**Lisa Fox-Thomas, Ph.D.**

**Associate Professor of Audiology**

**UNCG Speech and Hearing Center**

**University of North Carolina at Greensboro**

***Managing Misophonia in Special Populations***

Management of misophonia in individuals with other neurological conditions requires special considerations.  Three case studies will be presented:  (1) an adult with a traumatic brain injury and audiogenic seizures, (2) a teenager with Asperger's syndrome, and (3) a five-year-old child with cerebral palsy and cortical blindness.

1. Describe how use of digital hearing aids can be used to manage sensitivity to soft and loud sounds

2. Identify challenges presented by special populations with sound sensitivity disorders

3. Discuss an alternative training program for managing sound sensitivity disorders

**Tina Fletcher, Ph.D.**

**Associate Professor of Occupational Therapy**

**Texas Woman’s University**

***Sensory Profiles, Diets, and Environments: How Occupational Therapists Help Individuals WIth Sensory Challenges Participate in Community Events***

Occupational therapists frequently collaborate with clients and partners such as cultural arts venues to create opportunities for clients to more fully participate in special events. For those seeking occupational therapy services, this can include sensory profiling and using individualized sensory diets. The focus shifts from treatment to accommodations like non-prescribed multi-sensory environments when community partners plan sensory-friendly events. Participatory experiences are included.

1. Describe the sensory states and personal traits identified in the Sensory Profile.

2. Identify the active ingredients in classic sensory diets and ways they are commonly implemented.

3. Name the active ingredients in non-prescribed multi-sensory environments and the types of client populations who use them.

**Natan Bauman, Ed.D,**

**Owner Audiologist**

**New England Tinnitus and Hyperacusis Center**

***Blame it on the caves: tinnitus, hyperacusis, misophonia, phonophobia***

Many years ago, the caves were dark, cold and full of unexpected predators. There was an innate need to see and hear better in order to survive, to survive to the next morning. Dilation of our pupils was essential, and, perhaps “dilation” of the auditory system was even more important to our survival. Is there a connection to tinnitus and sound sensitivity conditions?

This presentation proposes that “the caves” are guilty for an unacceptable tinnitus and various sound oversensitivity auditory disorders such as hyperacusis, misophonia and phonophobia.

The auditory system has developed to protect us from “predators” in order to survive. Participants will learn how loudness governs our survival brain system. Why we do what we do without realizing what we do; why we react to tinnitus, hyperacusis, misophonia and phonophobia without realizing what we do and why we continue to overreact in spite of the fact that we would rather not do what we do?

1.    Describe the difference between loudness, volume and intensity

2.    Describe how tinnitus and sound sensitivity conditions become unacceptable internal and external auditory events

3.    Define reaction and response

**Thomas Dozier, M.S.**

**Board Certified Behavior Analyst**

**Misophonia Institute**

***Misophonia Phenomenology and Comorbidity***

This will present the findings of several research studies. Understanding the misophonic response: Misophonia is fundamentally a combination of a conditioned emotional response and a classically conditioned physical response, Misophonia comorbidity: About 60% of individuals with misophonia have been officially diagnosed with another psychological disorder. 75% of individuals with misophonia felt they currently had one or more comorbid psychological disorders. A quality of life survey indicated a significant reduced quality of life and Trigger Stimuli: Although auditory triggers are the most common, about 75% of individuals have visual triggers. About 2% of individuals reported their first trigger to be a visual stimulus.

**Jaelline Jaffe, Ph.D.**

**Psychotherapist**

**Lemon-Aid Counseling**

***TAMING THE BEAST: Incorporating Psychotherapy with Audiology to Treat Maddening Sound Sensitivity Disorders***

When doctors say. “There is no cure, there is nothing we can do, you just have to live with it,” they create a sense of doom and hopelessness. And it is untrue! While there may be no cure YET, there are many things we can do to help decrease symptoms of complex sound sensitivity conditions, and we certainly can help people learn to live more happily and at greater peace with these conditions. This session describes ways that audiologists and psychotherapists can work together to assist patients of all ages to calm their neurological reactions, increase compliance with audiologist recommendations, and to improve mood and emotional stability.

1. List two or more reasons an audiologist might refer a patient to a psychotherapist to assist with sound sensitivity disorders.

2. Define CBT/DBT and the purpose of their application with audiology patients.

3. Experience 5 or more specific CBT/DBT tools and techniques that can be used with sound sensitivity patients.

**Tricia Scaglione, Au.D.**

**UHealth at Plantation**

**Paula Land, Au.D.**

**The Hearing and Tinnitus Center of Dallas-Ft.Worth**

**Cindy Simon, Au.D.**

**South Miami Audiology**

Moderators: Panel Discussions and Case Studies