

DEAR EDUCATOR WITH A STUDENT WHO HAS MISOPHONIA IN YOUR CLASSROOM, OR GENERAL PHYSICIAN WITH A PATIENT, A FAMILY MEMBER OR A DEAR FRIEND

I am writing this letter on behalf of [Name]. [Name] suffers from a health condition called **Misophonia**, which literally means **hatred of sound** (or maybe more suitable, **fear of sound**).

What does Misophonia mean as a condition?

There are very few specialists who are researching this topic, and their results vary immensely. The very first International Academic Conference on Misophonia was held this year, and there are under 100 scientific articles concerning this condition. Nevertheless, the interest and competence are increasing. ABChelp can put your General Physician in contact with an International Academic Environment and/or provide scientific articles if needed (contact us at mail@abchelp.co).

The condition arose from an audiological perspective, and has since been discussed within the fields of both neurology and psychiatry.

There are two main aspects to consider; During attack and After attack.

During an attack it is crucial that the patient has complete stimulus control, both sonically and visually. This can sometimes be solved by using earbuds, ear defenders and dim lighting. Psychological first aid may also be important, for instance music, white noise or calming conversations via text.

During an attack, the patient experiences fight/flight-hormonal reactions quickly, and are not always aware of what triggers these reactions. Several patients with symptoms of Misophonia choose isolation as their primary measure during an attack. Note! This can stagnate treatment drastically if not taken care of. Another problem is younger patients who have no limits to what they put in their ears in order to relieve their symptoms.



During an attack, the patient experiences muscular tensions and cardiovascular changes, often following neurological and cognitive impairment.

After an attack, the facilitation of recovery is crucial in order for the patient to be able to experience progression in their treatment, as well as coping abilities in the situation. If lack of facilitating recovery, the patient may develop further antisocial tendencies.

It is essential to treatment and patient security that an Emergency Procedure is established. Other measures directed towards the progression of treatment for the patient could be Logging (see attached ABC Misophonia's table of Grading & Reviewing Misophonic Attacks). Moreover, it could be useful to create an Action Plan with measures that will improve the patient's life.

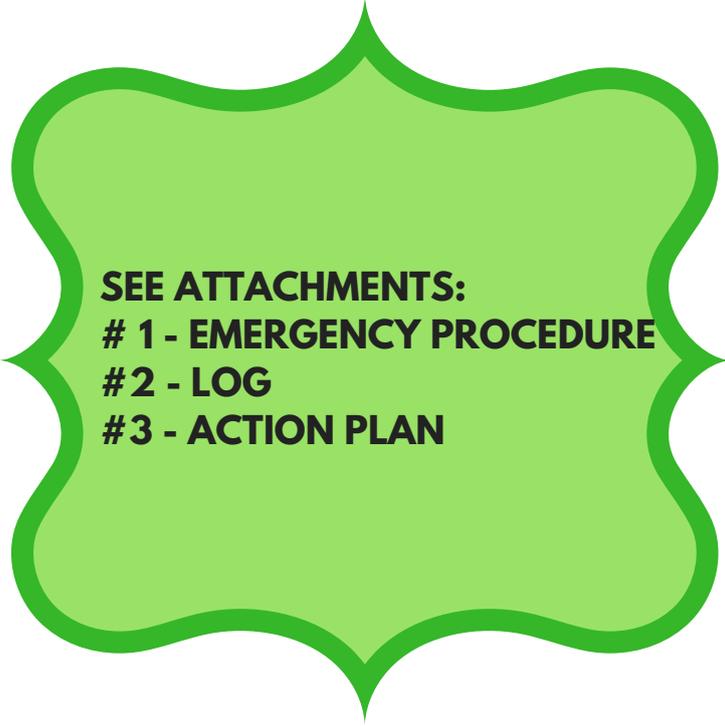
Today, there is no treatable cure for Misophonia. However, there are good results to palliative (soothing) treatment world-wide. Attached to this letter is a suggestion of how to develop an Emergency Procedure, Log and Action Plan.

Lastly, we recommend that you stay focused on the good aspects of Misophonia. This will vary from individual to individual, but is often visible in musical, creative or physical interests.

On behalf of ABC Misophonia,

Jarle Norheim Jr.
Instructor in First Aid
and Acute Medicinal Services

Isabel Beatrice Mydland
Lecturer & Teacher



SEE ATTACHMENTS:
1 - EMERGENCY PROCEDURE
2 - LOG
3 - ACTION PLAN



EMERGENCY PROCEDURE

Make sure the patient always has...

1. A custom escape route and place to recover after an attack.
2. A designated dependent who is known to the patient's challenges of communication
3. Medicinal or therapeutic treatment

The intention of the Emergency Procedure is to give the patient the safety of knowing that he or she can leave an uncomfortable situation if needed, in order to take a break and return when emotional and cognitive control is regained.



The Emergency Procedure is especially important in the classroom, but also at home or in other social situations (for instance at soccer practice, at a doctor's appointment, at a party et cetera.)

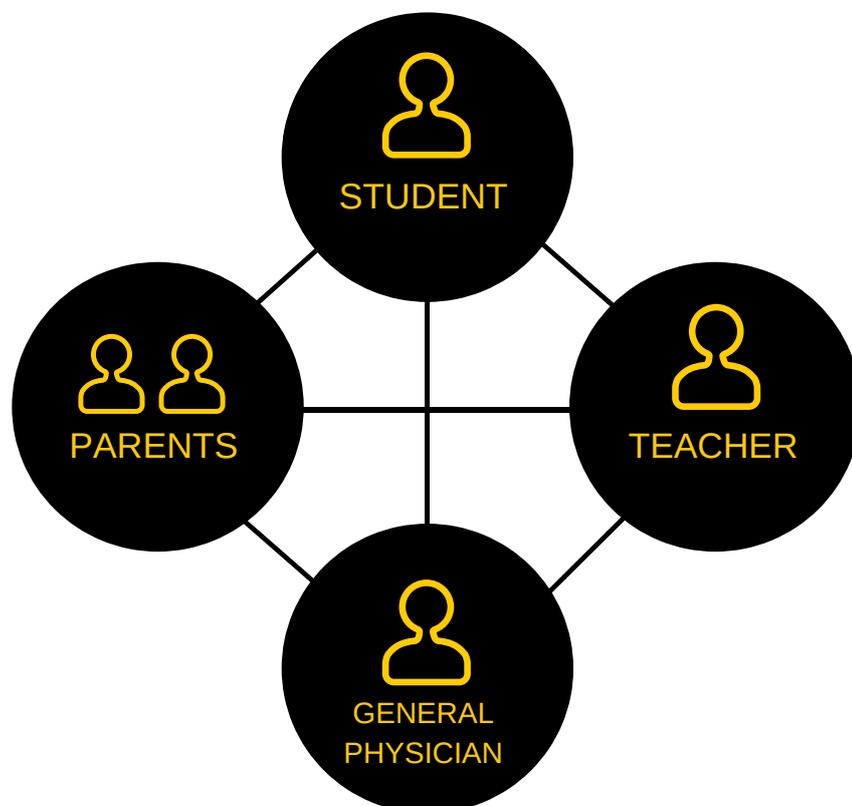
The Emergency Procedure also puts emphasis on the importance of having a designated dependent who is familiar with the patient's needs, as well as the continuation of progress in treatment for the patient.



LOGGING

Keeping a log can be done in several ways depending on what you need to focus on. If for instance you want to consider how to better accommodate for a student at school, you can use their timetable as a starting point. Use the numbers from the *Table of Grading & Reviewing Misophonic Attacks* (as depicted on the following page) as a toolguide. The result will show which classes the students experience difficulties with. From there, you can discuss how to better accommodate for the patient in these classes. Typically, Physical Education tends to be a class where the patients do not experience as many triggers as in Mathematics class.

Moreover, other places that could be useful to use this table is at the doctor's office, at the dentist or in other social situations that can be challenging for the patient. It can also be used to log day-to-day experiences of the condition at home.



It is important that a Responsibility Group is established concerning the patient, and that the four roles cooperate with the ambition of creating a better future for the patient.

ABC Misophonia's table of Grading & Reviewing Misophonic Attacks:

PART A: EMOTIONAL RESPONSE	
0	I have heard a known trigger sound today, but felt no discomfort.
1	I have been aware of the presence of a known trigger person, but felt no or minimal anticipatory anxiety.
2	Known trigger sounds have elicit minimal discomfort, irritation or annoyance. No symptoms of panic or fight/flight responses.
3	I have felt increasing levels of discomfort, but have not engaged in any physical response. I may have been hypervigilant to audiovisual stimuli.
4	I have engaged in minimal physical response, non-confrontational coping behavior, such as asking the trigger person to stop making the noise, discretely covering one ear or by calmly walking away from the noise. No symptoms of panic or fight/flight responses.
5	I adopted more confrontational coping mechanisms, such as overtly covering my ears, mimicking the trigger person, made repeated sounds or displayed overt irritation.
6	I have experienced substantial discomfort. Symptoms of panic and fight/flight responses began to engage.
7	I have experienced substantial discomfort. Increasing (louder, more frequent) use of confrontational coping mechanisms. I re-imagined the trigger sound and visual cues over and over again.
8	I have experienced substantial discomfort, and have had some violent thoughts.
9	Panic/rage reaction in full swing. Conscious decision not to use violence on trigger person. Actual flight from vicinity of noise and/or use of physical violence on inanimate object. Panic, anger and severe irritation was manifested in my demeanour.
10	Actual use of physical violence on a person or an animal (i.e a household pet). Violence may be inflicted on self (self harming).

PART B: PHYSICAL RESPONSE	
0	I felt no physical sensation when exposed to trigger sounds.
1	I felt minimal physical sensation, and could ignore it.
2	I felt some physical sensation, but could often ignore it.
3	I felt some physical sensation, and had difficulty with it or could not ignore it.
4	I felt elevated physical sensation, and usually could not ignore it.
5	I felt elevated physical sensation, and definitely could not ignore it.
6	I felt elevated physical sensation, could not ignore it and each incident has had an impact on my day.
7	I felt physical sensation as described above, and could not cope with it. It has affected my day so far.
8	I felt physical sensation which was overpowering, and it caused severe physical pain.



ACTION PLAN

- The Action Plan is essential at school, at home and in social situations
- It is vital to maintain the patient's own needs. There will always be individual accommodations that need to be put in place.
- It is important to keep in mind that there might be other conditions to a patient's health that need to be taken into consideration.

An example of an Action Plan for a student in 6th grade:

CHALLENGE	MEASURE
«I often have trouble following the teacher's instructions because there are so many painful sounds around me in the classroom»	<ul style="list-style-type: none"> • The student is allowed to use soft earbuds as a pain reliever to sound when the teacher is instructing. He will still be able to hear the teacher, but will not hear all the painful low-frequency sounds in the classroom. • As an alternative, the teacher can use a Transmitter/Receiver set if available at the school (often used with students with hearing disabilities). The teacher wears a microphone, and the student can listen to the teacher through a headset which will cancel out other noises in the classroom. • When the class is working silently in the classroom, the student is allowed to wear headphones with low music (or calming sounds like rain, thunder, waves etc.) • The student is allowed to have a say in where he is seated in the classroom, in order to best be protected against painful sounds.
«Sometimes being at school is so hard for me that I experience having violent thoughts about hurting others or myself»	<p>AT SCHOOL</p> <ul style="list-style-type: none"> • Establishing an Emergency Procedure: The student is always allowed to give the teacher a sign that he needs to take a small break (for instance by leaving a "hallpass" on their desk. That way, the teacher knows that the student has had to leave, and is outside taking some fresh air. The student knows that he needs to return to class when he has regained emotional and cognitive control, and has the responsibility to come back as soon as possible. He is not allowed to leave the school area. • The student will have weekly conversations with the School Nurse as part of his treatment plan (here, the student can discuss new challenges that arise at school, and figure out ways to accommodate for them, or discuss how to handle emotional challenges at school). <p>AT HOME</p> <ul style="list-style-type: none"> • The Emergency Procedure also applies at home, and the child needs to be able to take timeouts in their room if he needs recovery. The child can at any time wear soft earbuds as a pain reliever (for instance on long roadtrips by car, during meals or in other challenging situations). Earbuds must always be available at home.



«Attending meals with other people is traumatizing for me»	<p>AT SCHOOL</p> <ul style="list-style-type: none"> The student is allowed to eat their lunch at a specific, quiet place by himself (for instance in a spare room, the hall, outside in the school yard etc). <p>AT HOME</p> <ul style="list-style-type: none"> The child is allowed to eat his dinner in his own room if he wants to, and must not be pressured or nagged to eat dinner with the rest of the family. If he feels up for it, he can attend family meals, but then radio should always be on in the background, or he can wear headphones with low music or white noise, earbuds or other types of ear protection.
«There are many times where I have received worse results than I know I can produce, if I had only been allowed to take the test alone in a quiet room, because when everybody in class is supposedly quiet, all the painful low-frequency sounds increases and I am not able to concentrate»	<ul style="list-style-type: none"> The student is allowed to take tests in the hallway, but has to be seated so that the teacher can watch the student at all times. If possible, an assistant teacher will keep an eye on the student during the test to avoid cheating. The student must be allowed to wear earbuds or headphones with masking sounds or music during test situations. When taking all-day exams, the student needs to be allowed to sit in a quiet room alone.
«When I am in the presence of others I am often so disturbed by their sounds that I can't handle it»	<ul style="list-style-type: none"> The student can wear gym classes as a protection against visual triggers (https://helseforhandleren.no/butikk/lys-farge/solbriller-bilbriller-gymbriller/oyegym-brille-forbedrer-synet-ikke-bare-foran-dataen/). The student is allowed to fiddle with pipe cleaners when the teacher is instructing if he experiences trouble concentrating. The student will receive training in breathing exercises and calming exercises that will help to control anxiety or stress.
«I often experience pain in my shoulder due to the effort it takes to get through an attack»	<ul style="list-style-type: none"> The child and his parents will go to the General Physician in order to be referred to a Physical Therapist.

Remember to focus on the
positive aspects of
Misophonia!

