Coping with Tinnitus: Coming to Terms with Thoughts and Emotions

Tinnitus Activities Treatment (TAT) is a patient-centered counseling and sound therapy treatment focused on the individual needs of a patient in the primary areas affected by tinnitus: thoughts and emotions, hearing and communication, sleep, and concentration. It uses a picture-based approach that facilitates engagement with the patient.

To learn more about TAT from a clinician's perspective, the American Tinnitus Association (ATA) interviewed Shelley Witt, AuD, who has treated thousands of patients using TAT and is a research audiologist in the Department of Otolaryngology — Head and Neck Surgery at the University of Iowa.

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Joy Onozuka (JO): *How long have you been practicing Tinnitus Activities Treatment (TAT)?*

Shelley Witt (SW): I started working with tinnitus patients in 2007. However, TAT already was in place and being used by other clinicians at the University of Iowa; it simply didn't have a name yet.

JO: *Why does this approach appeal to you?*

SW: I like to use this approach for many reasons. It is a counseling and sound therapy treatment. It is picture based. It is focused on individual needs, which are directed at primary areas affected by tinnitus: thoughts and emotions; hearing and communication; sleep; and concentration. It's provided for free on our website: https://medicine.uiowa.edu/oto/research/tinnitus-and-hyperacusis

The series of pictures provide an orderly fashion to make sure that important concepts are not overlooked. It is an easy format to help people understand tough concepts. The pictures can provide the basis for mini lectures that allow for many opportunities to pause and open up collaborative discussions, which make the whole process client-centered.

There is no right or wrong way to use the pictures. There is no specific order. There are a few main topics,

but you can pick and choose how you want to present them and in which order you like. Techniques discussed in one area (sleep) can be used to help in other areas (thoughts and emotions). The area addressing thoughts and emotions is typically where you will spend the most time. The concepts are not easy and the techniques are not easy for everyone to incorporate into daily life; however, this section can be the most helpful and often is an underlying feature in all of the other primary areas.

Often, when using Tinnitus Activities Treatment, I will incorporate Cognitive Behavior Therapy techniques, relaxation techniques, imagery training, as well as the concept of acceptance and Sensory Meditation for Tinnitus.

JO: *What do you ask of patients to help them be successful?*

SW: I explain to patients that I need them to take an active role in the process. I ask them if they are willing to see if together we can make things better with regard to their own situation.

I explain that I am here to help. And, while I cannot take away their tinnitus, I can show them tools and techniques that have been helpful for others and that might work for them. I explain that my goal is to enable them to become their own coach since it is impossible for me to sit on their shoulder, talking into their ear, guiding them on a daily basis.

JO: *Are most patients able to habituate?*

"Helping patients reframe negative thoughts to more constructive ones can help minimize negative emotions and, ultimately, make the tinnitus less prominent."

SW: I don't use the word "habituate," because I worry that it sets people up for an expectation that they might not be able to obtain. Instead, I prefer that patients set goals that we can address together and, if needed, modify for more realistic outcomes. Do most people get better? Yes.

JO: *What are the typical barriers to habituation?*

SW: I find that using the word "habituation" is a barrier in and of itself.

Some of the roadblocks that keep people from getting better are:

- Too much focus on the tinnitus by:
  - trying to control the tinnitus by physically manipulating it,
  - spending hours trying to make sense of it or figure out its pattern,
  - trying to figure out the actual cause, and
  - looking for — ultimately — *the one way* to eliminate it;
- Either not enough or too much grief by:
  - not acknowledging the emotional impact having tinnitus has had on their life, and/or
  - getting stuck in the grieving process;
- Not understanding the connection between our thoughts and emotions and the impact these have on our daily well-being.

JO: *How long does it take patients to get better, typically?*

SW: This varies from person to person. I track patient goals and suggest that patients give themselves one year from the time they start TAT to monitor goals. Most people feel much better and are back to doing things they enjoy at that one-year mark. For some individuals, change happens more quickly, and for others, it's a slow, steady process.

JO: *Why is addressing the thoughts and emotions area central to helping patients habituate to tinnitus?*

SW: Tinnitus is a sound — neither good nor bad. It is only a sound. When tinnitus enters a patient's life, personal thoughts are attached to this sound. It's important to help patients understand that these personal thoughts have a direct connection to emotions, and emotions create physical reactions. Positive thoughts = positive emotions. Negative thoughts = negative emotions. Neutral thoughts = no emotions. Even subconscious negative thoughts can make the situation worse, so it is important to help

patients identify underlying negative thoughts. Helping patients reframe negative thoughts to more constructive ones can help minimize negative emotions and, ultimately, make the tinnitus less prominent.

Please note that this is a good, but very simplistic way to think about thoughts and emotions. The human psyche is more complex than this. Sometimes it can be difficult to reconstruct negative thoughts to more neutral or positive ones, and not all patients are successful at this.

JO: *What do you use to track thoughts and emotions?*

SW: A combination of things, including:

- the *Iowa Tinnitus Primary Functions Questionnaire*, which is a 12-item questionnaire developed at the University of Iowa;
- specific TAT pictures;
- a Tinnitus Diary, which is part of TAT, and
- open dialogue.

JO: *What role does sound play? Is there any evidence that one type of sound therapy is better than another?*

SW: Low-level sound makes tinnitus more difficult to detect, which can give some individuals relief from tinnitus. Each patient is different, and not everyone is helped with sound therapy; but, many individuals want to try to see if this technique can work for them. The sounds and/or device used to create the sound must be tailored for each individual. It's important to use a low-volume partial-masking approach, with a sound that the patient can tolerate and easily ignore. If tinnitus relief is not obtained, some individuals use sound therapy as a distraction tool to help keep their attention off tinnitus.

"Understand that the role of the clinician is to help, not fix."

JO: *Why do the tools in TAT seem to work well with many patients?*

SW: TAT provides a systematic method of helping patients move through the process of coming to terms with living with tinnitus. Sessions allow patients to tell their story and feel validated about their journey. Many tinnitus patients have a hard time finding a professional who 1) has the time to listen to their unique situation, and 2) acknowledges their struggles.

TAT provides knowledge to remove unknowns, misconceptions, and fears. It provides an opportunity for the patient to think about specific problems being experienced and to take a mental inventory to determine if it's been possible to change to make a difference, and, if not, why?

Sessions can help patients separate what is a hearing and communication difficulty versus a tinnitus issue. They also provide a clear explanation of the link between our thoughts and emotions. TAT helps patients focus on other areas of their life and, if possible, reduce the contrast between their tinnitus and background sound.

JO: *What are examples of constructive thoughts about tinnitus?*

SW: Negative

I hate this noise!

I can't live the rest of my life with this noise in my head!

I can't concentrate with this noise in my head!

Versus

Positive

This noise is okay.

My life is good. I will be able to live my life with this noise.

I can concentrate. I just need to turn on some background sound while I read.

Replacing negative thoughts with more constructive and/or positive thoughts can help reduce and/or neutralize negative emotions, making it easier to manage the tinnitus sound.

JO: *What emotions are the hardest for patients to work through?*

SW: It's different for every patient; however, rumination and worry are two main thought patterns that surface often in patients who are greatly bothered by tinnitus. Rumination is a way of responding to distress that involves repetitively focusing on the symptoms of the distress, and on its possible causes and consequences (focusing on the past). Worry is thoughts, images, and emotions of a negative nature in which mental attempts are made to avoid anticipated potential threats (focusing on the future). Reviewing techniques and tools on how to stay in the moment

can greatly reduce patterns of both rumination and worry.

JO: *How do you set the stage as a clinician to be successful using TAT?*

SW: Understand that the role of the clinician is to help, *not fix*. Ultimately, your role is to help your patient learn how to live successfully with tinnitus. This may include helping your patient "adopt a new identity" as a person with tinnitus, become his or her own coach, and determine which techniques and tools work best. You need to have good listening skills, be patient, sympathetic, and encouraging, as well as be able to talk candidly. You also need to be confident in your ability to help and guide. Lastly, make sure you have the professional time to work with the patient.

JO: *What do you say to the audiologist who is less comfortable with the counseling aspect of TAT?*

SW: Understand your role before you say you can't do this. Not every audiologist needs to provide counseling, so referrals are fine. However, helping tinnitus patients can be very rewarding. Many people with tinnitus have hearing loss. Consider a referral for the thoughts and emotions aspect, but work in parallel with the therapist by providing hearing services that might include combination hearing aid/masking devices.

JO: *Is it important for patients to know the pitch and loudness of their tinnitus to gauge its severity, meaning does such information help patients emotionally since it gives them something concrete to understand about their tinnitus?*

SW: Our psychological model proposes that the severity of the tinnitus is influenced not only by what the tinnitus sounds like — its pitch and loudness — but also by the psychological makeup of the patient. Measuring the tinnitus can help reassure the patient (and sometimes the partner), that the perceived tinnitus is a *real* sound. However, not all patients need this.

JO: *What are the differences between Tinnitus Retraining Therapy (TRT) and TAT?*

SW: Historically, Tinnitus Retraining Therapy used directive counseling, not collaborative counselling. Tinnitus Activities Treatment assesses the individual needs of the patient and is collaborative from the first session, often letting the patient decide where they want to start treatment. It is a method where the professional and the patient work together to find the best way of living with tinnitus by empowering the patient to find his/her own strengths.

Shelley Witt is an audiologist in the Department of Otolaryngology—Head and Neck Surgery at the University of Iowa. She has participated in research projects on cochlear implants, hearing aids, and tinnitus for over 18 years. She has co-authored numerous scientific papers, posters, and book chapters. Witt has also provided audiological services to adult cochlear implant and hearing-aid patients. She provides audiological and counseling services for tinnitus and hyperacusis patients of all ages, including sound therapy and private and group sessions.

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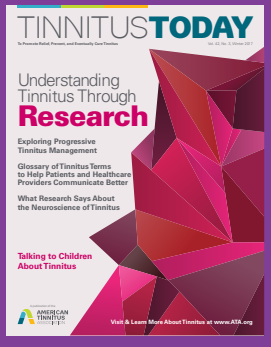
— D. Strom, St. Louis, MO