Cognitive Behavioral Therapy: A Proven Tool for Managing Tinnitus

By Joy Onozuka

Cognitive Behavioral Therapy (CBT) is a treatment, backed by evidence-based research, that has been shown to alleviate the negative psychological effects of bothersome tinnitus. While it is not a cure for the condition, it can help one develop stress tolerance and tools to reclaim a sense of control over one's life.

To learn more about CBT and its application with tinnitus and hyperacusis patients, I interviewed Dr. Lynne Gots, a clinical psychologist with 35 years of experience in cognitive-behavioral therapy and behavioral medicine. Dr. Gots has a private practice in the Washington, DC area, and is an assistant clinical professor in the Department of Psychiatry and Behavioral Sciences at The George Washington University School of Medicine. She is also an ADAA (Anxiety and Depression Association of America) Clinical Fellow.

Joy Onozuka (JO): *How and why does CBT work?*

Dr. Lynne Gots (LG): CBT is a structured, relatively short-term therapy (typically 8-24 sessions, but that can vary) designed to modify unrealistic thoughts and beliefs (cognitions) and maladaptive behaviors (e.g., avoidance of environmental triggers and social withdrawal). Patients with tinnitus and hyperacusis who seek treatment typically experience anxiety and depression, along with insomnia, which have significantly impaired their ability to function at work and home.

Unlike traditional "talk therapy," CBT is a treatment requiring active participation on the part of the patient and considerable practice at home between sessions. To be successful, a patient must be motivated and able to carry out assignments. For people who are severely depressed, the depression often needs to be treated with pharmacotherapy before CBT for tinnitus can be initiated.

JO: *Why is CBT an effective tool for helping those with tinnitus and/or hyperacusis?*

LG: CBT and related, so-called "third-wave" cognitive therapies, such as mindfulness and Acceptance and Commitment Therapy (ACT), are evidence-based treatments for the distress that can result from experiencing tinnitus, not for the condition itself.

Research has shown these approaches to be effective in modifying negative emotional and behavioral responses to tinnitus and helping patients return to more fulfilling lives. The auditory perception of sound (loudness and persistence) may or may not change.

JO: *When did you begin working with tinnitus and hyperacusis patients?*

LG: I began working with tinnitus and hyperacusis patients about 10 years ago. Though I'd previously seen people with hyperacusis, that wasn't the primary focus of treatment. My specialty is anxiety and, specifically, Obsessive Compulsive Disorder (OCD), which frequently co-occurs with hyperacusis. I also used to work in a rehab hospital with patients who suffer from chronic pain. The CBT approach to treating tinnitus distress developed from the model used to treat chronic pain, so it was very familiar to me.

JO: *Are there therapies you would suggest in combination with CBT?*

LG: There is greater research evidence for CBT than any other non-psychological interventions, such as maskers, hearing aids, electrical stimulations, or surgical approaches, in reducing the psychological impact of tinnitus. However, a combination approach that uses CBT with maskers may be more effective than CBT alone.

JO: *Do you have a distinct protocol when working with tinnitus patients?*

LG: I use roughly the same protocol for all tinnitus patients, but adapt it to fit individual needs. The standard components are:

- mindfulness meditation (to improve stress tolerance);
- identification of thought patterns contributing to negative emotional reactions; and
- behavior modification (refraining from obsessive or negative repetitive behaviors and returning to previously enjoyed activities.)

JO: *What obstacles to progress are typical of tinnitus patients?*

LG: The primary obstacle to treatment is an overinvestment in eliminating the tinnitus entirely. Many people are reluctant to engage in CBT when they learn it isn't going to eliminate their tinnitus.

JO: *How do you approach treatment?*

LG: I set goals collaboratively with patients at the beginning of treatment to help them develop realistic expectations for treatment outcome. We talk about the importance of focusing on values rather than symptom reduction. My role is to help them identify what's meaningful to them, what they've lost, and how they can get back to living their fullest lives. Tinnitus reduction is not the goal of CBT, rather, the focus is on living the best life possible. This will help the patient in every circumstance that may affect quality of life. If patients are using tinnitus reduction to measure their progress, either I haven't explained the agenda adequately or they're not willing to accept it.

JO: *What length of time do you typically work with tinnitus and hyperacusis patients?*

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Photo courtesy of Steven Marks

Dr. Lynne Gots

LG: The length of treatment is highly variable. I've seen successful outcomes in as few as five sessions, but a more typical course of treatment would be from 8-20 sessions.

JO: *Have you successfully treated patients with hyperacusis?*

LG: There is no evidence-based protocol for hyperacusis, but I've had some success with using the same type of gradual exposure-based approach that is the treatment for OCD. Reducing social isolation is very important, because social withdrawal is both a risk factor for and a symptom of depression.

JO: *What advice would you offer to someone who is in the first stages of bothersome tinnitus?*

LG: I would discourage any tinnitus patient I'm working with from pursuing scientifically unproven remedies. There are a lot of snake oil sales people out there, so it is important to consult a health professional with experience in treating tinnitus.