## CBT for Misophonia Distress FOR TEACHERS



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#### **Module 1 – Learn relaxation techniques first.**

1.1 Start practising breathing and relaxation techniques so you can quickly get into it with your pupil. It is important to master relaxing in the moment of stress.

#### The response chain — Internal Body Sensation

You can show a kid short 5 minutes relaxing technique that he/she can use when feels in distress. Find in the internet funny/interesting ways of doing it. This is the link to one of the website. We going to watch an example of each technique below. It will be a good idea to start your every class with 5 minutes relaxing technique for the benefit of all, however specially MISO kid will need to use it when in distress.

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



- ➤ 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.

The link to meditations for kids:

https://www.seekfreaks.com/index.php/2020/09/14/top-9-breathing-exercise-videos-for-children/

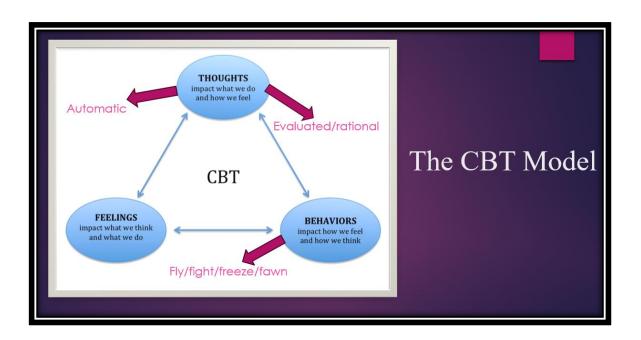
1.2. RAIN – while doing breathing with a kid start guiding a kid with rain to recognise basic components of the child experience.



#### Module 2 – Basic Recognition Stage.

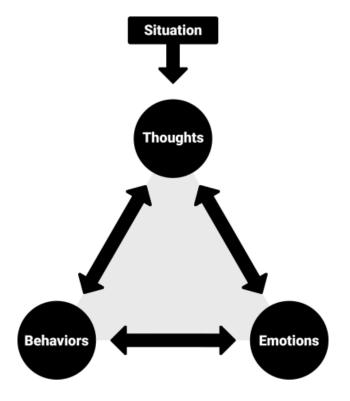
- 2.1 Check Basic CBT components with a kid and fill up the form for yourself, so you can have it in your files.
  - ♣ Understand how feelings, thoughts and behaviour influence each other based on CBT Model,
  - ♣ The leading focus of change is placed on thought (core beliefs) and behaviour, therefore cognitive behavioural therapy CBT

- however, we acknowledge and approach feelings with care in order to deal with thoughts and behaviour,
- ♣ Start asking about strong emotions/reactions. Keep recognising situation/triggers/feelings/thoughts and write them down during the week using the table below.
- ♣ Use RAIN technique to help a kid with recognising thoughts/feelings through distancing yourself to them. You guide them with your voice, like you would read it to them.
- Remember, show empathy and compassion in order for a kid being able to follow you.



#### The Cognitive Triangle

The **cognitive triangle** shows how thoughts, emotions, and behaviors affect one another. This means changing your *thoughts* will change how you *feel* and *behave*.



A **situation** is anything that happens in your life, which triggers the cognitive triangle.

Thoughts are your interpretations of a situation. For example, if a stranger looks at you with an angry expression, you could think: "Oh no, what did I do wrong?" or "Maybe they are having a bad day."

**Emotions** are feelings, such as happy, sad, angry, or worried. Emotions can have physical components as well as mental, such as low energy when feeling sad, or a stomachache when nervous.

**Behaviors** are your response to a situation. Behaviors include actions such as saying something or doing something (or, choosing not to do something).

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# Simple Thought Record Thoughts What was going through your mind as you started to feel this way? (Thoughts or images) Feelings Situation What did you feel? Who, what, when, where? Rate your emotion 0 -100% PSYCHOLOGY**T©\$LS** © creative @ http://psychology.tools

Recogn	nise basic <mark>SET</mark>	- 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	Feelings	Thoughts
Who, what, when, where?	What did you feel?	What was going through
	Rate your emotion 0 -100%	your mind as you started to feel this
		way?

Helpful guidance/labels to recognise feelings and thoughts.

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

# Feelings Word List

Sad

Alone

Burdened

Depressed

Devastated

Disappointed

Discouraged

Grief-stricken

Gloomy

Hopeless

Let down

Heartbroken

Melancholy

Miserable

Neglected

Pessimistic

Remorseful

Threatened

Resentful

Solemn

Lonely

Blue

#### **Happy**

#### Adored Alive Appreciated Cheerful **Ecstatic** Excited Grateful Glad Hopeful Jolly Jovial Joyful Loved Merry Optimistic Pleased Satisfied Tender Terrific

Thankful

Uplifted

Warm

#### Mad

#### Scared

Afraid
Alarmed
Anxious
Bashful
Cautious
Fearful
Frightened
Horrified
Lost
Haunted
Helpless
Hesitant
Insecure
Nervous
Petrified
Puzzled
Reassured
Reserved
Sheepish
Tearful

Uncomfortable

Useless

#### **Disgust**

**Surprise** 

Astonished

Curious

Delighted

Enchanted

Exhilarated

Incredulous

Inquisitive

**Impressed** 

Passionate

Replenished

Mystified

Playful

Splendid

Shocked

Stunned

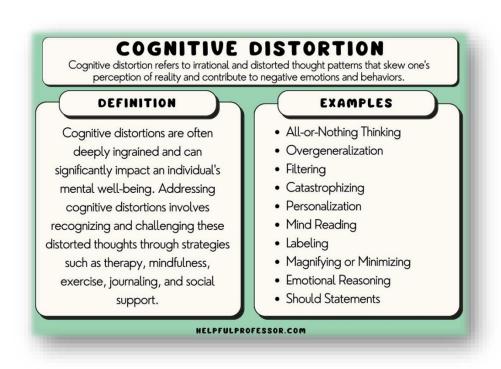
Embarrassed
Exposed
Guilty
Ignored
Inadequate
Incompetent
Inhibited
Inept
Inferior
Insignificant
Sick
Shame
Squashed
Stupid
Ugly
Unaccepted

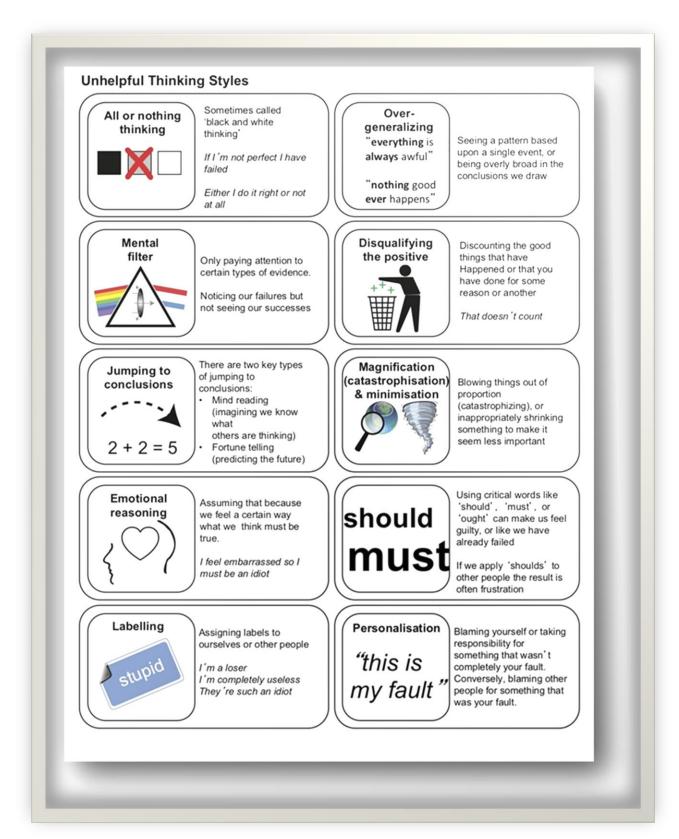
(c) 2014 Julie de Azevedo Hanks

Wasatch Family Therapy com Julie Hanks com

# OUESTIONS 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?

2.2 After 2 weeks start introducing knowledge about cognitive distortions in the automatic thoughts you wrote down for that time. Every time you put a kid's automatic thoughts down put the label on them so you can memorise them and use as a guide for yourself.

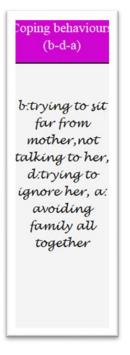




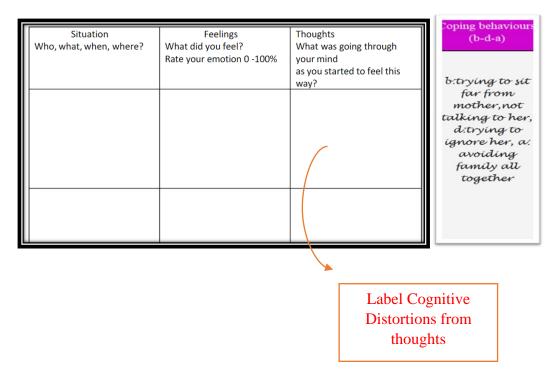
https://www.schoolcounselorworld.com/Blog/SinglePage?Title=Helping%20Kids%20Change%20Their%20Cognitive%20Distortions



2.4 Recognise the coping behaviours.



♣ Start writing behavioural responses with an additional column created to your table and cognitive distortions.



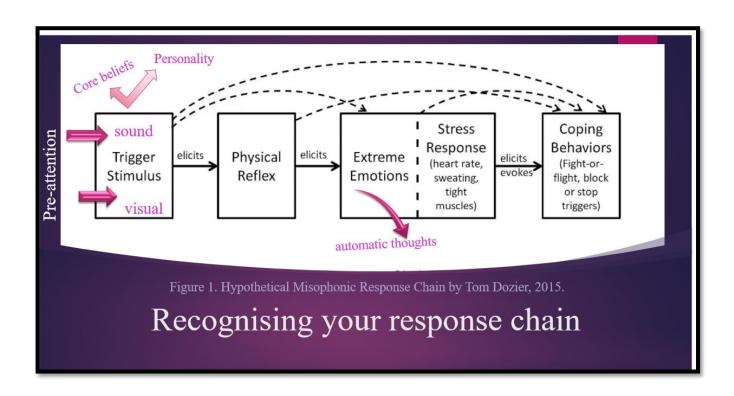
Now we ended the first stage of MISO Management process. Until now you should develop some self-awareness about recognising feelings, thoughts, cognitive biases and behaviours in a kid.

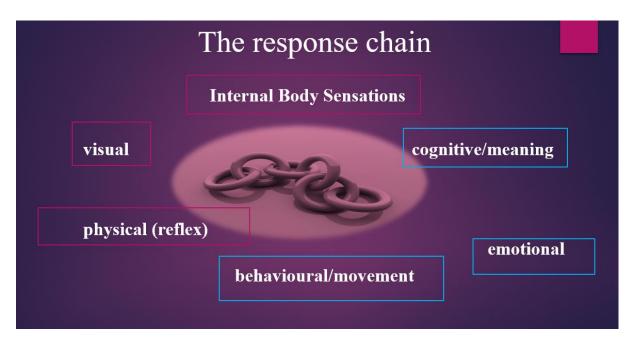
Let's move to the second stage of the process.

#### **Module 3 – Advanced Recognition Stage – 4 weeks**

3.0 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 those in the kids affected by misophonia.





Below you can find an example of an extended table to use for the next 4 weeks. Try to practice recognising them in kids, you can ask them about their responses when you learn some have misophonia. The most important from this task is for you to know that those responses are very important aspects of their emotional response. 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)
Famíly dínner,famíly home,rounded table, parents and 2 sísters	b:observing what people are doing around the table, d:focuse goes mostly to mother eating, a:still watching mother	b:tension, fast heart beat d: heart beat increases,impo sing 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.írrítatíon, stress, d: anger,dísgust, a:anger, helplessness,hurt	b:none,d:fr owning 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 Coping behaviours (b-d-a)  (b-d-a)
Physical reflex (b-d-a)
Coping behaviours (b-d-a)

#### **Module 4 – CBT Action Stage – continues practise.**

We are moving now to the final stage which is an action of helping to change the automatic responses you learnt about over the last eight weeks. Pick one strategy and try it on yourself, observe what works for you. If you apply those actions around your stress/anxiety/mood it will be easier for you to connect better with a kid around those responses. A slight change in your feelings means that you have to continue to practise that until it will grow in you. I would recommend talking to the parents of a MISO child and recommend practising those actions and check how that works for a kid. Your help in the class will be applying those when it is needed, for example you can remind the kid to look away from the source of sound or change a seat for a kid, remind about earphones or distraction, do meditation.

#### A) First check with a kid the **body responses and guide an action:**

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. Those are ideas for you to help the child with a distress.

#### B) The second part combines body responses and thoughts/beliefs.

You practised integrating those aspects in recognition stage. In order to use CBT properly it is important to apply action of introducing new perspective about what is happening for a child with empathy and compassion.

Again, first we start guiding the child with RAIN technique and combine with exploring and challenging thoughts.

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

#### Thoughts – ROOCK, labelling cognitive distortions, challenging,

#### The response chain - Thoughts

- B: I see my pupil is catastrophising and disqualifying positives, what I can remind him/her in this situation that is opposite to that? What evidences I can remind a kid to keep in mind in this situation?
- D: I see that "should" came up in his/her mind (labelling), I see anger, what is opposite to shoulds? What can I remind a kid to move him/her to more empathetic state? Maybe I will give example about him playing football and someone not liking that and use "you SHOULD stop because I don't like you running?!, would he agree on it.
- A: I see that a kid is emotionally reasoning, "I don't like the sound therefore I feel it is against me", what is a balanced view here I can remind him/her?



### ACRONYM for Thought Technique ROOCK

Recognise – what a kid is thinking/cognitive bias/feeling?

Observe – guide a kid to image thoughts as clouds/movie/leaves,

Opposite —think what would be a thought opposite to his/her automatic thought?

Challenge – Is an automatic thought true? What are evidences against that thought you can share? (example of walking, a dog)

Keep practice regularly – the changes happen accordingly to the practice; it is a learning for the mind like a new language. Encourage kids to think differently about the sound and others involved. Keep it up.

To help you challenge the thoughts here you have additional questions you can explore with a kid. Make it right for their age. This workbook with the slides

gives you the ideas how to challenge thoughts and keep reminding the child the bigger more balanced view. Use one question for challenge as a starting point for example: what is evidence against the thought? With kids the mirror technique works better as they are on a centric developmental stage. Use questions that relate to their everyday life for example: would you like if someone asks you to make sound when you walk? This what chewing sounds are for people.

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.

#### 5. Your visual guide.

#### Recognition Stage – 4 weeks

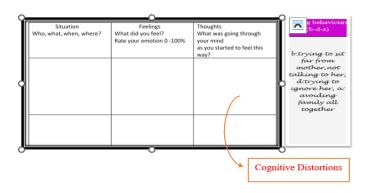
Learn to breath and relax so you can lead a child alongside (1<sup>st</sup> week practise).



Keep recognising situations/triggers/feelings/thoughts and write them down (next 2 weeks practise along with breathing and RAIN), ask a kid about those aspects of his/her experience.

Use RAIN technique to guide a kid in the moments of distress. It helps practising non identification and acceptance that contributes to better automatic thoughts recognition and challenge process.

Add learning about Cognitive Distortions and add them to the table in automatic thoughts column so you can recognise them quickly in the child.



#### Advanced Recognition Stage – 4 weeks

We keep recognition process (1 week). Watch for kid's coping behaviours around triggers. Add to extended table. Those aspects are to explore with a kid as additional help.

This week you look after visuals. Where does sights go to in triggering situations? (2nd week). You can check it while you are stressed/anxious too, explore that part with a MISO kid, that aspect is strongly related to severity of misophonia experience.

Now we observe physical reflexes in the triggering situations. Does kid frown? Does kid shrug? (3rd week). Ask a kid.

The last week of this stage we check your internal responses, heart beat increased? Tension? Pressure? Explore it with a kid.

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

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

#### A) Actions for 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. Guide a kid when needed.

B) The second part is important to apply alongside with body responses. You practised integrating those aspects in recognition stage. In order to use CBT properly it is important to apply action of introducing new perspective about what is happening for a child with empathy and compassion.

Again, first we start guiding the child with RAIN technique and combine with exploring and challenging thoughts.

Emotions – RAIN for acceptance, compassion,

recognition,

Thoughts – ROOCK with labelling cognitive distortions, challenging,

This workbook with the slides gives you ideas how to challenge thoughts and keep reminding the child the bigger more balanced view. Use one question for challenge as a starting point for example: what are evidences against the thought? With kids the mirror technique works better as they are on a centric developmental stage. Use questions that relate to their every day life for example: would you like if someone asks you to make sound when you walk? This what chewing sounds are for people.

#### 6. The End



This is the end of the workbook. Hopefully, the work you have done improved your knowledge about misophonia symtoms and the material was clear and helpful enough to learn about tools you can use in your work and life (because those ideas can be applied to your mental health practise too). Remember that you are not a therapist for a kid so your work doesn't reguire in depth involvment, however knowing what are triggers for a MISO kid in detail, your guidance to manage it when needed and empathy about how difficult experience it is will be an important part in the child's sucesful management of those experiences. **Your help matters**.

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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