Foreword

With rare exceptions, tinnitus cannot be eliminated by conventional medical treatment with drugs or surgery. Some people who begin to notice tinnitus, whether spontaneous or induced by trauma, noise, or other insult, will experience spontaneous resolution, but many will have persistent tinnitus. For some of them, tinnitus sensation (the sound) will be joined by tinnitus suffering, with adverse effects on thinking, feeling, and other activities of daily life, including sleep. For these tinnitus sufferers, the psychological and acoustic therapies outlined in this book can help enormously.

Almost everyone would agree that hearing aids, when the patient has substantial hearing loss, can reduce tinnitus suffering. Less obviously, but nicely elaborated in several chapters, environmental noise (including the use of wearable noise-generating devices) not only can mask tinnitus but also can assist the natural process of habituation even when the tinnitus can still be heard above the noise. Phobic avoidance of environmental noise is one of many inappropriate strategies that patients with tinnitus sometimes adopt, and it should be discouraged.

The psychological therapies described in almost all of these chapters have different names and theoretical underpinnings, but all authors recognize the necessity of careful exclusion of serious medical disease (otologic and psychiatric) and unhurried education of the patient regarding the pathophysiology and epidemiology of tinnitus. In my opinion none of these methods can be effective (as outlined in Dr. Tyler’s introductory chapter) without a caring and reasonably optimistic clinician who offers a plan and makes patients feel that they are in good hands. A corollary—meant to be broadly affirming rather than cynical—is that the therapist’s compassion, knowledge, commitment, and time may be as important as the particular school of therapy.

It has been difficult—I would say impossible so far—to show that one type of psychological therapy is really better than another, using the randomized clinical trial methodology that has become standard for drug therapy. Partly this is because we don’t agree on how to measure success, partly it is because we don’t know how to measure prognosis at the beginning of treatment (so that competing therapies can be assigned groups of patients who have equal chances to get better), but surely it is also true that all of these approaches can and do work when applied with care and conviction.
Some of these therapies contradict each other. For example, Dr. Hallam’s tinnitus habituation therapy considers tinnitus to be “an essentially irrelevant stimulus,” while Dr. Mohr’s existential therapy aims to attach meaning to tinnitus. Similarly, tinnitus retraining therapy includes “directive counseling,” which for Dr. Tyler and others is not sufficiently collaborative and personalized. Despite these very real differences, each of these approaches may still be valuable, for particular therapists and particular patients. As Dr. Mohr points out, existential therapy may be most appropriate for introspective and philosophical patients (and therapists). Tinnitus habituation therapy and tinnitus retraining therapy may be better suited to different personality types. A therapist who believes in what he or she is doing—working with a patient who can share that belief—will best convey the commitment and optimism that are essential to support the patient in what is in the end self-healing.

Not all audiologists and otologists will want to offer intensive tinnitus treatment. This book will help them better understand the treatment options. Equally importantly, it will equip them to make better use of their 30-minute visits with “everyday” tinnitus patients. We don’t think of this as psychotherapy, but if done well it will be all that many patients need. For those—including psychologists—who want to make tinnitus therapy a focus of their practice, this book offers a detailed “how-to-do-it” look into the practices of some of the world’s best tinnitus clinicians.

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What should I do with this tinnitus patient? Will I be able to help? I am not trained in tinnitus treatment!

Most clinicians don’t have a concrete plan on how to provide tinnitus treatment. Some are simply unsure of what steps to take. Many simply lack the experience. However, most do have adequate training in counseling. Clinicians are trained to interact with clients, to be good listeners, and to be supportive.

The other missing ingredient is provided by this book. *Tinnitus Treatment: Clinical Protocols* offers practical strategies on how to treat tinnitus patients.

The book reviews some background about theories of tinnitus mechanisms and philosophical considerations for treatment. But the book is unique because 15 of the 16 chapters focus simply on treatment protocols: protocols that clinicians can put into practice today, protocols for providing handouts and producing Internet sites, protocols for individual and group therapy, protocols for sound therapy and hearing aid use, protocols written by clinical psychologists and clinical audiologists who treat tinnitus patients every week. Many of these protocols have their basis in excellent treatments that have been used successfully since the 1980s. These treatments sometimes appear to be forgotten, but their roots are evident here. The tinnitus treatment protocols are written by clinicians from established tinnitus clinics worldwide, including the United Kingdom, Denmark, Germany, New Zealand, Australia, and the United States. This clinical guide will help you to help tinnitus patients.

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