This introduction to Tinnitus Activities Treatment is intended to be a brief overview, lasting about 15 minutes.

It is advised that you also administer the Tinnitus Primary Functions Questionnaire, as described later, to determine which areas require counseling.

After you cover the introduction here, you can determine with the patient’s input, if more thorough counseling sessions are warranted.

Tinnitus Activities Treatment using picture-based counseling, has several advantages for tinnitus management, including:

- The sessions proceed in an orderly fashion
- The clinician does not overlook important concepts
- It is easier for the patient to understand concepts
- Treatment can be easily used by other clinicians
- Sessions can be adapted to the needs and interests of the patient

Counseling should be provided over several sessions, each lasting about 1 hour and separated by 1-2 weeks.

Presenting the information over several sessions allows for repetition of
key concepts and makes it easier to avoid overloading patients with too much information.
Listen to the patient and ask:
• What is most important for the patient?
• Why is the patient here?
• What does he or she expect from therapy?
• Is the patient alone, or does he/she have support?

Because we cannot assume we know what is best for the patient, probing questions can help obtain information for your counseling sessions.
• Encourage the patient to tell you about what they think caused their tinnitus.
• This helps to understand what factors might have caused the tinnitus, and how the patient views the tinnitus.
• Ask the patient to describe what their life was like when tinnitus began.
• Are other important things going on in their life (i.e., sickness/illness, problems at work or in the home) in addition to tinnitus?
• These answers can influence the direction of counseling.
How has tinnitus influenced your life?

- Have the patient describe how tinnitus has affected his or her life to learn about their specific problems.
- You might also ask them to make a list of the difficulties that they think have been caused by tinnitus. List those in order of importance.
Ask the patient how they think you can help them. This helps to nurture the patient expectations including:

- Being perceived as a knowledgeable professional
- Being sympathetic
- Demonstrating an understanding of the problem
- Having a clear therapy plan
- Sincerely caring about the patient
- Providing feelings of mastery
- Providing hope for the patient
Tinnitus patients often experience negative thoughts and emotions. Begin your counseling by learning from the patient their general outlook on life. Ask the patient:

• Are you depressed?
• Are you anxious?

Make sure you understand the patients general outlook on life prior to and after tinnitus. You can help with depression and anxiety due to the onset of tinnitus, however, if the patient’s problems are beyond your expertise, you can make a referral to a clinical psychologist and/or psychiatrist and can work in parallel with that mental health professional.
To further gauge their emotional well-being, ask the patient how they view themselves.

In order to better understand their current coping strategies for tinnitus, ask the patient about the things they are currently doing to help their tinnitus.

- How would you describe yourself?
  - E.g., curious? concerned? distressed?
- What are some things you are doing to help your tinnitus?
The following four broad topic areas are included in Tinnitus Activities Treatment because they are associated with functional impairments such as social and work problems.

- Thoughts and emotions
- Hearing and communication
- Sleep
- Concentration

The complete treatment plan addresses all categories. Any area not of concern to the patient can be omitted from the counseling.

To determine which areas require treatment, administer the Tinnitus Primary Functions Questionnaire (Tyler et al., 2014) available on our website. This provides a score for each area, and then you can determine with the patient’s input which areas require treatment.

Become familiar with all sections. Techniques in one section might be used in another section.
The thoughts and emotions module provides information on
• tinnitus and hearing loss to remove the unknowns, misconceptions, and fears
• Hearing and attention to teach patients to ignore their tinnitus
• Thoughts and emotions to change how we think about and react to tinnitus.
In the hearing and communication module, we will
• Briefly explain how the auditory system works to better understanding hearing
• Talk to the patient about how the auditory system is affected by hearing loss
• Discuss the difficulties that they may experience due to hearing loss
There is an emphasis on how tinnitus affects hearing, and how to improve hearing and reduce stress via amplification and management of hearing loss
Therapy for sleep is important given that sleep disturbances are very common in tinnitus patients. In the sleep module, we will

• Discuss normal sleep patterns
• Tinnitus and sleep
• Activities to facilitate sleep
• Waking up at night

Therapy for sleep is important given that sleep disturbances are very common in tinnitus patients. In the sleep module, we will

• Discuss normal sleep patterns
• Explore factors that affect sleep
• Talk about arranging the bedroom to promote sleep
• Talk about avoiding certain activities before bedtime
• Recommend background sound to reduce the prominence of tinnitus
• Learn relaxation exercises
4. Concentration

• Things that affect concentration
• How tinnitus affects concentration
• Strategies to improve concentration

In the concentration module, we address three areas to improve concentration:
• Providing information about concentration difficulties
• Learning how tinnitus affects concentration and how to decrease the prominence of the tinnitus
• Increasing attention to the task at hand
Include the sessions that are relevant to the patient, based on the Tinnitus Primary Functions Questionnaire results and the patient input.

Each session and topic has a series of illustrations to show the patient during the counseling.

Sessions typically include:

- Picture-based materials to be discussed by the patient and clinician
- Activities to better understand the patient’s problems, interests, and motivations
- Homework to allow the patients to practice the strategies introduced in each session

Make sure that you are familiar with all of the modules. Some techniques used in one module (muscle relaxation; imagery training) might be helpful in another module.

There is no right or wrong way.
This is a good opportunity to discuss any remaining questions with the patient.
You might do the following to support your patient:
• Set 3 goals for the counseling sessions
• Teach the patient a mantra, such as “I am ok” or “This is ok” to start countering negative thoughts
• Recognize the individual differences among patients