

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