

# Tinnitus counseling guide.


Traditional tinnitus treatment typically addresses the obvious symptom of tinnitus and often includes the use of audiological devices such as sound therapies. While treatment of the tinnitus may reduce or alleviate the stressors associated with it, for example, depression, anxiety, and insomnia, many patients need additional help coping with these ancillary symptoms. Habituation, by definition, is the reduction or elimination of CNS (Central Nervous System) activity in response to repetitive stimuli (Encyclopedia of Neuroscience, 1987). Habituation to tinnitus can take between 12-18 months even with appropriate sound therapy; therefore, many patients return to their hearing care professional (HCP) feeling discouraged, frustrated, and desperate for more immediate relief. Unfortunately, what is often heard is, "There is nothing else that can be done" and "Learn to live with it." Such messages can quickly diminish hope, leaving the patient feeling misunderstood and afraid that things cannot improve.



**Tinnitus affects at least 1 in every 10 adult**

The clinician should emphasise to their patient that although there is no "cure" for tinnitus, there

are effective, logical techniques that they can do to make tinnitus less noticeable and thereby improve their quality of life. There are a wide variety of tinnitus management counseling options available. These options range from providing basic education and information about tinnitus, to focused activities such as Cognitive Behaviour Therapy (CBT), relaxation techniques, and meditation.



Using hearing protection in loud environments can help you avoid developing tinnitus

Counseling is an essential part of tinnitus treatment. The patient must understand what tinnitus is in order to overcome or avoid the negative associations that inhibit habituation. For some patients, a simple explanation of the causes of tinnitus and the relationship between hearing loss and tinnitus is enough to facilitate a positive outcome. For others, more in-depth systematic counseling may be necessary. This counseling may be provided by the HCP utilising the various programs' tools or it may be provided by a mental health professional upon referral.

In **Tinnitus Retraining Therapy (TRT)**, the link between the limbic system and the tinnitus is decreased by using a process called “directive counseling” or “demystification”. This involves a series of intense educational sessions where anatomy, physiology and real examples are discussed in story format to make the tinnitus phenomenon understandable and demystified (Jastreboff et al, 1996). For more information go to the TRT website: <http://www.tinnitus-pjj.com/>.

In **Tinnitus Activities Treatment (TAT)**, counseling focuses on the whole person, and considers individual differences and needs. TAT provides structured counseling focused in four areas: thoughts and emotions, hearing and communication, sleep, and concentration in a picture-based approach that facilitates engagement of the patient.

TAT also engages the patient by including homework and activities to demonstrate understanding and facilitate progress (Tyler, 2007). TAT counseling material is free for download and can be easily found at the University of Iowa website: <http://www.medicine.uiowa.edu/oto/research/tinnitus/>.

**Cognitive Habituation Tinnitus Therapy (CHaTT®)** was developed by Dr. Natan Bauman. CHaTT is a modified TRT program which also includes components of Cognitive Behavioural Theory, pictorial representation, and music as a form of distraction and relaxation. <http://www.tinnituspractitioners.com>.

**Progressive Tinnitus Management (PTM)** developed for the Veteran’s Administration by James Henry, a hierarchical approach is used and determines whether a patient is a candidate for group counseling and sound therapy or higher level of individual services including individual counseling by an audiologist and/or a mental health professional. All PTM-related information may be found at the government website: <http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Index.asp>.

Many psychologists specialise in Cognitive Behavior Therapy which is commonly used in treating a patient’s psychological response to tinnitus. The HCP may consider a multidisciplinary approach to tinnitus treatment in which the HCP fits and adjusts the hearing instruments for effective sound therapy and provides the initial tinnitus counseling. This should include the anatomy of the ear, auditory system involved, and how tinnitus relates to hearing loss. Once sound therapy has begun, a psychologist may provide additional counseling and Cognitive Behaviour therapy to further support the emotional well-being of the patient.

We hope this guide provides useful reference material to help guide your tinnitus management practice, help your patients manage their negative reactions toward tinnitus, and improve their outcomes for a greater quality of life.