

Conversations In Tinnitus

With Bruce Hubbard, PhD

Transcription:

John Coverstone, AuD: Welcome to *Conversations in Tinnitus*, a podcast of the American Tinnitus Association. The American Tinnitus Association is a nonprofit organization dedicated to research, advocacy, education, and support for people who live with tinnitus. *Conversations in Tinnitus* podcasts are an extension of ATA's magazine *Tinnitus Today*, the only publication dedicated to educating the public and practitioners about ongoing research, treatments, and management of the condition. [music]

JC: Welcome to another episode of *Conversations in Tinnitus*. I'm John Coverstone, along with my co-host, Dean Flyger, and joining us this episode is Dr. Bruce Hubbard, a psychologist from New York City and adjunct faculty at Columbia University, as well as a specialist in cognitive behavioral therapy, or CBT. You can virtually meet Dr. Hubbard and read some of his material at cbtfortinnitus.com. Dr. Hubbard, welcome. And can you begin by telling us what CBT is and a little bit about it?

Bruce Hubbard, PhD: Sure. Thank you, John. So, CBT is the most researched, clinically proven program for tinnitus. It differs from other tinnitus approaches by giving you things you can do to channel your negative energy in a positive direction. The goal is to both cope better now and promote habituation over time. It's been around for a while and is undergoing decades of improvement. A thorough CBT program includes cognitive strategies to change your gloom-and-doom thinking, behavioral strategies to reclaim areas of life lost to tinnitus, and mindfulness strategies to promote acceptance and regain control of attention.

Dean Flyger, AuD: That is a very good, concise explanation of CBT. I'm awed and impressed already.

JC: I'm still processing that, I think. Bruce, I believe you also have tinnitus. Can you share with us a little bit about your experiences in your journey with tinnitus?

BH: Yeah, that's right. I bring a unique perspective to this because I am a CBT therapist and I had been practicing CBT for 15 years when in 2005, I came down with what certainly seemed to me at the time to be pretty loud, severe tinnitus. And I have to say bluntly, it knocked me on my butt. So, I really do know firsthand what people are going through. And the first 6 months, I just suffered, tried different supplements, and tried changing my diet, all to no avail. So, I was thrilled when I discovered that cognitive behavior therapy was one of the highly regarded treatments for tinnitus. And then I ran into the problem that many people have who want to check out CBT. I couldn't find any local therapist who even knew about CBT. So I was in a fortunate place of having been a CBT expert, so I started reading the literature and the research that's been done and any kind of training manuals out there for therapists, and I was able to guide myself through a program of CBT. And I came out the other side, and I'm happy to say there's hope for everyone. If I can do it, you can do it.

DF: So the path that you created for yourself was out of your need. Now, John and I are clinical audiologists so we certainly have our clinical perspective when we encounter a patient who has significant tinnitus. So explain to me how a patient who encounters tinnitus, when they have their first contact, when should you become involved with the CBT? Do you feel like that's something that is applicable most of the time for people with severe enough tinnitus to report it in our clinic? I guess, where's the relationship between the patient, the audiologist, and the CBT therapist?

BH: That's a great question. The person with tinnitus who becomes distressed often has significant emotional reaction, which really falls into the domain of a mental health professional. Audiologists are able to provide education and some light counseling and some help through sound therapy, but many, many of these people are really experiencing a higher level of emotional distress, so cognitive behavior therapists are also mental health professionals able to really address those issues, and the sooner you get that kind of help to the patient, the better off they're going to be because the longer that they're suffering, that just reinforces a lot of negative habits and how

they respond to tinnitus. And what we're really looking for, I think, both in audiology and in CBT is being able to change a person's response to tinnitus from a negative, resistive response to a more open, adaptive response, and that's what we get started on right away with CBT. So we give them coping skills to handle the emotions that are coming up as well as to begin to process their response to tinnitus in a way that's going to help them adapt and habituate over time.

DF: And to add to that, just with other people that John and I have interviewed, even within this podcast, when somebody is a tinnitus sufferer, this is a condition that usually comes on abruptly and it's traumatic. And so it makes complete sense for them to have access to a counseling situation for them to start to heal and then also to start for us to initiate habituation and sound therapies and things like that.

JC: Well, and it seems that the first part of the process must be some measure of triage and diagnostic workup. I know Dean and I agree, as well as many other professionals with whom we've spoken, that people who have troublesome tinnitus have a significantly larger incidence-- possibly most of them have some kind of a psychological basis for that problem. I believe that people with bothersome versus non-bothersome tinnitus have a psychological basis for the difference in the tinnitus effects between them. Do you agree with that?

BH: Yeah, that's true, and that's been demonstrated in numerous research projects. There are differences in how they think about tinnitus, how they pay attention to tinnitus, and how they behave around their tinnitus. So, their thought process becomes very negative. We call it catastrophic thinking, really jumping to the worst-case scenario. It's easy for them, if they go on the internet and try to find information, to find sensationalized horror stories and a lot of gloom-and-doom discussion in online forums and so forth that really reinforces this negative perspective. And in CBT, our first goal is to help the person develop what I call a habituation perspective on tinnitus. Also, the behavior patterns around tinnitus tend to be very avoidant. So rather than allow themselves opportunities to hear their tinnitus while keeping their thinking in check, they'll over mask. As you know as audiologists, over masking is really going to prolong the problem for them and really remove the opportunity for the brain to learn and adapt to the sound and habituate to it. So, mindfulness is used for that in CBT to help people pay attention to tinnitus in a more effective, adaptive way. And then behaviorally, as I said, they begin to avoid quiet places. They begin to over-monitor factors that they believe are affecting their tinnitus, despite the fact that there's no evidence for us to really understand what kinds of factors outside of excessive loud sound are going to affect their tinnitus. So all of that keeps them negatively attached to the tinnitus, so what we're trying to do is change that response in those three domains: their thinking, their attention, and their behavior.

JC: And so what kind of a process is this on average for people? Is this something where you see benefits in a few sessions, or do you often see people for a couple years? What kind of expectation should people have coming in?

BH: A lot of it has to do with their history of emotional conditions and to kind of extend the answer to your last question a little bit, there's research showing that as many as half of people who get distressed by tinnitus do have histories of anxiety and/or depression. So those emotional disorders need to be addressed, and to the extent that they can be resolved, then it's going to be a quicker process for people. So I would say it's sort of what I think of as the law of thirds, that about a third of people who come to me just with some brief education, one or two sessions, getting them up and running, getting them access to some self-help skills, CBT self-help skills, is sufficient for them to kind of get on track and understand about habituation and what they need to do. The other half is going to need more like, I would say, ten to twenty sessions, and they'll just need a lot more support, maybe more attention to anxiety management skills and skills to help them address depressive symptoms. And then there's another third who are going to get more deeply mired in the sounds. Perhaps they've had tinnitus longer. They've developed a lot of bad habits around it and that's going to take closer to a year or so. We don't meet typically every week. We start out meeting weekly with people, but we try to taper that back as soon as possible. **CBT is really a self-help approach. It's really about giving people the concepts and skills that they need to go out and apply independently in order to address the problem.**

DF: So, if you could talk a little bit about accessibility, there's starting to be resources online, for better or worse, regarding tinnitus. Now, there's always the bad sources, the marketing angles, the over-the-counter herbal medications, things that have never worked. But talk about accessibility of CBT and some of the resources and simply how accessible do you feel CBT is to an audiologist in Texas, a tinnitus sufferer in Massachusetts or Florida or California.

BH: Yeah, that's a great question, Dean. CBT is hands down one of the best approaches to tinnitus, but there's a big problem in that cognitive behavior therapists don't know about tinnitus. The publications, the research, the reviews have been generally in audiological journals, not in psychological journals, so the CBT therapists haven't been exposed to it. So my colleagues and I are trying to improve that situation, but in the meantime, if someone would like to learn more about CBT for tinnitus, the first step would be to visit the resource page on my website, and again, that's cbtfortinnitus.com. I did a webinar through the Anxiety and Depression Association of America. It's about a 90-minute webinar, and that's the most up-to-date overview of CBT for tinnitus. And they can find a link to that on my resources page. I've also got a guided mindfulness exercise there. It's a 10-minute exercise that they can stream to get an idea about how we use mindfulness for tinnitus, and if they want to explore that further, there's a link to the Center for Mindfulness website, where they can gain access to mindfulness-based cognitive therapy, which has been shown to significantly reduce tinnitus distress. I've also got a list of self-help books there. There are four or five self-help books that cover this area. None of them are really up to date in that they don't include mindfulness, which again, has become an important part of CBT.

And people can also sign up for my mailing list. I network with other experts who are also working on new resources for people. For example, Gerhard Andersson is a Swedish researcher who has done tremendous research in this area and is in process of developing a CBT self-help website, which will eventually be made available to the public. So I'm trying to stay on top of that and will alert people through my mailing list once that becomes available. And I expect to have a book out by the end of next year.

JC: Oh, we will definitely be looking for that. Speaking of mindfulness, we seem to have seen a change in the past 5 to 10 years in the approach to dealing with tinnitus from a psychological standpoint, from trying to focus away from the tinnitus to this mindfulness approach. Can you talk a little bit about that?

BH: Yeah, I'd love to. This has really mirrored an overall development in the field of CBT itself, where treatment for more chronic problems like tinnitus has become more focused on acceptance, on really kind of differentiating what you can and can't change about the problem. So with tinnitus, for example, we know that we can't change the tinnitus signal itself, the tinnitus characteristics, but by changing how we respond to tinnitus, how we behave around tinnitus, and so on, we can change how we experience the tinnitus and even promote habituation, which is kind of like a virtual silence. So, I should refer to another type of CBT called acceptance and commitment therapy (ACT), which has also been shown in double-blind studies to be effective in reducing tinnitus distress. And so those concepts and practices of acceptance and mindfulness have found their way into CBT for tinnitus. So if you look at some of the older resources, some of the earlier self-help books, they'll focus primarily on the cognitive piece. And this is a misunderstanding that people have in general, that CBT is really just about changing your thinking. I think you guys will readily accept the idea that you can't think your way out of tinnitus distress. It takes a lot more [than that?].

So again, we really have kind of this multi-pronged approach at this point, which includes changing thinking, but really puts a large focus on helping people accept their tinnitus, which is very hard to do when your instinctive reaction is to resist tinnitus with every fiber of your being. So it's a big transition for people, and mindfulness really provides the tools to help that happen. So again, it's just become a very, very important part of CBT for tinnitus.

JC: And to follow that point, CBT was not invented for tinnitus. It's been around for quite a while and was adopted for this purpose.

BH: No, that's a good point. It's really been around since the '50s, or I should say been under development. It first started out as behavior therapy, really taking Skinnerian processes and things like that from the animal lab and applying them to clinical situations for humans. Aaron Beck and some others in the 1970s introduced the cognitive component, so it became cognitive behavior therapy. And it was applied primarily to anxiety disorders and depression and variants of those types of problems. It was then a British psychologist, Richard Hallam, in the 1980s adapted cognitive behavior therapy for tinnitus. And he's my hero. He was really the first person who took that on in a serious way. And then again, the more recent development was the inclusion of acceptance and mindfulness.

JC: Sure. So let's refocus a little bit. Dean and I are both audiologists, and I think we would agree that for the general population, an audiologist is often the first stop for tinnitus care. However, CBT is not our domain. Certainly, we do counseling, as we were talking before the recording. And my apologies. Sometimes we have the best discussions before the recording starts and we have to bring them up again. But we are not, as audiologists, heavily trained in

counseling. I would even argue that we're not trained enough in many programs. As someone who does have many years of training and experience in psychology and counseling and therapy, where do you see the hand-off ideally happening?

BH: That's, again, another great question, John. And I think it really is in the triage, right? It's an audiologist being able to do a screening and be able to determine who's really going to need to be passed onto a higher level of counseling. Audiologists, some get a little bit of counseling in their graduate work, as I understand. Some get none. And so this is really the domain of a mental-health professional, the cognitive behavior therapist. So, we get a good 4, 5, 6 years of counseling training, as well as education about the details of helping people with anxiety and depression and insomnia and so forth, the stuff of tinnitus distress. So again, I think for an audiologist, it's really about knowing when to refer. And there are some simple screening tools, paper and pencil tests, that the patient can complete that would give you more information. We can talk more about that if you'd like. The other--

JC: Yes.

BH: Yeah, okay. The other thing, I think, is to have a local CBT therapist to refer to who understands tinnitus, has experience treating tinnitus, and this is really a major problem, as I said before, because there are very few of us to go around. So I do offer video training and coaching services on my website, and I'm able to kind of teach people about CBT for tinnitus and coach them and get them started with it. And I'm able to do a screening there to see who might need more in-depth treatment for anxiety or depression, who might need to be referred for medication for those problems. I'm not able to treat those problems across state lines, but I can then kind of educate them about how to find the local resources. So I have worked with audiologists around the country and, in fact, around the world to try to kind of integrate our services and together get the best help for the patient.

DF: Is there interest in your field for people to take on a subject, like this cognitive behavioral therapy tinnitus-centered? Is it a reach, or is it something that is fairly straightforward? So if I wanted to walk down the street to my local psychologist and say, "Hey, I need to apply this service. There's a need. There's patients," would there be resistance or is this a pretty easy step for your profession?

BH: I think that there would be interest if they knew the area existed. And then I think the question is, would they have space within their practice? Would they have time to take on a new-- learn about this new problem area? I recently tried to refer a patient in Philadelphia to a colleague of mine there and that was his response. He said, "I just don't have time now to learn a new area." So I think probably younger professionals who have more openings in their practice, who have more time on their hands, might be more interested in this. And you can always give them my name and refer them to me. On my resources page, there's also a professional reading list, which I refer-- because I get questions from psychologists and cognitive behavior therapists around the country, so I have that to refer people to to get them started, and I've provided training and supervision for people over the internet to also get them started in this area.

JC: And that's a good point though. All psychologists are not doing CBT, and while many psychologists may be doing CBT, many are not working with people having tinnitus.

BH: Yep. That's definitely true, and in fact, many of them do not do CBT, although it's really gaining in popularity and it's gaining in demand from consumers because it's a much more practical, time-sensitive approach to handling these kinds of problems of emotions. It is a little bit tricky to find someone who's really a qualified CBT therapist because it is a substantial area of study, and because it's in demand, there are, unfortunately, some therapists out there who will read a book or take a weekend workshop and then claim an expertise in CBT. So that's something you've got to screen for and I, again, talk about that on my resources page.

JC: So what's a patient to do? We know there's a bit of scarcity of resources for people wanting to seek out psychological support. We know how important it is because as we are all aware, the American Academy of Otolaryngology Head and Neck Surgery has said that CBT is the only treatment method proven in evidence to improve tinnitus for people. But then we know that it's not available for everyone out there, particularly those in rural areas. Is some counseling better than none? Is it still best to at least seek out a psychologist who can sit down and talk with that person and work out some issues? What are your thoughts on that?

BH: Yeah. What I recommend is that people get some counseling, CBT preferably, for the anxiety and depression and insomnia that come up around tinnitus, and then they use the resources that are available to educate themselves

about tinnitus, to encourage the therapist to educate him or herself about tinnitus. And again, they can use the resources page on my website to get started. But that's what typically I recommend. And I speak to people online, just to kind of get them-- again, often, it's to get them started with a plan like that. So they'll find a local-- and by the way, there are some links also on my resources page to find therapist websites where there are national networks of therapists who at least claim to do cognitive behavior therapy. So they often can find one of those people and again, educate themselves about CBT for tinnitus and tinnitus in general, and that's sort of the best we have right now for people to get a course of treatment in this area.

JC: Absolutely. And so I do want to thank you for joining us, Dr. Hubbard, and helping us to understand a bit more about CBT. Do be sure and visit his website, cbtfortinnitus.com. That's cbtfortinnitus.com. And make sure you visit that resources page because there truly is a lot of wonderful information on there and has, in writing, many of the things we talked about today, as well as going into some depth about CBT and has other resources that you could access yourself. Well, thank you.

BH: Thank you, John. Thank you, Dean, for giving me this opportunity. And again, just as a last word, I want people to know that there's hope, and so keep your attitude positive and stop trying to make your tinnitus go away and learn how to adapt to it. [music]

JC: The American Tinnitus Association is a nonprofit organization dedicated to research, advocacy, education, and support for people who live with tinnitus. Gifts and donations to ATA are used to support research for a cure and other critical missions described on our website at www.ata.org.