

Misophonia Accommodation Letter Template

If you have Misophonia, there may be accommodations available to you. Since Misophonia is a rare, or lesser-known disorder, you may need to explain it to your doctor first.

Proper accommodations will be between you and your doctor. Dr. Jennifer Jo-Brout has kindly shared a letter that she wrote to help a sufferer acquire accommodations. Then, Dr. Linda Girgis (M.D.) explains how she reacts to rare conditions.

The following is an example of an accommodations letter, written by Dr. Brout. While you may not use this letter for your own purposes, you may bring it to your physician as a guiding point.

This letter may aid you in explaining misophonia to your doctor, and in-turn, help to explain to a boss or teacher. All names have been omitted. Please realize that this was initially a letter used to receive accommodations for a student at an academic institution.

To Whom It May Concern:

I am writing to you on behalf of [Name Omitted]. [Name Omitted] suffers from a newly termed disorder, Misophonia. Misophonia is related to a better-known condition, Sensory Processing Disorder and is rapidly gaining recognition by audiologists, psychologists and within the allied health and mental health fields.

Unfortunately, we are only commencing the study of the overlap between these two disorders, neither, of which have a code in the Diagnostic and Statistical Manual (DSMV) or the International Classification of Diseases (ICD-10). Unfortunately, the processes of placing a newly described disorder in these diagnostic manuals is a lengthy process (often taking up to ten years while waiting for revisions).

Sadly, this leaves sufferers without diagnostic codes, and with the inability to validate their condition to others. It is a terrible “loophole” in the medical and mental health system, in which [Name Omitted] and many others presently have to deal with regarding healthcare and disability accommodations.

Therefore, as both an advocate and doctor at the forefront of this research dedicated to these related disorders I am writing to you in an effort to briefly explain [Name Omitted]’s problems and suggest accommodations that you will hopefully be willing to put into place for her. I am a School Psychologist and do understand the difficulty in making individual accommodations, especially at the University level. However, on behalf of the International Misophonia Research Network, I thank you for any assistance you will provide. Below is an explanation of the disorder, followed by suggested accommodations.

Explanation of Disorder

The term Misophonia literally means “hatred of sound. Rather, they have highly aversive reactions to specific patterned-based sounds, and some are also over-responsive to visual stimuli.

Individuals with these kinds of auditory and visual over-responsivity (similar to what has been known as Sensory Processing Disorder, subtype, SOR) have demonstrated autonomic arousal and decreased habituation in neuroscience and physiologic studies since 1999. What does this mean for [Name Omitted]?

When [Name Omitted] encounters everyday auditory (and visual stimuli) that most people would not notice, her brain misperceives, or processes this stimuli as though it were dangerous. As a result, she experiences physiological arousal up to and including what we all know of as the flight/flight reaction. This is not something that is within [Name Omitted]'s control, and is part of an involuntary autonomic nervous system response. This happens in milliseconds without conscious mediation.

As such, sufferers, feel bombarded by both noise and visual stimuli. Once this bombardment occurs [Name Omitted] may feel a variety of physical discomforts such as nausea, dizziness, as well as what one might describe as increasing mental and physical tension and a more subjective need to “flee” (or more simply stated) leave the place in which offending stimuli exists. Again, this is a fight/flight reaction that is beyond [Name Omitted]' control. If she is unable to “flee” or leave the environment in order to get away from the aversive stimuli, her adrenaline level continues to elevate, and other hormonal and physiological changes related to the fight/flight response occur, culminating in what many people describe as experience, “a severe anxiety attack”, “rage”, or “panic”.

In addition, 15 years of research on individuals with Sensory Over-Responsivity has also shown a deficit in habituation. That is, once the fight/flight system is set off, the part of the nervous system that is normally activated in order to put the “brakes” on fight/flight does not act efficiently. Thus, for [Name Omitted], normal everyday sensory stimuli is overloading and causes her to become severely dysregulated, but also the way her particular nervous system works disables her ability to calm down.

Unfortunately, it is impossible to predict what auditory or other sensory stimuli might cause reactivity. Often the stimuli vary, and change over time. In addition, levels of reactivity may vary from day to day and in association with stress, rest and other

daily living factors. To date, there is no cure for this condition. Occupational Therapy has helped in regard to some elements of Sensory Processing Disorder. However, there is as of yet no treatment for auditory or visual over-responsivity, or most certainly not for the condition now described as Misophonia.

As such, it is extraordinarily difficult for people with this condition to lead functional lives. The problem is not simply one of dealing with the continually overloaded and dysregulated system. The problem extends to the toll this takes on one's body. Individuals with this problem often become extremely tired, or conversely develop sleep difficulty. They may also suffer from depression because this is a difficult condition with which to live, with no treatment and little understanding within even the medical community as of yet.

There are times that exposing oneself to an environment full of sensory stimuli is both physically and psychologically overwhelming to the extent that recent research describes many sufferers living very isolated lives, and others often feeling the need to stay at home where they can control the sounds and light levels (for example).

Both SPD/SOR research and the new Misophonia research both suggest that severity of the disorder runs on a continuum, with some people experiencing it as much more severe than others and with possible variations throughout the lifespan.

At this point in time there are no validated severity measures from which a doctor can determine an individual's level of life impairment or functioning, and most sufferers (as well as psychologists) are using practical daily living skills and management plans to try to assist until further research on the etiology and treatment of this disorder is developed.

Recommendations

[Name Omitted] should take quizzes and tests in a room separate from others. This will allow her to minimize sensory stimuli to which she may react.

[Name Omitted] should be allowed to leave the classroom for small breaks when needed. Sensory stimuli is cumulative and therefore frequent breaks can be helpful

However, she should also be given the following options whenever possible:

[Name Omitted] should also be allowed to digitally record her classes. This would ensure that she would benefit from all class lecture if she is unable to attend class, needs to leave class frequently and/or misses educational opportunity during class due to the distraction often caused by her condition

Considering the sensory and misophonia issues coupled with her history of anxiety and depression (and the ways in which these disorders interact and overlap) [Name Omitted] is going to need advocacy from within the school in regard to explaining her condition to her professors. Given the physical and mentally impairing effects of this condition and related anxiety and depression, considerations should be given to [Name Omitted] if she is unable to attend class.

Following are suggestions for this:

In the event that [Name Omitted] misses class her note-taker should give her class note and ideally that same person would be responsible for also recording the class so that [Name Omitted] can keep up with class discussions

Dr. Jennifer Jo-Brout,
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