

### **Tinnitus education**

1. Provide information about tinnitus, its history and terminology
2. Provide information on tinnitus epidemiology
3. Provide information on tinnitus aetiology
4. Provide information on how tinnitus becomes a problem and how it is maintained
5. Provide information on the auditory system
6. Provide information on auditory processing and neural networks
7. Provide information on physiological models of tinnitus generation including the neurophysiological model
8. Provide information on habituation
9. Provide information on the difference between short-term and long-term consequences of tinnitus
10. Inform the patient that tinnitus research is being carried out
11. Provide information on the national tinnitus association

### **Psychoeducation**

12. Provide information on psychological models of tinnitus and mental health and on the relationship between individual factors of tinnitus
13. Apply models of tinnitus and mental health to the patient's presentation
14. Analyse stressful events and their effect on tinnitus
15. Provide information on the difference between thoughts and emotions
16. Provide information on the difference between tinnitus triggers and maintenance
17. Provide information on coping skills and strategies for stress
18. Provide information on psychological factors of tinnitus annoyance and (di)stress

### **Evaluation**

19. Ask the patient about and discuss their tinnitus percept
20. Ask the patient about their understanding of tinnitus and how it relates to other facets of their life
21. Ask the patient to discuss their coping strategies and experiences of using them
22. Provide information on general and audiological assessment
23. Enquire using open-ended questions
24. Enquire into the patient's fears
25. Enquire into tinnitus annoyance
26. Enquire into tinnitus and associated problems
27. Enquire into other problems
28. Discuss tinnitus impact
29. Address illness attitudes
30. Enquire about the patient's inherent triggers and maintenance factors
31. Advise the patient on monitoring tinnitus

### **Treatment rationale**

32. Provide information about and discuss the treatment
33. Provide information on the treatment rationale
34. Provide information on the respective roles of the patient and clinician and set ground rules
35. Provide information treatment options
36. Provide information on TRT
37. Conceptualise tinnitus as the main stressor

### **Treatment planning**

38. Provide information on how to plan psychological therapy and plan what this therapy will include with the patient
39. Discuss the patient's expectations, including expectations of treatment
40. Set treatment goals with the patient and advise them that decreasing the tinnitus percept is excluded from this

41. Provide a clear treatment plan
42. Provide the patient with treatment resources and homework including the continued practice of psychological techniques
43. Plan for stressful situations and new circumstances

#### **Problem solving**

44. Engage the patient in collaborative systematic problem solving, breaking complex tasks into smaller, more achievable ones

#### **Behaviour intervention**

45. Engage in graded exposure therapy
46. Engage in behavioural activation
47. Discuss fear and avoidance behaviours with the patient
48. Provide information on maladaptive behaviours, discuss those that the patient would like to modify and practice alternative actions

#### **Thought identification**

49. Provide information on types of cognitive distortions and identify the patient's negative automatic thoughts
50. Provide information on attitudes and beliefs, their consequences and effect on tinnitus

#### **Thought challenging**

51. Thought stopping
52. Challenge negative attitudes and beliefs
53. Ask the patient to role-play other perspectives including the use of Gestalt two-chair and empty-chair techniques
54. Cognitive restructuring
55. Identify and increase positive thoughts
56. Challenge the patient on specific thoughts that the patient would like to change if they are inappropriate material for modification
57. Address controlling negative thoughts
58. Instruct the patient to use coping self-statements

#### **Worry time**

59. Concerns engaging with the patient in the paradoxical psychotherapeutic technique 'worry time', involving the clinician recommending that the patient actively consider anxious thoughts for a specified regular short period of time to systematically problem-solve issues that can be resolved and returning to those that cannot in the next 'worry time'

#### **Emotion**

60. Identify and discuss the effect of the patient's tinnitus on their emotions
61. Discuss how to change the patient's emotions

#### **Social comparison**

62. Normalise tinnitus by sharing other people's experiences of it
63. Provide information about the likelihood of successful psychological therapy for tinnitus-related distress
64. Encourage the patient to discuss their experiences with other patients

#### **Interpersonal skills**

65. Manage the patient's excessive consultation with medical staff about tinnitus as appropriate and practice patient communication style for such consultations
66. Social skills training
67. Discuss the patient's social support network
68. Explore the patient's relationships with others

- 69. Discuss with the patient any sense of isolation and separation anxiety
- 70. Include significant others in and outside of treatment sessions

### **Self-concept**

- 71. Concerns addressing the patient's self-concept with respect to confidence, esteem and image

### **Lifestyle advice**

- 72. Provide information on the effect of lifestyle factors on the patient's condition and advise on lifestyle changes
- 73. Advise the patient to take adequate rest
- 74. Discuss the patient's home life
- 75. Discuss how to change the patient's environment to increase or decrease situations in which tinnitus will be better or worse as appropriate
- 76. Provide information on medication and diet
- 77. Advise the patient on taking physical exercise
- 78. Address lifestyle changes

### **Acceptance and defusion**

- 79. Concerns engaging in acceptance and cognitive defusion techniques; that is, to teach the patient to accept private experiences and to distance themselves from private events by attending more mindfully to the processes involved in thinking and feeling

### **Mindfulness**

- 80. Concerns the application of mindfulness meditation and awareness techniques

### **Attention**

- 81. Engage in positive imagery exercises
- 82. Engage in imagination exercises
- 83. Provide information on attention and distraction and engage in attention-shifting exercises
- 84. Advise on and manage concentration difficulties
- 85. Engage the patient in distraction using movement therapy

### **Relaxation**

- 86. Provide information on and discuss relaxation and engage in relaxation exercises
- 87. Encourage the patient to maintain regular practice of relaxation techniques
- 88. Engage in progressive relaxation
- 89. Engage in applied relaxation
- 90. Engage in cue-controlled relaxation
- 91. Engage in rapid relaxation
- 92. Progressive muscle relaxation
- 93. Engage in breathing exercises
- 94. Provide relaxation resources
- 95. Self-massage
- 96. Engage the patient in self-help strategies for relaxed confrontation

### **Sleep**

- 97. Provide information on normal sleep
- 98. Provide information on the physiological function of sleep
- 99. Provide information on the cognitive model of sleep and the relationship between sleep and other factors
- 100. Engage the patient in sleep restriction and discuss how to make best use of time when they cannot sleep
- 101. Engage the patient in sleep hygiene
- 102. Advise the patient on carrying out specific changes to their sleeping environment and consumption prior to sleep

**Sound enrichment**

- 103. Provide information and advice on hyperacusis and noise sensitivity
- 104. Advise the patient to avoid silence
- 105. Engage in sound enrichment
- 106. Discuss the effect of sound enrichment on cognitive factors
- 107. Engage in using music to cope
- 108. Exposure of sound to manage hyperacusis
- 109. Advise the patient on masking and the risks associated with it
- 110. Advise the patient on noise abuse

**Comorbidity**

- 111. Provide information and advice on hearing loss
- 112. Engage the patient in a process of developing hearing tactics and provide information on hearing-loss treatments
- 113. Provide information about co-occurring problems
- 114. Provide information on psychoeducation and therapies for co-occurring problems
- 115. Query the meaning that the patient ascribes to comorbidities and their relationship with tinnitus

**Treatment reflection**

- 116. Discuss the consequences of the patient's new behaviours and thoughts, coping strategies and any reasons they may hold for wanting to discontinue treatment
- 117. Assign homework on the patient's assessment of treatment credibility
- 118. Review therapy with the patient
- 119. Review therapy with the patient at the end of the treatment
- 120. Review therapy with the patient halfway through treatment
- 121. Provide feedback
- 122. Revise action plan
- 123. Assess the success of therapy with the patient
- 124. Ask the patient to reflect on the current or previous session and to ask questions about it
- 125. Check the patient's understanding of information provided

**Relapse prevention**

- 126. Advise on and plan relapse prevention with the patient
- 127. Summarise treatment for relapse prevention
- 128. Discuss how to cope with relapse with the patient
- 129. Foster the patient's recognition of the early warning signs of tinnitus exacerbation
- 130. Engage in planning for the future more generally
- 131. Advise the patient on how to maintain practice of psychotherapeutic techniques

**Common therapeutic skills**

- 132. Offer verbal encouragement to the patient
- 133. Demonstrate sincerity, sympathy and empathy
- 134. The clinician should demonstrate competence and professionalism
- 135. Develop a trusting relationship with the patient
- 136. Allow therapeutic silences following discussions
- 137. Work with the patient's values and life goals
- 138. Encourage discussion between patient and clinician