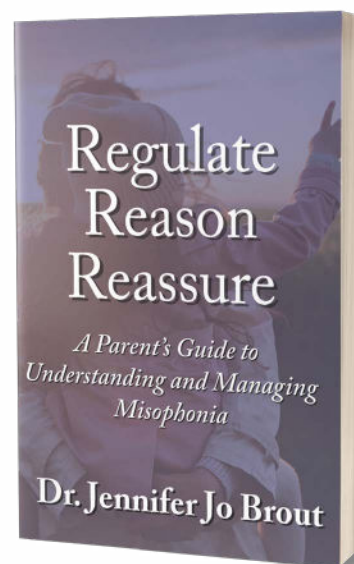
Contact JB@drjenniferbrout.com to learn about classes for parents and guardians of children with misophonia, as well as clinicians.

This class provides an accessible way to learn the basics of coping with misophonia and is a comprehensive coping skills approach designed for parents to use with their children and teens as well as clinicians working with parents of children with misophonia.

Regulate Reason Reassure A Parent's Guide to Understanding and Managing Misophonia

Regulate, Reason, Reassure: A Parent's Guide to Understanding and Managing Misophonia, is a coping skills manual for parents to help their own children and teens manage misophonia. RRR was developed by Dr. Jennifer Brout through her own experiences as a clinician, a sufferer of misophonia, and the mother of an adult child who showed signs of misophonia at a young age. RRR gives parents the tools to help mediate misophonia and provides easy to follow guidelines and work sheets to ensure parents have the skills to continue practicing RRR with their child as they grow and develop.

Buy on Amazon:
<https://amzn.to/2Th87Oi>



Misphonia Links and Resources

<https://www.misophoniaeducation.com>

Misophonia Education

<https://www.misophoniakids.com>

Misophonia Kids

<http://www.misophonia-research.com/>

International Misophonia Research Network

<http://www.misophoniainternational.com/>

Misophonia International

<http://www.psychologytoday.com/blog/noises>

Blog by Dr. Brout on misophonia research and coping

<https://www.allergictosound.com>

Allergic to Sound, a misophonia advocacy and community site based in the UK

<https://www.misophonia.duke.edu/>

The Duke Center for Misophonia and Emotion Regulation (CMER) is actively conducting clinical research on misophonia, providing education to the public, and evaluating patients with treatment and management recommendations about misophonia.

Other Resources

<https://self-reg.ca>

The MEHRIT Center, an educational organization, established by Dr. Stuart Shanker to work towards a vision of calm, alert children, youth and adults flourishing in physically and emotionally nurturing environments.

<https://www.spdstar.org>

SPD Star Institute, for comprehensive information on Sensory Processing Disorders

<http://differentbrains.com>

Different Brains, a not-for-profit organization dedicated to promoting the understanding and acceptance of the basic variations in the human brain known as neurodiversity

<http://a2aalliance.org>

The Adversity 2 Advocacy Alliance, a nonprofit organization dedicated to promoting and fostering the power of turning personal challenges into service to others with similar challenges.