

CBT for Misophonia Distress  
**FOR ADULTS**



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# Table of Content

<b>Module 1 – Recognition Stage – 4 weeks.</b> .....	<b>3</b>
1.1 Testing for Sound related conditions .....	3
1.2 Gather information about your reactions .....	10
1.3 Start practising breathing and relaxation techniques.....	11
1.4 After 2 weeks start introducing knowledge about cognitive distortions...	15
1.5 Recognise your coping behaviours.....	17
<b>Module 2 – Advanced Recognition Stage – 4 weeks</b> .....	<b>18</b>
2.1 Response chain for MISO (visual, reflex, body response).....	18
<b>Module 3 – CBT Action Stage – continues practise.....</b>	<b>21</b>
A) First get into the easiest part of the work which is <b>body responses:</b> .....	21
B) Integration of CBT. ....	21
<b>BONUS!</b> .....	<b>29</b>
• <b>Cost Benefit Analysis</b> .....	29
• <b>Assertiveness Techniques</b> .....	30
• <b>Develop empathy and compassion</b> .....	30
• <b>Use techniques, you are a problem solver.</b> .....	32
• <b>Life style and healthy choices.</b> .....	32
<b>Your visual guide.</b> .....	<b>34</b>

## Module 1 – Recognition Stage – 4 weeks.

1.1 Testing for Sound related conditions. First test relates to misophonia that is often misdiagnosed with a sensory disorder.

### Misophonia test 1

Here is a simple test to see if you have a condition **similar** to misophonia.

1. Am I upset by loud noises more than quiet/soft noises. Yes / No

2. I am upset mostly by noises that won't stop, like track. Yes / No

3. I am afraid (actually feel fear) of hearing certain noises or feel fear when thinking about the noise. Yes / No

Yes for #1 indicates hyperacusis or sensory processing disorder (also known as sensory over- responsivity)

Yes for #2 indicates a highly sensitive person. Irritating thing irritate you more than average.

Yes for #3 indicates phonophobia. In young children this may also indicate sensory processing disorder.

### Test for Misophonia 2

1. Are there sounds that you cannot tolerate, even if the sound is soft? Yes / No

2. Do you instantly have a response to the sound that starts with irritation or disgust and almost immediately becomes anger? Yes / No

If you answer “yes” to both of these questions, then it indicates misophonia.

For the second test please follow this link

<https://hashirtinnitusclinic.com/4c-misophonia-management-questionnaire/>

✚ Check if you have also **hyperacusis with the questionnaire (HQ)** under this link. Hyperacusis is “*a type of reduced tolerance to sound. People with hyperacusis often find ordinary noises too loud, while loud noises can cause discomfort and pain. The most commonly known causes of hyperacusis are exposure to loud noise, and ageing.*” Sometimes conditions can go hand in hand or they are mistaken and misdiagnosed with each other.

Follow the link for testing and use your personal email:

<https://tinnitustherapy.org.uk/hyperacusis-questionnaire-hq/>

Now let's check now how you **deal** with misophonia:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Misophonia Emotional Responses

Please rate how often you feel the following emotional responses to your trigger sounds. This is what you feel, not what you actually do.

RATING SCALE: 0 = not at all, 1 = a little of the time, 2 = a good deal of the time, 3 = almost all the time	0	1	2	3
1. You hear a known trigger sound. You may dislike the sound.				
2. You hear a trigger sound and feel annoyed or upset.				
3. You want the other person to know how upset you are.				
4. You want the person to stop making the sound.				
5. You want to force the other person to stop making the sound.				
6. You feel you must see that the person is actually making the sound or doing what you think they are doing. You want to keep looking or stare.				
7. You want to hear something else, so you don't hear the sound.				
8. You want to be physically far away from the sound.				
9. You wish you were deaf.				
10. You are afraid that if you do something, you will hurt others feelings.				
11. You want to get away from the sound, but do not want to make a scene.				
12. You want to get away from the sound as quickly as possible, even if it would be embarrassing.				
13. You want to push, poke, shove, etc. the person making the sound.				
14. You want to verbally assault of the person making the noise.				
15. You want to physically assault the person making the noise.				
16. You want to physically hurt or harm the other person.				
17. You want to scream or cry loudly.				
18. You feel anger.				
19. You feel rage.				
20. You hate the person.				
21. You feel disgust.				
22. You feel resentment.				
23. You feel you need to escape, flee, or run away.				
24. You want to get revenge.				
25. You feel offended by the person making the noise.				
26. You feel despair or hopeless.				

Describe other emotions and feelings you experience when triggered.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Misophonia Physiological Response Scale (MPRS)

by Natan Bauman, revised by Tom Dozier

Please select the most correct descriptions of your reaction to your misophonia trigger sound:

**(Select all levels that apply)**

Level	Physical Sensation to Trigger Sounds
0 <input type="checkbox"/>	I feel no physical sensation and can ignore it.
1 <input type="checkbox"/>	I feel minimal physical sensation and can ignore it.
2 <input type="checkbox"/>	I feel some physical sensation but can often/always ignore it.
3 <input type="checkbox"/>	I feel some physical sensation but have difficulty or cannot ignore it.
4 <input type="checkbox"/>	I feel elevated physical sensation and usually cannot ignore it.
5 <input type="checkbox"/>	I feel elevated physical sensation and definitely cannot ignore it.
6 <input type="checkbox"/>	I feel elevated physical sensation, cannot ignore it, and have negative emotions.
7 <input type="checkbox"/>	I feel elevated physical sensation, cannot cope with it, and have strong negative emotions.
8 <input type="checkbox"/>	I feel physical sensation which can be best described as emotional pain and causes very strong emotions.
9 <input type="checkbox"/>	I feel physical sensation which can be best described as physical pain and causes extreme emotions.
10 <input type="checkbox"/>	I feel physical sensation which can be best described as severe physical pain and overpowering emotions.
11 <input type="checkbox"/>	I have no physical sensation but immediately get angry at the person making the sound.
12 <input type="checkbox"/>	I have no physical sensation but immediately have rage at the person making the sound.

## Misophonia Coping Responses

Please rate your use of the following coping responses to your trigger sounds.

RATING SCALE: 0 = not at all, 1 = a little of the time, 2 = a good deal of the time, 3 = almost all the time	0	1	2	3
1. You hear a known trigger sound. You may dislike the sound but you feel no physical sensation.				
2. You hear a trigger sound and feel annoyed or upset, but no coping response.				
3. Facial or bodily responses that show you are annoyed				
4. Facial or bodily responses that show you are upset				
5. You turn away or cover your eyes so you don't see the person				
6. Put on headphones				
7. Calmly move away from the sound				
8. Discreetly cover one or both ears				
9. Mimic the person who makes the trigger sound				
10. Repeat words or sounds				
11. Overtly cover your ears				
12. Nicely ask the person to stop making the sound.				
13. Sternly or harshly ask the person to stop making the sound.				
14. Tell/order the person to stop making the sound.				
15. You push, poke, shove, etc. the person making the sound.				
16. You verbally snap at the person making the sound.				
17. Leave the room after attempting to tolerate the sound				
18. Immediately leave the room to escape the sound				
19. Verbal assault of the person making the noise				
20. Scream or cry loudly				
21. Actual use of physical violence on another person, animal, or self.				

## MISOPHONIA ASSESSMENT QUESTIONNAIRE: MAQ

Twenty One Questions—Dr. Marsha Johnson, AuD, Portland, Oregon, [www.misophonia-association.org](http://www.misophonia-association.org)

If a parent or caregiver, please answer for the child as best you are able, or substitute the words, "I feel that my child's sound issues" for the words "my sound issues".

### RATING SCALE:

0 = not at all, 1 = a little of the time, 2 = a good deal of the time, 3 = almost all the time

1.	My sound issues make me unhappy	0	1	2	3
2.	My sound issues create problems for me.	0	1	2	3
3.	My sound issues have made me feel angry.	0	1	2	3
4.	I feel that no one understands my problems with certain sounds.	0	1	2	3
5.	My sound issues do not seem to have a known cause.	0	1	2	3
6.	My sound issues make me feel helpless.	0	1	2	3
7.	My sound issues interfere with my social life.	0	1	2	3
8.	My sound issues make me feel isolated.	0	1	2	3
9.	My sound issues create problems for me in groups.	0	1	2	3
10.	My sound issues negatively affect my work life.	0	1	2	3
11.	My sound issues make me feel frustrated.	0	1	2	3
12.	My sound issues impact my entire life negatively.	0	1	2	3
13.	My sound issues make me feel guilty.	0	1	2	3
14.	My sound issues have been classified as 'crazy'.	0	1	2	3
15.	I feel that no one can help me with my sound issues.	0	1	2	3
16.	My sound issues make me feel hopeless.	0	1	2	3
17.	I feel that my sound issues will only get worse with time.	0	1	2	3
18.	My sound issues impact my family relationships.	0	1	2	3
19.	My sound issues have affected my ability to be with other people.	0	1	2	3
20.	My sound issues have not been recognized as legitimate.	0	1	2	3
21.	I am worried that my whole life will be affected by sound issues.	0	1	2	3

Please press the link for the next test:

<https://misophoniatreatment.com/wp-content/uploads/2014/06/A-MISO-S.pdf>



## ✚ Complete perfectionistic test to see tendencies seen in misophonia people around this trait:

By Bill Gaultiere © 2000, 2012

Perfectionism is a response to anxiety that can be damaging to your relationships and your performance. The following test can help you assess if you're struggling with perfectionism.

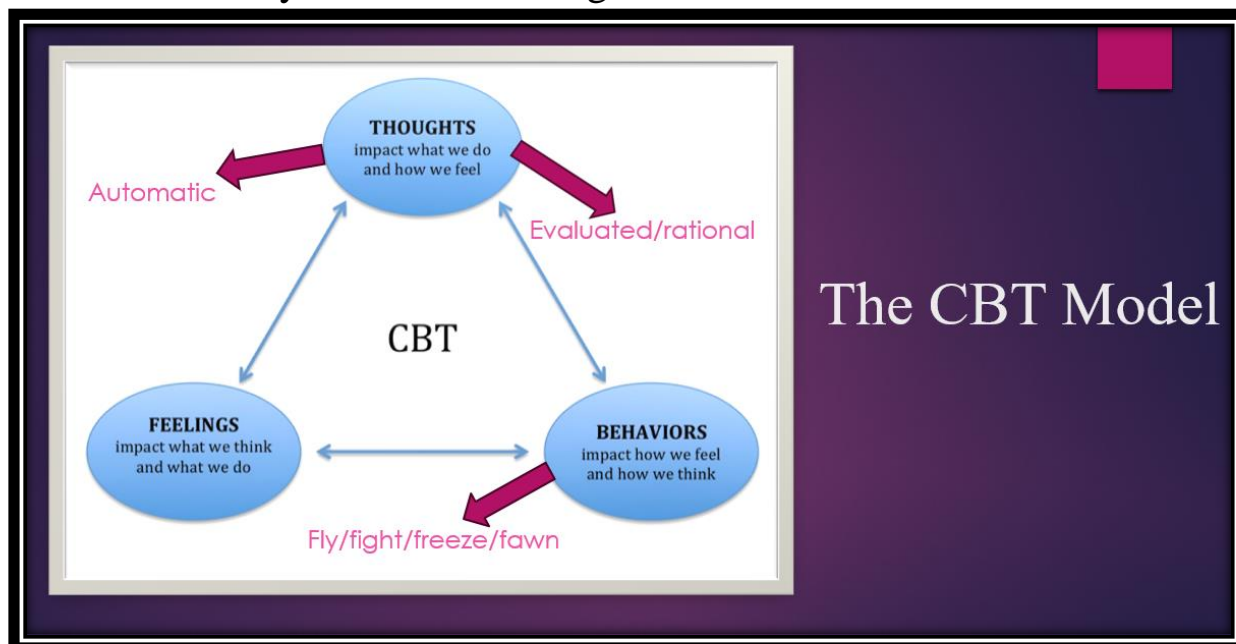
### Perfectionism Test

For each question below answer "yes" if it's generally true of you and "no" if it's generally *not* true of you. (You may want to ask a close family or friend to confirm your answers to be sure you're being realistic in your self-assessment.)

1.	Yes	No	I often think that I should've done better than I did.
2.	Yes	No	I tend to put things off if I don't have the time to do them perfectly.
3.	Yes	No	I'm afraid to fail when working on an important project.
4.	Yes	No	I strive to impress others with my best qualities or accomplishments.
5.	Yes	No	I think less of myself if I repeat a mistake.
6.	Yes	No	I strive to maintain control of my emotions at all times.
7.	Yes	No	I get upset when things don't go as planned.
8.	Yes	No	I am often disappointed in the quality of other people's work.
9.	Yes	No	I feel that my standards couldn't be too high.
10.	Yes	No	I'm afraid that people will think less of me if I fail.
11.	Yes	No	I'm constantly trying to improve myself.
12.	Yes	No	I'm unhappy if anything I do is considered average.
13.	Yes	No	My home and office need to be clean and orderly always.
14.	Yes	No	I feel inferior to others who are more intelligent, attractive, or successful than I.
15.	Yes	No	I must look my very best whenever I'm out in public.

**Scoring:** Five or more yes answers suggest a potential problem with perfectionism. (This is a screening test only. For an accurate diagnoses, consult a qualified professional.)

1.2 Gather information about your reactions by observing yourself in the moment of distress or use the past experiences. Use questionnaires above to add to your self knowledge.




- ✚ Understand how feelings, thoughts and behaviour influence each other based on CBT Model,
- ✚ The leading focus of change is placed on thought (core beliefs) and behaviour, therefore cognitive behavioural therapy CBT however, we acknowledge and approach feelings with care in order to deal with thoughts and behaviour,
- ✚ Start observing your strong emotions/reactions you want to change. Keep recognising situation/triggers/feelings/thoughts and writing them down during the week using the table below. Becoming aware of those is the most difficult first step for your future work. Give 4 weeks to that task.

1.3 Start practising breathing and relaxation techniques to help your body to go through CBT. It is important to master relaxing in the moment of stress. Practise every day, no need for long sessions. For ex. the breathing technique lasts 5 minutes so implement it to your daily schedule i.e. when you wash your hands, when you are in the car or walk, when you have your coffee. Give yourself a week to focus on it and move to the next stage but this part is important must be continued as part of your mental care.

Your response chain – **Internal Body Sensation**

b: tension, fast heartbeat,  
d: heartbeat increases, imposing pressure,  
a: pressure,

- Diaphragmatic/Belly Breathing Technique,
- Progressive muscle relaxation (PMR)

A silhouette of a person sitting in a meditative pose (lotus or similar) against a light blue background. The person is facing left, with their hands resting on their knees in a mudra. The background is a soft, glowing light blue, and the silhouette is dark blue.

- Diaphragmatic breathing activates the relaxation response only by stimulating the primary transmitter of the PSNS, the vagus nerve. This nerve travels from the brain to nearly all the thoracic and abdominal organs and triggers a cascade of calming effects. Most of the time we wait for it to be activated by something pleasant and hope for a trickle-down effect, not realizing that the nerve and the entire PSNS can be turned on from the bottom up by diaphragmatic breathing.

- Progressive Muscle Relaxation (PMR) is a technique for reducing anxiety by alternately tensing and relaxing the muscles.

Additionally,

- ✚ Use **RAIN** technique to help yourself with recognising thoughts/feelings through distancing yourself to them. Imagine they are clouds on the sky and you just observe and analyse them.
- ✚ Remember, because you feel something it doesn't mean it's true. We have to check it with compassion if feelings are not in error. We check it through analysing automatic thoughts.



## Recognise basic SET - CBT

Situation Who, what, when, where?	Feelings What did you feel? Rate your emotion 0 -100%	Thoughts What was going through your mind as you started to feel this way? (Thoughts or images)
Family dinner, family home, rounded table, parents and 2 sisters	Before : irritation, stress, During: anger, disgust, After: anger, helplessness, hurt	b: "dinner will be a nightmare" d: "she should not eat this way, bad manners, how she doesn't see that?" a: "they don't care about me, it is disrespectful."

Situation Who, what, when, where?	Feelings What did you feel? Rate your emotion 0 -100%	Thoughts What was going through your mind as you started to feel this way?

Helpful guidance/labels to recognise feelings and thoughts.

<https://www.hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/cognitive-behavioral-therapy-resources/automatic-thoughts-questionnaire.pdf>

# Feelings

## Word List



<b>Happy</b>	<b>Mad</b>	<b>Sad</b>	<b>Scared</b>	<b>Surprise</b>	<b>Disgust</b>
Adored	Aggravated		Afraid		Embarrassed
Alive	Accused		Alarmed		Exposed
Appreciated	Angry		Anxious	Astonished	Guilty
Cheerful	Bitter		Bashful	Curious	Ignored
Ecstatic	Cross		Cautious	Delighted	Inadequate
Excited	Defensive		Fearful	Enchanted	Incompetent
Grateful	Frustrated		Frightened	Exhilarated	Inhibited
Glad	Furious		Horried	Incredulous	Inept
Hopeful	Hostile		Lost	Inquisitive	Inferior
Jolly	Impatient		Haunted	Impressed	Insignificant
Jovial	Infuriated		Helpless	Mystified	Sick
Joyful	Insulted		Hesitant	Passionate	Shame
Loved	Jaded		Insecure	Playful	Squashed
Merry	Offended		Nervous	Replenished	Stupid
Optimistic	Ornery		Petrified	Splendid	Ugly
Pleased	Outraged		Puzzled	Shocked	Unaccepted
Satisfied	Pestered		Reassured	Stunned	
Tender	Rebellious		Reserved		
Terrific	Resistant		Sheepish		
Thankful	Revengeful		Tearful		
Uplifted	Scorned		Uncomfortable		
Warm	Spiteful		Useless		
	Testy				
	Used				
	Violated				



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Wasatch Family Therapy.com JulieHanks.com

Ask questions that will lead you to recognise automatic thoughts.

## QUESTIONS TO HELP IDENTIFY AUTOMATIC THOUGHTS

- What was going through your mind?
- What were you thinking?
- Where you anticipating/expecting anything?
- What were you predicting would happen?
- What was the worst thing that could happen?
- What did you think about your ability to handle it/cope?

1.4 After 2 weeks start introducing knowledge about cognitive distortions in the automatic thoughts you wrote down for that time. Every time you put your automatic thoughts down put the label on them with compassion.

### COGNITIVE DISTORTION

Cognitive distortion refers to irrational and distorted thought patterns that skew one's perception of reality and contribute to negative emotions and behaviors.

#### DEFINITION

Cognitive distortions are often deeply ingrained and can significantly impact an individual's mental well-being. Addressing cognitive distortions involves recognizing and challenging these distorted thoughts through strategies such as therapy, mindfulness, exercise, journaling, and social support.

#### EXAMPLES

- All-or-Nothing Thinking
- Overgeneralization
- Filtering
- Catastrophizing
- Personalization
- Mind Reading
- Labeling
- Magnifying or Minimizing
- Emotional Reasoning
- Should Statements

HELPFULPROFESSOR.COM

## Unhelpful Thinking Styles

### All or nothing thinking



Sometimes called 'black and white thinking'

*If I'm not perfect I have failed*

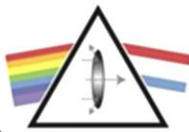
*Either I do it right or not at all*

### Over-generalizing "everything is always awful"

Seeing a pattern based upon a single event, or being overly broad in the conclusions we draw

"nothing good ever happens"

### Mental filter



Only paying attention to certain types of evidence.

Noticing our failures but not seeing our successes

### Disqualifying the positive



Discounting the good things that have happened or that you have done for some reason or another

*That doesn't count*

### Jumping to conclusions



$2 + 2 = 5$

There are two key types of jumping to conclusions:

- Mind reading (imagining we know what others are thinking)
- Fortune telling (predicting the future)

### Magnification (catastrophisation) & minimisation



Blowing things out of proportion (catastrophizing), or inappropriately shrinking something to make it seem less important

### Emotional reasoning



Assuming that because we feel a certain way what we think must be true.

*I feel embarrassed so I must be an idiot*

### should must

Using critical words like 'should', 'must', or 'ought' can make us feel guilty, or like we have already failed

If we apply 'shoulds' to other people the result is often frustration

### Labelling



Assigning labels to ourselves or other people

*I'm a loser  
I'm completely useless  
They're such an idiot*

### Personalisation

*"this is my fault"*

Blaming yourself or taking responsibility for something that wasn't completely your fault. Conversely, blaming other people for something that was your fault.



## 1.5 Recognise your coping behaviours.



Coping behaviours (b-d-a)

*b: trying to sit far from mother, not talking to her, d: trying to ignore her, a: avoiding family all together*

✚ Start writing your behavioural responses with an additional column created to your table.

Situation Who, what, when, where?	Feelings What did you feel? Rate your emotion 0 -100%	Thoughts What was going through your mind as you started to feel this way?	Coping behaviours (b-d-a)
			<i>b: trying to sit far from mother, not talking to her, d: trying to ignore her, a: avoiding family all together</i>

Label Cognitive Distortions from your thoughts



Now we ended the first stage of your MISO Management process. Until now you should develop some self-awareness about your feelings, thoughts, cognitive biases and your coping behaviours. Let's move to the second stage of your process.

## Module 2 – Advanced Recognition Stage – 4 weeks

### 2.1 Response chain for MISO (visual, reflex, body response)

The next step for the next 4 weeks is to recognise additional aspects that are significant in misophonia such as visual, reflex and body responses. You have learnt about them on the course and here you are getting into the practice of recognising what you are doing in the moment of distress.

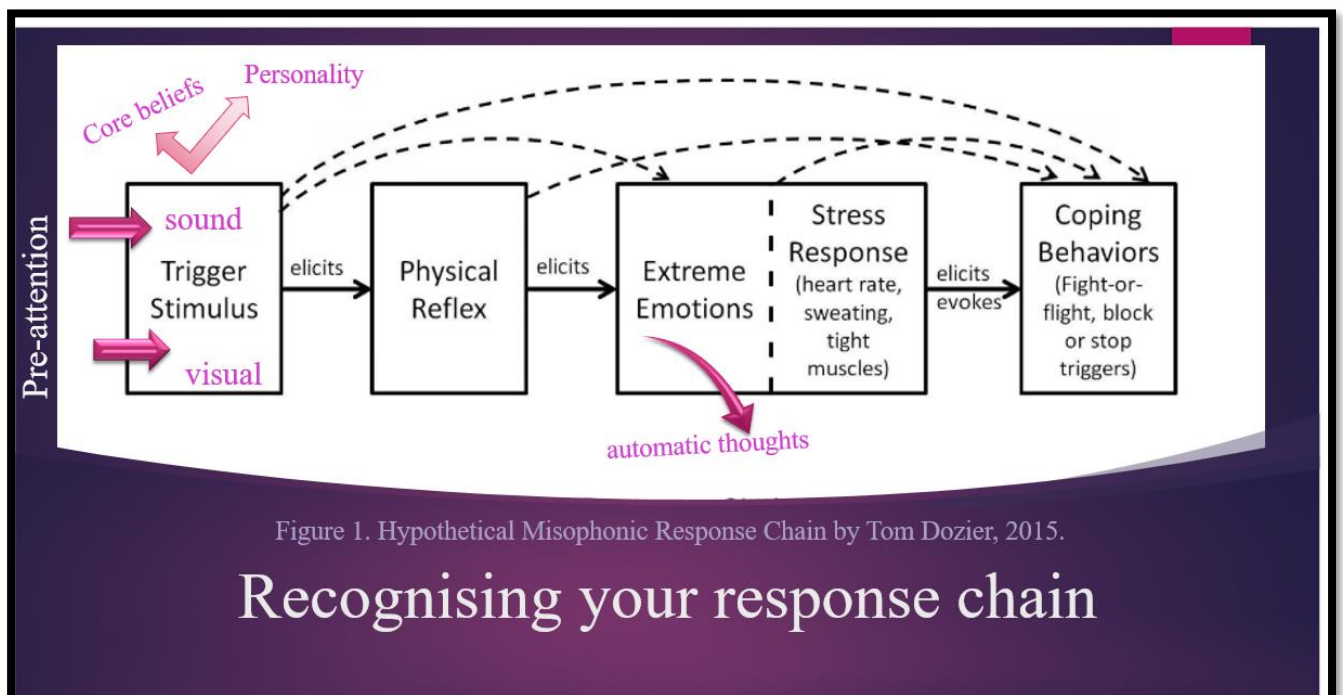
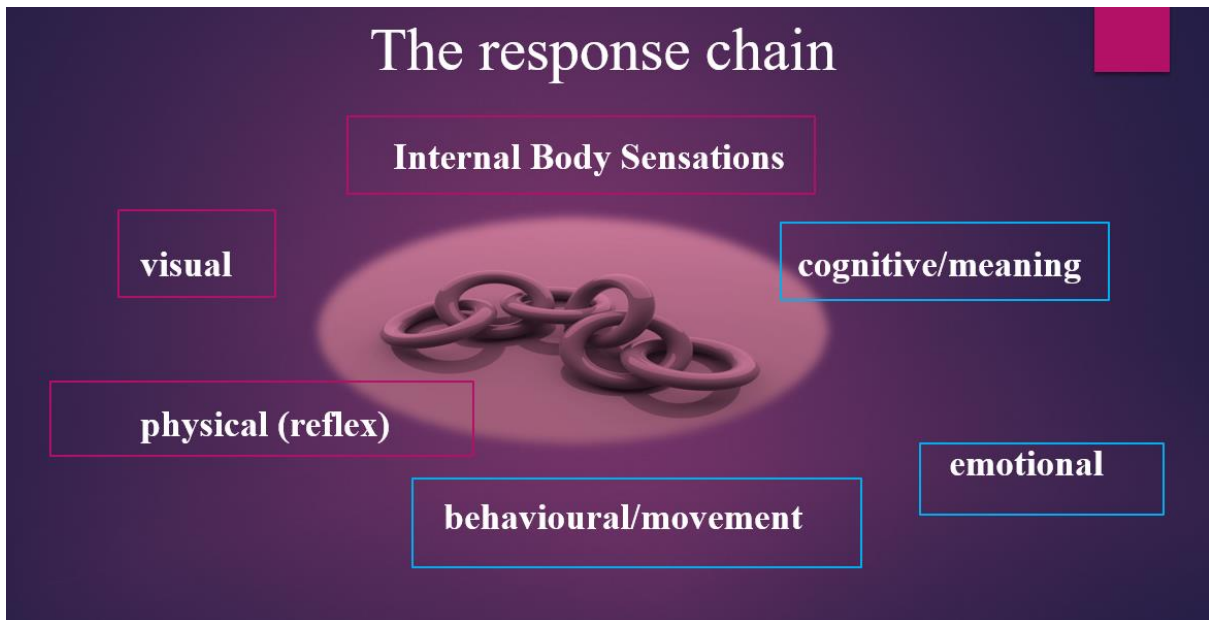


Figure 1. Hypothetical Misophonic Response Chain by Tom Dozier, 2015.

## Recognising your response chain

# The response chain



Below you can find an example of an extended table to use for the next 4 weeks. Try to practice observing your body and your sight and then write down your observations. Keep up with emotions, thinking, and coping behaviours across those weeks too.

Situation/Place/Time/Trigger/People	Visual before/during/after (b-d-a)	Internal Body Sensations (b-d-a)	Thoughts (b-d-a)	Emotions (b-d-a)	Physical reflex (b-d-a)	Coping behaviours (b-d-a)
Family dinner, family home, rounded table, parents and 2 sisters	b: observing what people are doing around the table, d: focus goes mostly to mother eating, a: still watching mother	b: tension, fast heart beat d: heart beat increases, imposing pressure a: pressure	b: "dinner will be a nightmare" d: "she should not eat this way, bad manners, how she doesn't see that?" a: "they don't care about me, it is disrespectful."	b: irritation, stress, d: anger, disgust, a: anger, helplessness, hurt	b: none, d: frowning my face, shivers, a: still frown face	b: trying to sit far from mother, not talking to her, d: trying to ignore her, a: avoiding family all together

Situation/Place/Time/ Trigger/People	Visual before/during/after (b-d-a)	Internal Body Sensations (b-d-a)	Thoughts (b-d-a)	Emotions (b-d-a)	Physical reflex (b-d-a)	Coping behaviours (b-d-a)

### Module 3 – CBT Action Stage – continues practise.

We are moving now to the final stage which is an action of changing automatic responses you observed with yourself over the last eight weeks. Pick one strategy and observe what works for you. A slight change in your feelings means that you have to continue to practise that until it will grow in you. You can start here with working on CBT aspects or body responses first. In the course I recommended starting with the body, then cognition.

A) First get into the easiest part of the work which is **body responses**:

**Visual** – practise looking away from the source of sound,

**Internal Body Sensation** – breathing, body relaxation,

**Physical reflex** – do opposite to reflexes (frowning-relax, shoulders tension - relax, stomach tension - relax)

**Coping Behaviour** – do opposite, don't run, don't avoid, use background noise, distraction, or distancing (take farther seat).

For more ideas check presentation slides.

B) **Integration of CBT.** The second part is important to apply alongside with your body responses. You practised integrating those aspects in recognition stage. In order to use CBT properly it is important to apply action of challenging perspective about what is happening in front of you in your mind. **It means you will have to recognise your judgment of the situation and change it into constructive one by talking yourself out of it.** That's why for the next 4-8 weeks that will be your main task. How to challenge the perspective?

Again, first we start with RAIN and we move to the new table for CBT that I would recommend starting using in writing few times per week from now.

**Emotions** – RAIN for acceptance, compassion, recognition,

**Thoughts** – ROOCK and CBT Table for distancing, labelling cognitive distortions, challenging,

Use one question for challenge as a starting point for example: what is evidence against my thought? More examples below.

A poster for the RAIN technique. At the top, the word "RAIN" is written in large blue letters, with "TECHNIQUE" in smaller black letters below it. To the right of "RAIN" are several blue raindrops. Below this, a rainbow arches across the page. The text "MINDFULNESS TECHNIQUE WHEN FEELING OVERWHELMED" is centered below the rainbow. The acronym "RAIN" is written vertically on the left side of the rainbow, with each letter corresponding to a step in the technique. The steps are: R (Recognize what is happening), A (Allow the experience to be as it is), I (Investigate with kindness), and N (Nuture non-identification). Each step includes a brief explanation. At the bottom right, the website "AWARECHILD.COM" is listed.

**RAIN**  
TECHNIQUE

MINDFULNESS TECHNIQUE WHEN FEELING OVERWHELMED

**R** **RECOGNIZE WHAT IS HAPPENING**  
TAKE A MOMENT TO CHECK IN WITH YOURSELF: WHAT'S GOING ON RIGHT NOW? HOW ARE YOU FEELING BOTH PHYSICALLY AND MENTALLY?

**A** **ALLOW THE EXPERIENCE TO BE AS IT IS**  
TRY NOT TO BE TOO HARD ON YOURSELF OR SUPPRESS YOUR EMOTIONS. ALLOW YOURSELF TO FEEL WHAT YOU'RE FEELING WITHOUT JUDGMENT.

**I** **INVESTIGATE WITH KINDNESS**  
"WHY DO I FEEL THIS WAY?"  
OBSERVE YOUR THOUGHTS AND PAY ATTENTION TO WHERE IN YOUR BODY YOU'RE FEELING YOUR EMOTIONS

**N** **NUTURE NON-IDENTIFICATION**  
REMIND YOURSELF THAT YOU ARE NOT DEFINED BY YOUR EMOTIONS. RECOGNIZE THAT WHAT YOU'RE FEELING IS TEMPORARY AND WILL EVENTUALLY PASS.

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## ACRONYM for Thought Technique

### ROOCK

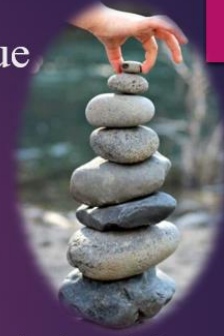
**R**ecognise – what I'm thinking/cognitive bias/feeling?

**O**bserve – clouds/movie/leaves,

**O**pposite – what would be a thought opposite to an automatic thought?

**C**hallenge – Is an automatic thought true? What are evidences against that thought? (the court technique, an advice for a friend technique)

**K**eep practice regularly – the changes happen accordingly to your practice; it is a learning for the mind like a new language. Keep it up.



## Thought Record Sheet – 7 column

Situation / Trigger	Feelings Emotions – (Rate 0 – 100%) Body sensations	Unhelpful Thoughts / Images	Facts that support the unhelpful thought	Facts that provide evidence against the unhelpful thought	Alternative, more realistic and balanced perspective	Outcome Re-rate emotion
<p>What happened? Where? When? Who with? How?</p>	<p>What emotion did I feel at that time? What else? How intense was it? What did I notice in my body? Where did I feel it?</p>	<p>What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing about that, or that could happen?</p>	<p>What are the facts? What facts do I have that the unhelpful thoughts are totally true?</p>	<p>What facts do I have that the unhelpful thoughts are NOT totally true? Is it possible that this is opinion, rather than fact? What have others said about this?</p>	<p>STOP! Take a breath.... What would someone else say about this situation? What's the bigger picture? Is there another way of seeing it? What advice would I give someone else? Is my reaction in proportion to the actual event? Is this really as important as it seems?</p>	<p>What am I feeling now? (0-100%) What could I do differently? What would be more effective? Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?</p>



To challenge thoughts here you have additional questions:

Answer the following questions to assess your thought:

Is there substantial evidence for my thought? What is that?

Is there evidence contrary to my thought? Write it down.

What would a friend think about this situation?

What I would say to a friend in this situation?

What is the best thing that can happen?

What is the worst thing? What is a probability of that to happen in 1 to 10 scale?

Has this ever happened before? If so, how did you cope? Sometimes people think they would not be able to problem solve if a situation was too unfamiliar or seemed too big for them. Most of us underestimate ourselves in this way. Think back to problems that you have already encountered and solved in the past. Make a list of them here.

Here is example how to fill it up:

Situation/Trigger	Feelings/Body Sensations	Unhelpful Thoughts/Images	Facts Supporting Unhelpful Thoughts	Facts Opposing Unhelpful Thoughts	Alternative Thoughts	Outcome
<p>What happened? Where? When? Who with? How did it happen?</p>	<p>Rate your emotions from 0 to 100. What did I feel during that time? How intense were the emotions? What did I notice and feel in my body?</p>	<p>What went through my mind, and which of them disturbed me? What did they mean/say about me or the situation? What am I responding to?</p>	<p>Facts Supporting Unhelpful Thoughts</p>	<p>Facts Opposing Unhelpful Thoughts</p>	<p>What would someone else say about this situation? What advice would I give someone else? Is there another way of seeing it? Is my reaction proportional to the actual event?</p>	<p>Re-rate your emotions from 0-100.  What could I do differently? What would be more effective? What will be more helpful to me/situation? What are the consequences of doing these?</p>
<p>I yelled at my children after they spilled something on my partner's work papers.</p>	<p>Angry = 90% at my children, my partner, myself  Disappointed = 70% at my children and myself  Guilty and Ashamed = 80% at myself  My hands were shaking and I can't breathe properly</p>	<p>I am a horrible parent for getting mad at my children and making them think that they can't make mistakes anymore.  I'm a horrible spouse because I blame him and get mad at him for not organizing his papers.</p>	<p>A good parent and spouse will allow their loved ones to make mistakes without punishing them for it or making it a huge deal to the point of reacting in a way harmful to their mental and emotional well-being.</p>	<p>I am a patient person who has forgiven mistakes.  I usually encourage my loved ones to make mistakes so they can learn from them.  I have been assured by my loved ones that I am a good parent and partner.</p>	<p>I should forgive myself for making the mistake of letting out my anger for something else on my family. I can learn from this and be more aware and open about my feelings to my family.</p>	<p>Angry = 10%  Disappointed = 5%  Guilty and Ashamed = 50%</p>

More guidance here: <https://www.carepatron.com/templates/7-column-thought-records>

[https://flourishnthrive.files.wordpress.com/2012/06/thought\\_record\\_worksheet.pdf](https://flourishnthrive.files.wordpress.com/2012/06/thought_record_worksheet.pdf)

You can use simpler form here : <https://positivepsychology.com/wp-content/uploads/Getting-Rid-of-ANTS-Automatic-Negative-Thoughts.pdf>

An extended table with basic CBT set for misophonia:

Situation/Place/Time/Trigger/People	Emotions (b-d-a)	Thoughts (b-d-a)	Internal Body Sensations (b-d-a)	Physical reflex (b-d-a)	Visual before/during/after (b-d-a)	Coping behaviours (b-d-a)
<p>Family dinner, family home, rounded table, parents and 2 sisters</p>	<p>b: irritation, stress, d: anger, disgust, a: anger, helplessness, hurt</p>	<p>b: "dinner will be a nightmare" d: "she should not eat this way, bad manners, how she doesn't see that?" a: "they don't care about me, it is disrespectful."</p>	<p>b: tension, fast heart beat d: heart beat increases, imposing pressure a: pressure</p>	<p>b: none, d: frowning my face, shivers, a: still frown face</p>	<p>b: observing what people are doing around the table, d: focus goes mostly to mother eating, a: still watching mother</p>	<p>b: trying to sit far from mother, not talking to her, d: trying to ignore her, a: avoiding family all together</p>

## Your response chain - Thoughts

b: "dinner will be a nightmare"

d: "she should not eat this way, bad manners, how she doesn't see that?"

a: "they don't care about me, it is disrespectful."

**B:** I see I'm catastrophising and disqualifying positives, what I can remind myself in this situation that is opposite to it? What are evidences against my prediction?

**D:** I see that "should" came up in my mind (labelling), it makes me angry, what is opposite to shoulds? Did I sign up a contract for life being as my shoulds? What is in my control? Are my eating norms the one that hold true?

**A:** I see that I am emotionally reasoning, I don't like the sound therefore I feel it is against me, what is a balanced view here? What are evidences against my perception?

Additional helpful links:

Helpful guide:

[https://www.mcgill.ca/counselling/files/counselling/20\\_questions\\_to\\_challenge\\_negative\\_thoughts\\_0.pdf](https://www.mcgill.ca/counselling/files/counselling/20_questions_to_challenge_negative_thoughts_0.pdf)

Or

<https://toiletanxiety.org/ta3%20identifying%20unhelpful%20thoughts.pdf>

Check your automatic thoughts:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/cognitive-behavioral-therapy-resources/automatic-thoughts-questionnaire.pdf>

## **Thought stopping techniques:**

**Thought Replacement:** when an unwanted thought enters, immediately replace the thought with a healthy, rational one.

**Substituting a Healthy Thought Pattern:** if you have a tendency to think irrationally due to irrational beliefs, you can develop a rational pattern of thinking by challenging every thought that comes to mind, asking: 'Is this a rational thought?' If not, 'What is irrational about it?' 'What would be a rational replacement for this thought?'

**Replacement Visual Image:** if you have a tendency to visualize negative images, replace these negative images by positive, healthy images.

**Yelling 'Stop':** on thinking the unwanted thought, immediately yell 'Stop.' The yell can be out loud or only in the mind. Continue to yell 'Stop' until the unwanted thought ceases.

**Aversive Replacements:** if you have a tendency to think of an unhealthy behaviour in an acceptable manner, immediately replace these acceptable images with more honest images, i.e., thoughts of alcohol, drugs, junk food can be replaced by the words 'poison,' 'unhealthy,' 'disgusting,' 'barf' or 'killers.' Thoughts of cigarettes can be replaced by 'cancer sticks' or 'coffin nails.'

## **Irrational thinking which blocks thought stopping work:**

- It's okay if I just think about it and do nothing about it.
- What's the harm of thinking about it?
- People will never know if I just think about it for a little while.
- I've denied myself so much, why can't I just think about it once in a while?
- You can't condemn me for thinking.
- I never thought about it before I acted, so why should I avoid thinking about it now?
- It is too much of a battle to fight these thoughts. It's easier to give in and then start over again in the morning.
- What difference does it make if I think about it?
- It seems so silly to control my mind from having thoughts about it.
- This feels like brainwashing and I think brainwashing is bad.
- I don't have time to do this.
- I don't need this in order to be successful in achieving recovery.
- This is a far-out psychological gimmick, too stupid to try.

## BONUS!

Additional aspects to explore. Check your intense emotions. Usually for MISO people anger and disgust are the most prominent emotions to feel. Let's work a little bit on those feelings.

### **Cost Benefit Analysis**

Experiment with a cost-benefit analysis of your anger. Take your time. Simply draw a line up and down dividing a piece of paper into two columns. Label one side *Costs* and the other *Benefits*. Put down everything that occurs to you for each side. Then put it away and come back to it after a while — you just might come up with a few more items.

Here are a few questions to consider:

- Has anger impacted your health; if so, how?
- Does anger keep you from getting hurt?
- Has anger helped or hurt you at work?
- What has anger done to your relationships — good or bad?
- Has anger gotten you into trouble?
- Has anger truly gotten you more of what you want?
- Has your anger served to punish people in a way that they learn from?
- Has anger affected your family — in good ways or bad?

Problematic Behavior:	
Costs	Benefits
Alternative, Healthy Behavior:	

Learn assertive techniques to convey your emotions and thoughts to others.

✚ **Assertiveness Techniques** – read more here  
<https://www.regen.org.au/images/Education/RelapsePreventionPDFs/Assertive-Communication.pdf>

✚ **Develop empathy and compassion** about other people who produce sounds. Remember, you are taking control over them with your techniques, usually sounds are every day sounds that it is difficult to get rid of completely or be conscious about them.

Exercise here

<https://positivepsychology.com/wp-content/uploads/2020/09/Creating-an-Empathy-Picture.pdf>

Discernment	Judgmental and Critical Reaction
Maintains the integrity and value of all persons involved	Denigrates the value of the other person; labels him/her as "bad" or "unacceptable"
Recognition without harsh blame	Blames and devalues
Allows you to set boundaries while maintaining relationships if that is your aim	Destroys relationships
Helps you to evolve and develop emotionally, mentally and psychologically	Moves us backward emotionally, mentally and psychologically
Gives you a chance to examine your own behavior, reactions, beliefs and values	Directs your attention on someone else's faults while avoiding recognition of your own
Makes a distinction between behavior and character	No distinction between behavior and character
Promotes respect	Promotes disrespect
Is ultimately effective	Is ultimately ineffective

### Developing a Non-Judgmental Perspective

You can begin to develop a non-judgmental perspective by:

1. Recognizing and carefully scrutinizing your values and standards; you may decide to get rid of some of them
2. Trying to see the world from the other person's shoes; they have had different life experience than you
3. Trying not to jump to conclusions; first impressions are often misleading
4. Trying not to compare people; each person has a unique experience that leads to who they are at the moment

### Values

Look over the list of values below and check off five Aspirational Values and five Functional Values that feel right to you:

✚ **Use techniques, you are a problem solver.** Practise that here  
<https://dialecticalbehaviortherapy.com/wp-content/uploads/2020/04/DBT-Forms-Emotion-Regulation-E9.pdf>

✚ **Life style and healthy choices.**

Eat a healthy diet.

Research shows a diet very low in carbohydrates may increase anger. The theory is drastically limiting carbs may interfere with the brain's ability to synthesize serotonin, which helps boost mood and has a calming effect. When it comes to carbohydrates, eating healthy sources, such as vegetables and whole grains is your best bet.

Some studies indicate a deficiency in omega-3 fatty acids may lead to anger and depression. In addition to all the other health benefits of omega-3, such as decreasing inflammation, it may also tame your temper. Good sources of omega-3 fatty acids include salmon, walnuts and flaxseeds.

A diet high in trans fat may interfere with how the body metabolizes omega-3 fatty acid. University studies indicated participants who ate a diet high in trans fats had higher levels of aggression. Besides raising bad cholesterol levels, trans fat may also increase how quick you are to anger. That gives you another reason to limit foods high in trans-fat, such as fried foods, cookies and donuts.

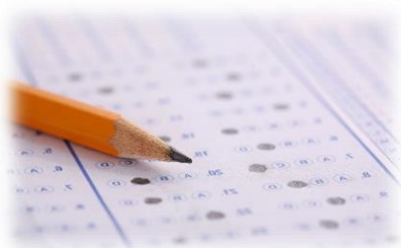
Exercise regularly. Reduce caffeine and sugar. Avoid cigarettes, alcohol and other drugs. Get enough sleep. Take a break. Ask for help.



- **Hormones:** Laughter reduces the level of 'fight or flight' hormones cortisol and adrenaline released during the experience of anger. It also increases the level of health enhancing hormones like endorphins, and neurotransmitters. All this means a more resilient immune system, as well as fewer damaging physical effects of anger, stress and anxiety.
- **Physical Release:** Have you experienced the purifying feeling after a good laugh? Laughter provides both a physical and emotional release. A good belly laugh works the diaphragm, contracts the abs and the shoulders leaving muscles more relaxed afterward. It even provides a good exercise for the heart.
- **Distraction:** Laughter takes the focus away from anger, stress and anxiety in a more advantageous way than most other distractions.
- **Perspective:** Studies show that our response to angry situations can be altered by whether we view it as a 'threat' or a 'challenge'. Humor can give us a more optimistic perspective and help us view situations as 'challenges', thus providing a less threatening and more upbeat outlook.

## Your visual guide.

### CBT Basic Recognition Stage – 4 weeks



Complete your tests.



Learn to breath and relax (1<sup>st</sup> week practise).



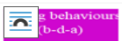
Keep recognising situations/triggers/feelings/thoughts and write them down (next 2 weeks practise along with breathing).



Add coping behaviours to your table, recognise your reactions. Use RAIN technique in the moments of distress across the process. It helps practising non identification and acceptance that contributes to better automatic thoughts recognition and challenge process.



Add Cognitive Distortions to your automatic thoughts column and add them to the table (4<sup>th</sup> week). Keep labelling emotions and cognitive biases.

Situation Who, what, when, where?	Feelings What did you feel? Rate your emotion 0 -100%	Thoughts What was going through your mind as you started to feel this way?	 <i>b: trying to sit far from mother, not talking to her, d: trying to ignore her, a: avoiding family all together</i>

Cognitive Distortions

### MISO Advanced Recognition Stage – 4 weeks



We keep recognition process going (1 week). Keep up the basic CBT table going. Start focusing on your body/face more in the moments of distress.



This week you look after visuals. Where your sights goes to in triggering situations? (2nd week).



Now we observe physical reflexes in you in the triggering situations. Do you frown? Do you shrug? (3rd week)



The last week of this stage you check your internal responses, heart beat increased? Tension? Pressure?

### **CBT Action Stage – continues practise**



Here you will be altering responses as much as you can into more balanced reactions.

A) First get into the easiest part of the work which is body responses:  
Visual – practise looking away from the source of sound,  
Internal Body Sensation – breathing, body relaxation,  
Physical reflex – do opposite to reflexes (frowning-relax, shoulders tension - relax, stomach tension - relax)  
Coping Behaviour – do opposite, don't run, don't avoid, use background noise, distraction, or distancing (take farther seat).  
*For more ideas check presentation slides.*

B) The second part is important to apply alongside with your body responses. You practised integrating those aspects in recognition stage. In order to use CBT properly it is important to apply action of challenging perspective about what is happening in front of you in

your mind. It means you will have to recognise your judgment of the situation and change it into constructive one by talking yourself out of it. That's why for the next 4-8 weeks that will be your main task. How to challenge the perspective?

Again, first we start with RAIN and we move to the new table for CBT that I would recommend starting using in writing few times per week.



Emotions – RAIN for acceptance, compassion, recognition,



Thoughts – ROOCK with CBT Table for distancing, labelling cognitive distortions, challenging,

**Thought Record Sheet – 7 column**

Situation / Trigger	Feelings (Emotions – Rate 0 – 100%) Body sensations	Unhelpful Thoughts / Images	Facts that suggest the unhelpful thought	Facts that provide evidence against the unhelpful thought	Alternative, more realistic and balanced perspective	Outcome (in-rate emotion)
What happened? Where? When? Who with? how?	What emotion did I feel at that time? What else? What did I notice in my body? Where did I feel it?	What went through my mind? What disturbed me? What did those thoughts/images/meanings mean to me, or say about me or the situation? What am I responding to? What button is this pressing for me? What would be the worst thing about that, or that could happen?	What are the facts? What facts do I have that the unhelpful thoughts are really true?	What facts do I have that the unhelpful thoughts are NOT really true? Is it possible that this is common, rather than fact? What have others said about this?	STOP!! Take a breath... What would someone else say about this situation? What is the bigger picture? Is there another way of seeing it? What advice would I give someone else? Is my reaction in proportion to the actual event? Is this really as important as it seems?	What am I feeling now? (0-100%) What could I do differently? What would be more effective? Do what works! Act wisely. What will be most helpful for me or the situation? What will the consequences be?

www.getsethelp.co.uk Carol Vivyan 2010, adapted from Padesky 1995. Permission to use for therapy purposes www.get.gp



This workbook with the slides gives you ideas how to challenge thoughts and keep reminding yourself bigger more balanced view. Use one question for challenge as a starting point for example: what are evidences against my thought?



This is the end of the workbook. Hopefully, the work you have done improved your misophonia symptoms and that this guide was clear and helpful enough to use all tools needed for smooth process. I will be happy to hear the feedback from you about this course so I can keep updating and changing aspects/ideas with it to help more people. [Please press this link for the feedback.](#)

From my side, thank you for your participation. If you need my help in the process you can always contact me and set psychotherapy session. This session can be one off to answer all your questions you have after this course. Wishing you all the best in your future self work and WELL DONE!

*Renata Redyk*

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