

Three Emerging Trends in Cognitive Behavioral Therapy

Summary by John A. Coverstone, AuD

Cognitive behavioral therapy (CBT)

is a leading psychological tool used for treating tinnitus by addressing the way in which people react to and perceive tinnitus. *The Clinical Practice Guidelines for Tinnitus* published in 2014 by the American Academy of Otolaryngology — Head and Neck Surgery Foundation, describe CBT as the only tinnitus treatment with solid evidence to support its effectiveness. Even though CBT is established as a treatment method for people with troublesome tinnitus, there are numerous studies continuing to look for more effective uses for CBT or new ways to use CBT in tinnitus treatment. Here is a summary of some of the emerging research in this area.

1 CBT Effectiveness in Misophonia

A group of researchers in Amsterdam sought to determine whether CBT would be an effective method for treating people with misophonia, a condition that makes specific sounds intolerable to an individual. It is distinct from hyperacusis, which is a lowered tolerance for *all* (usually loud) sounds. The authors recruited 90 patients with misophonia and provided eight biweekly group CBT sessions, using the *Clinical Global*

Impression — Improvement Scale and *Amsterdam Misophonia Scale* to determine improvement in each patient's condition. The latter scale is noted as not validated, but was used as a relative scale to determine severity of misophonia. After counseling with CBT, the authors found that 48 percent of patients demonstrated a significant reduction of misophonia. This suggests that CBT may have usefulness in treating misophonia. However, because half the patients were not helped by CBT, it also indicates that more research is needed to determine when it is appropriate to use and to compare against other methods for a measure of relative effectiveness.

2 Managing Chronic Tinnitus and Insomnia with rTMS and CBT

A case study published in *Frontiers in Psychology* by clinicians in Germany and Switzerland presented a 53-year-old patient who had tinnitus since age 49 and more recently had developed insomnia. The authors developed a treatment approach that included 10 sessions of repetitive transcranial magnetic stimulation (rTMS) followed by 10 sessions of CBT. The authors used the *Tinnitus-Fregebogen* instrument to assess tinnitus severity, the *Beck Depres-*

sion Inventory to indicate symptoms of depression, and the *World Health Organization Well-Being Index* for a subjective measure of overall well-being. Following the prescribed treatment, the patient improved from a tinnitus severity of severe to clinically negligible. He also improved from a depression score of minimal to a score of no depressive symptoms and from a borderline critical well-being score (52nd percentile) to above average (84th percentile). The conclusions from this paper are limited, because there was only one patient and no control subjects. However, it does suggest that combination treatment approaches may have promise for managing tinnitus.

3 Is CBT Being Discussed with Patients?

Following publication in 2014 of the American Academy of Otolaryngology — Head and Neck Surgery Foundation (AAO-HNSF) *Clinical Guidelines for Tinnitus*, a group from Harvard Medical School and University of California, Irvine sought to assess tinnitus management patterns in the United States, compared to AAO-HNSF recommendations. They gathered data from the *2007 National Health Interview Survey*, a large-scale questionnaire that contained a significant number of questions

regarding tinnitus (see *Tinnitus by the Numbers*, pp. 8-9, Spring 2017 issue of *Tinnitus Today*). The authors analyzed patient reports for the type of therapy that was discussed as treatment options for their tinnitus. The authors found that CBT was discussed 0.2 percent of the time with patients, which was the lowest of all described treatment options and less often than options that were not even included in the guidelines document. In fact, surgical transection (severing) of the auditory nerve was discussed six times more frequently than CBT. Medication, which AAO-HNSF recommended against in the guidelines, was discussed most at 45.4 percent. That equates to discussion of a non-recommended procedure *227 times* more frequently than the most recommended procedure. The next most frequently discussed options were:

- hearing aids (9.2 percent),
- nutritional supplements (7.8 percent),
- stress reduction methods (6.7 percent), and
- music treatment (4.0 percent).

It should be noted that these data represent discussed options as reported by patients. This may be biased due to the impact on the patient, who might more readily recall a discussion about nerve transection than one about counseling sessions. It also represents all discussions, including those by physicians who were faced with a patient's complaint of tinnitus but had no experience treating it or were uneducated

about the latest developments in tinnitus management. It also may include many people who have less bothersome or even non-bothersome tinnitus and would not necessarily be good candidates for CBT. Nonetheless, the very low percentage of discussions that included CBT indicates that more education likely needs to be provided to the medical community.

CBT has proven to be one of the most effective treatment approaches for people with troublesome tinnitus. Therefore, it is not surprising that research continues into new uses for CBT, ways to make CBT more

effective, and how — or how often — CBT is used to treat tinnitus. As tinnitus research continues to expand and we learn more about what tinnitus is and how we might treat it, we should expect CBT to be an important part of those discussions. 

- 1 CBT Effectiveness in Misophonia: <http://www.sciencedirect.com/science/article/pii/S0165032716321681>
- 2 Managing Chronic Tinnitus and Insomnia with rTMS and CBT: <https://www.ncbi.nlm.nih.gov/pubmed/28484405>
- 3 Epidemiology study of treatment discussions with physicians: <http://jamanetwork.com/journals/jamaotolaryngology/fullarticle/2533660>

