Shining with ADHD by The Childhood Collective

Episode #233: Misophonia in Kids: When Everyday Sounds Feel Unbearable

Dr. Thomas Phelan: If you just talk about, say, a phobia, okay, and I'm afraid of something. What's going to happen to me after a while is I'm going to become afraid of the phobia, of the fear, of the fear. And that's what you're talking about. So now a half hour before meal time, where I know my dad's eating ice cream is going to drive me out of my mind, I am getting anxious and upset, but, the parent, I don't know how to verbalize that. The older kids often can identify the trigger, younger kids have a harder time doing it. But in any case, I'm embarrassed about talking about it, so I'm afraid of it. I'm embarrassed. So now I'm stuck and I'm acting up. I'm more irritable. I'm displacing this anger on my family. And now, we've got two problems.

Mallory: Today, Lori, and I are so excited to welcome Dr. Thomas Phelan to the podcast. Dr. Phelan is a clinical psychologist and the author of the parenting classic *1-2-3 Magic*, which has sold more than two and a half million copies worldwide.

Lori: Yes. And personally I used it and it was amazing. I still use it with my 10- and 12-year-old. An amazing book. So his newest book, though, *Stop That Chewing! Misophonia: When Ordinary Sounds Trigger Extraordinary Distress*, is especially personal. Dr. Phelan brings both his clinical expertise and his own experience living with misophonia to help families better understand this often overlooked condition. Dr. Phelan, welcome to the podcast.

Dr. Thomas Phelan: Well, nice to be here. Thank you.

Lori: I was very, excited to have you on. Just obviously your book helped my family and still that the 1, 2, 3 is truly magical. I don't know why, but when my kids are 4 and 5, it was like, amazing. And I still use it.

Dr. Thomas Phelan: Lori, we tell people that *1-2-3 Magic* is the only parenting program based on the fact that parents talk too much.

Lori: Yeah. And it's especially a problem for ADHD parents, and that's something that we teach all the time, is that kids with ADHD get really overloaded with all the verbal

instructions. So it's good to have kind of a parenting option that limits the verbal responses which us females sometimes have a hard time with.

Dr. Thomas Phelan: Exactly.

Mallory: We just want them to understand. If they just understood my perspective, they would be on board and they would listen, right.

Dr. Thomas Phelan: It's the most natural instinct m in the world. And we call it the little adult assumption. The assumption that if I just explain, they get it through their heads. That assumes that they're not knowing the reason is the reason they're misbehaving. Which is incorrect.

Lori: Right, exactly. Especially for kids with ADHD.

Dr. Thomas Phelan: Exactly. Yep.

Mallory: Yep. So, we have a lot that we want to talk to you about today because I think many parents know you because of *1-2-3 Magic*, but they might be much less familiar with misophonia. So before we get into your new book, we have to start with *1-2-3 Magic*, which has been around for decades now. Give us a really brief background on *1-2-3 Magic* and kind of what's held up over time. What have you revised with the research as culture has changed for families that may not be familiar with *1-2-3 Magic*, or maybe they are from years ago.

Dr. Thomas Phelan: Yeah, they might be. *1-2-3 Magic* we think of it as the simplest parenting program in the world. We tell parents, you get three jobs for that you're going to use what we now call signaling. That's a change in it for the modern world. Getting away from counting a little bit. So you can use, colors, shapes, animals, turtle, yellow, red, you know, all that kind of thing. So the first job we use signaling. The second job is encouraging positive behavior. And for that we use, daily routines. And the third parenting job is, bonding with your kids. And my favorite, favorite of all time with bonding is shared one-on-one fun. And so you want to have one-on-one fun, but the climate around 1, 2, 3 a lot of people see *1-2-3 Magic* as a timeout thing. And we did you do use timeout, for the first job along with the signaling, we can use timeout. But along about 2015, an article appeared in Time magazine, very, very unfortunately, bashing timeout. And so the research on timeout or rest period,

peace time, think it, or whatever you want to call it, the research is very positive. We have hundreds of studies showing that it works, but it's now got a bad reputation. The word timeout, I took it out of the last edition of the *1, 2, 3* and called it break time or rest period because timeout is now totally misunderstood.

Lori: We see the same thing and obviously the research is very solid on it, but current kind of parenting trends have really, and again, I think there are a lot of people that don't do it correctly. And so, then it does become something that is not useful if it's not done correctly. But we've had the same issue. We kind of use similar take a break or different kind of language because it is so vilified.

Dr. Thomas Phelan: Yeah and Lori, you're hitting on the point here is if you do it correctly, it works. And the vilification comes from a misinterpretation or a wrong description of *1-2-3 Magic* and of timeout. We tell people you do it calmly, decisively, and then they give examples in books of people doing it angrily, yelling.

Lori: Yes,

Dr. Thomas Phelan: The nonverbal is critical here. It's your tone of voice, it's your, if you're angry, anxious, you're going to provoke your kids and I don't, you could whistle, you know, anything you wanted to and it's not going to work as long as you have that tone. So that's the misunderstanding we're dealing with these days.

Lori: Yes. Yeah, but we, yes we talk all about, especially in, you know, our ADHD parenting, using a lot of connection and one-on-one time and routines being essential. So yeah, all those things very much hold up with the research.

Dr. Thomas Phelan: Yeah, they do. And that's still there. We live in a society that is based on scientific research, but more than that, it's based on myth and rumor unfortunately, and media. So that's what we're stuck with.

Lori: Yes, I know. And we try and use this podcast to help kind of break down the science in an easy to, an accessible way. So, we appreciate you being on here and kind of sharing that. But one of the reasons we're so interested in having this conversation is that parents are constantly trying to figure out what is going on beneath their kid’s behavior. And that brings

us to kind of your newest work with misophonia. Because sometimes something that looks like defiance or you know, meltdowns or an overreaction from the outside is very real distress that, a very real distress response. So, let's back up for parents who may be hearing the term misophonia for the first time. What is it and why is misophonia more than just kind of being annoyed by sounds?

Dr. Thomas Phelan: Yeah, misophonia is being, is being very annoyed by particular sounds. So the word misophonia means hatred of sound, but it's a hatred of certain sounds. Two-thirds of which are related to the mouth. Mouth sounds of eating can be chewing, person next to you in the theater's chewing their popcorn or chewing their ice. It can be slurping, it can be breathing, it can be coughing, clearing your throat, a lot of different things, but most of them are mouth sounds and what it triggers in people, oddly enough, I'm One of them, I'm diagnosed with it, what it triggers in people, is a, very strong response of disgust and rage. You know, somebody's chewing, and I get disgusted, and I get enraged. That doesn't make much sense, but that's what happens. And then what also happens with a person, since these are by definition social events, the triggers are humans. They're not usually, they can be dogs and cats, but they're usually humans. What will happen then is the person feels trapped because now I'm having this idiotic response to, you're chewing ice and there's five people around, what if they see what I'm feeling? What if they know what I'm doing? I feel like a jerk. And that's part of the misophonic dilemma for people. And the onset is often, the first triggers often occur between ages 8 and 12, and often in one's own family when you're sitting eating dinner or something like that. So. And often fathers seem to be the first triggers more often than other family members.

Mallory: It's not just this general feeling of like, I'm overstimulated right now. There's too much noises going on. Because I can, as a mom, I can relate to the feeling of like, there's two TVs going, someone's constantly asking for a snack. There's all these sounds going on, and I feel overwhelmed and overstimulated. That's not what we're talking about here. We're talking about a different kind of response to very particular sounds, like you said.

Dr. Thomas Phelan: That's right. And it's not the volume of sound so much. It's the nature of the sound. They're related to mouth, and they're not necessarily loud sounds. It's not phonophobia or anything like that. And it's not all the number of sounds. A lot of times if you suffer from misophonia, there's a lot of other ambient noise that can actually help you not

react to the mouth sound because there's music in the background or, you know, therapeutic white noise, whatever. But yes, you're right it's not the general confusion auditory bedlam.

Lori: I, remember before I started in my PhD program, I worked just as a behavior specialist at a school for kids with severe emotional and behavior disorders. And I had one student every day that lunchtime would come around and he would rage. I mean, again, these kids were very physically aggressive. But I remember eventually, like, I figured out after this kept happening, like he, we finally like had lunch, you know, out in the hallway, like outside of where the people were and we eliminated that behavior basically during the day. But it was like he, he had a hard time saying that that's what it was. But I'm certain it was like, I don't know if it was the sounds or the smells or all of it. He couldn't articulate that. But it was definitely very triggering for him at lunchtime. Is that something that you see with kids with lunchtime at school that they have kind of severe reactions like that?

Dr. Thomas Phelan: It can be, yes. Wouldn't be the smells. Not going to be the smells. Not an olfactory thing. It's going to be the sounds. And then you get into what sounds are they? Crunching stuff like eating potato chips or whatever. When we go out with friends to a Mexican restaurant, I'm in hell part of the time because you sit there and eat these stupid chips for half an hour and talk at the same time. It's awful. You want to try with the kid, you want to try does it happen at lunchtime? And what are the sound? Is it slurping drinks? Is it better if somebody's eating an egg salad sandwich? That's less of a trigger. is it somebody chewing with their mouth open, talking with their mouth full? You know those, those are often the things. And yes, they do occur at home, at the dinner table and in the cafeteria. Yes, you can get it and put you in a real bind.

Lori: Yeah. And you said that two-thirds are related to eating or sounds related to the mouth. What are the, what's the other third?

Dr. Thomas Phelan: Well, the other, so those would be auditory or oral. And what can happen with the triggers is that they can start as auditory and they can graduate to visual. So I see you eating and I hear the crunching and all that. What will happen often is that I will then react badly to the sight of your mouth moving and so on. Other sounds, like I said, can involve clicking, can involve birds chirping, believe it or not. It can involve cats or dogs, licking themselves. A lot of people have reported that kind of thing. And those are still kind of oral because it's the cat or the dog that's doing it. But it goes off into a whole host of things. The

sound of feet shuffling on the floor. It's just, it's a kind of potpourri after the first two-thirds that are mouth related.

Mallory: And the other thing, the other trigger that you mentioned in your book was the sniffing.

Dr. Thomas Phelan: Yes.

Mallory: So like sniffing, throat clearing, those can be triggers too.

Dr. Thomas Phelan: Yeah. And often one of the ones we hear commonly about is a grandparent's breathing. Now imagine that you have a grandparent and a grandkid, they love each other very much, and the child responds very negatively to the grandparent's breathing. That's a tough thing to go through.

Mallory: That sounds tricky to manage. And I kind of want to jump back to one of the points that Lori had made, because you also talk about this in your book of how approaching lunchtime this child would become aggressive and be upset. It's not even lunchtime yet, but approaching lunchtime. So, I feel like this, and maybe you can speak to this, but this becomes a challenge for parents who are trying to kind of get to the bottom of a difficult behavior. Maybe, you know, mealtime challenges, maybe it has to do with misophonia and has to do with the mealtime, but they start seeing the challenging behaviors, the 30 minutes leading up to dinner. So parents, they're lost, right. How are they making this connection between 30 minutes leading up to the meal? It's all rooted in this misophonia. I feel like that's challenging for parents. So I'm wondering kind of what are signs that parents are missing when it comes to detecting misophonia when this feels like a tricky thing to really get to the bottom of?

Dr. Thomas Phelan: It is. And you're, you're making an excellent point because you all know from your work, if you just talk about, say, a phobia, okay, and I'm afraid of something. What's going to happen to me after a while is I'm going to become afraid of the phobia, of the fear, of the fear. And that's what you're talking about. So now a half hour before meal time, where I know my dad's eating ice cream, is going to drive me out of my mind. I am getting anxious and upset about it, but, the parent, I don't know how to verbalize that. The older kids often can identify the trigger, younger kids have a harder time doing it. But in any case, I'm embarrassed about talking about it, so I'm afraid of it. I'm embarrassed. So now I'm stuck and

I'm acting up. I'm more irritable. I'm displacing this anger on my family. And now we've got two problems. We've got the anticipatory anxiety and we've got the mealtime problem itself. And that is tricky for parents. The beauty of it is if you can get parents to understand what's going on, when it is going on, that's liberating. Now we can sit down and talk about it and say, okay, what are we going to do a half hour before? What are we going to do during?

Mallory: Yeah, so maybe let's jump to that. So maybe some parents are thinking through this and they're kind of like, wow, I wonder if this is what's going on for my child. Or they know this is what's going on for their child. What advice do you have for these parents where misophonia is kind of hijacked meal time, it's hijacked dinner time. Where do they start? What do they do?

Dr. Thomas Phelan: Well, there's. There's two starting places, really. One is, what do I do today? And the other starting place is you need to find a therapist. And you need to have some family therapy around the issue where you can talk about it. But I, you know, tell people that the first thing you want to do is, yeah, you can put the kid in the other room and have meal by themselves. And meal breaks for a child with misophonia is a nice thing. I think you should have them regularly anyway. But the other thing you can do is there's background music, there's white noise generators. You can put on the television if a child has a sibling who's triggering them and they sit across the table from one another and the misophonic child's trigger thing has graduated from auditory to visual so I'm looking, put them next to each other so I don't have to look at them during, all kind of things you can do. But ambient noise and background noise is one of the first things I think you can do. And also, my wife is good about this with me, she knows I don't like chips. And so she'll say to me, can you hear this from where you are? I'll say yes or no or whatever, but you can do things like that. You don't want the misophonic child running the house which is another problem.

Lori: Yeah, and I think that's one question I have, because I guess as far as treatment goes, you know, typically, like, if a child had a specific phobia, I would refer them to, like, an anxiety specialist. And typically when we do anxiety treatment, it's a lot about exposures and exposure to kind of the feared stimulus. But this feels a little bit different in, like, the sensory nature of it. And then you also have kids a lot of the kids that I see have an autism spectrum disorder and have misophonia along with that. Like, how do you approach treatment I guess, with, like, helping them kind of overcome some of that so that their world isn't getting

smaller, essentially, but at the same time accommodating that because that is a true challenge for them.

Dr. Thomas Phelan: Well, I divide the treatment into four sections. I have a format I call the ABCD treatment, which is a model that I use to describe human problem solving. So A is a problem, B is your thoughts about it, C is your emotional reaction to it, and D is your behavior. So we're going to treat misophonia from all those four things. So with A, we talk about trigger management, which we just talked about ambient noise, you know, sound generators, things like that. B, is going to be cognitive behavioral therapy. So when if you trigger me, especially if I'm a little kid or adults too, you trigger me, I'm going to get mad at you, and I'm going to think that you are a rude person, that you are a jerk, because you're triggering me. But misophonia is my problem. You don't know what you're doing. You're not trying to do anything nasty to me. So with adults in particular, and I had to work on this myself with some of my triggers, you have to think this other person has no idea what's going on. So we've got to alter. And this is tough because when you're really mad, you have a deep sense of righteous indignation, certitude, rectitude. You name it, you know, you got it all. And that's incorrect. And then with C, the C part of it, we're going to teach relaxation techniques or pick a relaxation technique. You can also do graduated exposure, but it's got to be graduated. It's got to be done correctly because you don't want people, you don't, want people to say, go out there and expose yourself to this until you get used to it.

Mallory: Can you just elaborate on graduated exposure for our listeners who maybe aren't familiar with that term? What is that?

Dr. Thomas Phelan: Sure. I have on the Internet, with help of my therapist, I found what I call my potato chip girl. And so I have a…

Lori: I love this.

Mallory: Yeah, let's hear about this.

Dr. Thomas Phelan: It's called, AMDR, I think. Not EMDR, but…

Lori: ASMR?

Dr. Thomas Phelan: That's it. Yeah. Some people enjoy these sounds. I'm not one of them.

Lori: I know, right?

Mallory: Yes, I know exactly what you're talking about. I think a lot of our listeners are probably familiar with ASMR. Yeah. Okay,

Dr. Thomas Phelan: So you sit down in front of your computer, that's what I do. And you get yourself relaxed with your favorite relaxation technique. I put on a potato chip girl, she's frozen. And then I put her audio on low and it's just the bottom part of her face and she's picking up potato chips, putting them in her mouth and chewing them. I'll put it on low to where I can stand it. Okay. And then I get myself relaxed, I poke the button and I do 30 seconds of her chewing potato chips. And if I'm having a bad day and she's a little loud, I'll lower the volume. If I'm having a good day and I can tolerate her a little higher, I'll do that. But I only do it for 30 seconds and I never make it to where it's horribly intolerable. And you can find you, you name a trigger, you can find it on the computer and you can expose yourself to it graduated like that. And then that helps.

Lori: Yeah, I love that. And for kids, like when we would do this in therapy, we'd have, depending on their age, like a one to ten kind of. One is, it doesn't bother me at all. Ten is like I cannot stand that. And I feel like that's so helpful for parents like to give kids anchors or one to five. But it helps you as a parent know, okay like I can't turn the potato chip sound on for, at this volume because that's a 10. But you know, if it's at a 5 or a 6, they can handle that and we can do that with a relaxation strategy. So that can kind of help you if you're, if you're doing that as a parent.

Dr. Thomas Phelan: That's right. And another more creative version of that is I've got a sound source sibling that triggers me when they do. We had a little boy who was learning to whistle, he was five and it's in the book, I think. And his sister was 10 or so. He's learning how to whistle and it's driving her crazy. Okay. So she's, so what we're going to do is we're going to record her whistling and we're going to put her on the computer at graduated sound levels. And we're going to go right to the horse's mouth and see if we can trigger this. Some people have differential responses to the computer into real life and computer doesn't always help them. But that's a creative way. If I could, so we did A, B, C. You can do graduate exposure. I think there's some medication potential for especially extreme versions of misophonia, which is the C, the emotional and the physical arousal intervention. And then the D is what I call the 5 second plan is helping a person come up with what do you do when you're in the

heat of the trigger and it's on you? How do you do your, you know, trigger management, your cognitive behavior therapy, your emotional regulation and so on. And you need people to develop a tactic that they can carry around with them.

Mallory: Sure. Because they might not be able to completely avoid it.

Dr. Thomas Phelan: That's right.

Mallory: So they need a skill for in the moment. If you know, maybe your family has stopped eating chips, but you're sitting on the bus and the person next to you opens that bag of potato chips or whatever it is like you need a skill for that moment when inevitably that moment does come.

Dr. Thomas Phelan: Exactly, exactly.

Lori: And it sounds like what you're saying is, or what I'm hearing is at home where you can kind of do some ambient noise or kind of manage some of those triggers to like not produce some of the stress, like that's helpful. But we also don't want to change how we live our life. Like you would not stop going out to a Mexican restaurant with your friends because they chose it because you're like, well, maybe I would. But you again, you want to learn some of those techniques to help one, manage your thoughts and emotional response and be able to kind of manage that so you can still live your life even though it's never going to be comfortable for you entirely, right,

Dr. Thomas Phelan: Exactly. The big dilemma with treatment of misophonia is that is how you don't want too much avoidance. I mean it applies to other anxiety disorders as well. But too much avoidance gets you stuck and missing out. And where do you find the happy medium?

Mallory: Yeah, that is the big question, right. And so something you were explaining now, when it came to graduated exposure was the sibling watching the sibling whistle on video. And I think that brings up a really important point with siblings. And siblings often are going to get stuck in this back-and-forth cycle of one person is chewing, you know, the other person's in agony and then it turns into back and forth between siblings. How do you, what

advice would you have for parents when this has kind of become a sibling struggle, a sibling battle.

Dr. Thomas Phelan: The first advice I have, this has always frustrated me with parents. Parents assume, parents are wishful people and they want their kids to love each other as they love the kid, which is unconditional love. Well, guess what? The kid's genes don't provide for unconditional love of a sibling. They might provide for unconditional love of a parent, but it doesn't work with siblings. Children love to fight. And so, parents have to realize that if you have a sound source sibling one's triggering the trigger in the other, the kids, you have to deal with it. In the interests of everybody, but you have to deal with the kids are in a different world than you are. They're going to enjoy presenting themselves as being picked on and victimized by their brother or sister. They're going to enjoy telling you about it and expecting you to punish the perpetrator. Different thing.

Mallory: Both siblings are expecting justice, right.

Dr. Thomas Phelan: Exactly. I mean, what better than misophonia to give both of them a chance to get the other guy and look like a good guy in the process of doing it?

Lori: Yeah. I mean that is a huge problem because it's like once you realize that the other kid is so triggered by this thing, it's like, oh, yay!

Mallory: I know exactly what to do.

Lori: This is not hard to get under this one's nerves.

Dr. Thomas Phelan: No. I tell parents, about the sand shark. This may sound weird, but sand shark is a shark that has two wombs, two stomachs and fertilized eggs go into both stomachs. And after a period of weeks and so on, only two little baby sharks that come out each stomach. Guess what happened to the other ones? They got eaten by the brothers and sisters. That's how they select for that. So we parents don't really have it that bad compared to.

Lori: I love it. It's great. Well, going back to one of the things I was talking about obviously was like a school setting or school situation and you know, being in a cafeteria, that's loud and so many noises. What do you, what are some of the recommendations for school? So, if a parent is kind of working with their school, making a 504 plan when you obviously don't

want to accommodate too much, but at the same time, like, you know, you do might need to make some accommodations for that child. Like what, what are some recommendations that you give for parents for school?

Dr. Thomas Phelan: Yeah, it's easier in the classroom than it is in the cafeteria. Although the cafeteria does have that background ambient noise. It helps. You know, because it can cover and the child needs to work out some of the rest of it. But in the classroom, you want the teacher, well, if say the child's been diagnosed with misophonia, then the parent and the teacher are going to work out with the child what would be helpful for that classroom. And they have rules in some classrooms like no gum, you know, no chewing. The gum popping is one of the worst triggers for people as you can easily imagine. So we don't chew gum in the classroom. Maybe we're not going to have crunchy snacks in the classroom, and so on. The child sometimes is allowed to sit near the door. So if they're going bonkers with something, they can get up and take a walk or whatever. And they, they kind of, when you, if you go to misophonia conventions or some of the ones they have online, they talk about trigger free environment. They're trying not to trigger people during the convention. They have people moving their mouth, chewing or you know, in front of other people and all that. So, and the teacher can talk about this to the child. But the chances are, if you identify a child in a classroom, the chances are there's going to be other kids in there that have similar issues. If you have a child, 25 kids, you're going to have maybe four to five that have some of these issues. So you can tell the teacher whatever you're doing for the sound remediation, whatever, it's going to help a lot of kids, and so on. So you can negotiate and then the teacher can talk about it openly, say this is what we're doing, this is. And you can have a discussion, which I like about misophonia because the kids will get into it. It’s such an interesting thing. And I found if you talk to somebody, you say misophonia, depends on who they are. I talk to hundreds of child psychiatrists and pediatricians every year. I say misophonia to a pediatrician, they'll say, what is that? A lot of them know, but I'll explain it and they'll say I have it or I know somebody who has it. The child psychiatrists know the name. But if you go out, my wife and I go out to dinner with people and we do our misophonia interview, so you mention it to the average person, they'll often say what is that? And then you explain it. Oh yeah, my Uncle George. So you have a misophonia discussion with the teacher in the class, it's very helpful.

Lori: Yeah, that's great. and I do think again, it's a little bit easier to manage in the classroom if you have specific roles. I think in the cafeteria presents a little bit more of a challenge. Are there any tips that you would give kind of in a bigger setting like that?

Dr. Thomas Phelan: Yeah, I would first. If I were talking to a kid and they had ah, that issue, I would first ask them about the ambient noise. How much does the ambient noise help? And then I would ask him, you know, what kind of sounds are in, often chips or slurping or things like that. And then we get into the issue of discussing misophonia with your friends, which is a whole, you know, separate thing. But the other trigger management things you could have kids eat lunch with not necessarily this more like, what you have on is the EarPods and they could, that could help cover. They can do white noise, you can put music on or whatever. That's a pretty typical thing for kids that age anyway and it can be very useful. And if they are skilled enough socially, they could then get into maybe discussing potato chips with their friends.

Mallory: So if we have a listener who's now questioning whether their child has misophonia, what's your, what do you tell them like, is the next step? Like, do they talk to their pediatrician? Do they, where do they go next if they think maybe this could be something that's going on for their child.

Dr. Thomas Phelan: You could ask the pediatrician. It's hard to find a therapist. There's a organization called So Quiet on the Internet you may have seen. And you could go to that site. You could go to the Duke University site. I think they have a search thing where you can search for therapists, in different, areas. So you want to call and then you want to have, if you're the, say the mom or the dad, you want to have a list of questions. What am I going to ask this therapist? Do you treat misophonia? How do you treat it? What's your attitude about it? A lot of therapists don't know anything about it so they'll misdiagnose the problem as a family conflict or depression or whatever. But it's so helpful to have an outsider to do family therapy with misophonia. That's where you want to go. When I was first looking around for myself, I called a place near here in Hinsdale and they said, yes, we do have people that treat it, we can put you on the waiting list. I said, what number am I on the waiting list? They said 37.

Mallory: Ah.

Dr. Thomas Phelan: I thought, well my goodness.

Lori: Yeah, I mean there, there are very few. It honestly for anxiety disorders in general or OCD, it's very, the number of psychologists or therapists treating that is limited even in like a huge city like the Phoenix metro area where we are at. So it can be really hard, I'm sure, to like get in with somebody that specializes in that. There's not a lot of people.

Dr. Thomas Phelan: Yeah. But you know the other thing, like what we used to do with the ADHD years ago, I was involved in starting the national support groups and we have CHAD and ADA, and they have websites. So there are website. Duke University has a good website. So the parents and the kid depending on their age can go start educating themselves while they're looking around for somebody because it's so important. One of the biggest concepts here is the no fault concept. Is the trigger producer, it's not their fault. And the misophonic, it's not their fault either. And that's so hard when you have intense anger and disgust involved. It's hard to imagine that there's not a SOB somewhere that's causing the trouble.

Mallory: Yeah, well, and one of the things I appreciated about your book is, I know you call it kind of like a family handbook or a family playbook, but I think that a clinician who is familiar working with children with anxiety could pick up your book and run with that and have a pretty good idea of how to help patients. So even if you can't find someone that like is saying they specialize in misophonia, if you can find a therapist, find a psychologist who is familiar with treating anxiety disorders, I feel like they might be able to do some research and be able to help when it comes to misophonia as well.

Dr. Thomas Phelan: Yeah, they might be. And yeah, I forgot about the book. The book, I tried to make it a readable, you know, fifth grade level kind of thing. But yeah, and somebody they work with anxiety, they'd be pretty close. And there may be a little bit of an overlap between misophonia and ADHD. But they've got a lot of sensory issues with our ADHD kids.

Lori: Yeah, I definitely see a lot in patients talk, talking about it and I wasn't familiar with it until a few years ago when I had a patient who like, experienced a lot of trauma, and they were, that was like one of the things that really bothered them. And ever since then, it's like, come up frequently, I feel like, for, for the kids that I see with ADHD. So I think your book is going to be a huge helpful resource for parents and therapists. Before we go, before we end

this conversation, I wanted to ask you, what if there was one thing you wish every parent of a child with misophonia could understand, what would that one thing be?

Dr. Thomas Phelan: Well, probably would be that the presenting complaint is camouflaged a lot of the time because of embarrassment, and some of the kids are just real little. So your presenting complaint is likely to be, I tell pediatricians this, the parents will say they don't want to eat dinner with the family. So if we get kid doesn't want to eat dinner with the family, we want to look for misophonia. Now, I think there's a connection between miso and eating disorders. So, interesting possibilities there overlap. But if you have a child looks like they're having trouble during dinner, then you want to put on your listening shoes and talk to them.

Mallory: Yeah, I think that's so important. Well, thank you so much, Dr. Phelan, for joining us today, sharing your professional expertise, some of your personal experience with misophonia. We will link your books, *1-2-3 Magic*, as well as your new book, *Stop That Chewing!* in the show notes for families that want to read. Where would you like families to connect with you? Is there a website you want to send them to? Where can families learn more from you?

Dr. Thomas Phelan: Yeah, we have a website called stopthatchewing.com, and *1-2-3 Magic* is 123magic.com.

Mallory: Excellent. Well, we will be sure to link those in the show notes so they can continue to learn more from you. Thank you so much again for sharing.

Dr. Thomas Phelan: Thank you. Nice talking to you.