2018 UCSF Audiology Update

The Role of the Mental Health Clinician on the Tinnitus Team

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Educational Objectives

1. Identify the skills mental health clinicians provide in assessing & treating those with tinnitus

1. Assess the psychological impact of tinnitus and red flags for referral

1. Analyze and apply cognitive behavioral interventions to a clinical case
Health Care Professional Skills

- Communicate effectively
- Set realistic expectations
- Assess patient’s ability to adapt
- Monitor patient’s ability to cope
- Don’t take behavior personally
- Know your limits
- Ask for help

Emotional Requirements of Audiologist

- Tolerate Expression of Strong Emotion
- Have Compassion / Retain Objectivity
- Be Responsive / Have Boundaries
Pandora’s Box

Emotional Requirements of Patients

- Move from Denial to Acceptance
- Form a Good Faith Relationship
- Be Willing to Use New Tools
Barriers to Adapting to Tinnitus

- Narrow Window of Comfort
- Treasures Silence
- Intolerant of Health Problems
- Easily Irritable
- Cognitive Distortions
- Searching for Cause or Cure
- Grief of loss of Perfect Health
- Paralyzing Doubt

Evaluation of Tinnitus

By Audiologist

- How is the patient managing?
- Impact on quality of life?
- Able to sleep and concentrate?
- Use cognitive behavioral strategies
- If overwhelmed or in crisis

Refer to Mental Health
Red Flags for Mental Health Referral

- Loss of interest or pleasure in all activities
- Withdrawal from family / friends
- Increased alcohol or substance use
- Difficulty getting to / staying asleep
- Panic attacks or near panic
- Despair / depression daily or almost daily
- Overwhelmed / Frequent Crying / in Crisis
- Suicidal statements / Cry for help

Mental Health Clinician Skills

- Assess impact of new or worsening physical symptom on ability to function

- Work with grief due to loss of perfect health & impact on current responsibilities

- Work collaboratively on the emotional impact and acceptance of TX plan recommendations
Which of the following is most harmful to the patient?

a) Not spending enough time with a patient

b) Not giving the patient enough strategies on how to cope

c) Telling a patient there’s nothing we can do for you

a) Telling a patient not to worry

Which must be present for a successful doctor-patient relationship?

a) a willingness to change & adapt

b) a persistence to be heard & understood

c) a participatory decision-making style

d) an ability to trust the clinician
“And that’s the hand that fed me.”

“Don’t be alarmed, folks. ... He’s completely harmless unless something startles him.”
Audience Activity

• What are the positive aspects in working with individuals with tinnitus?

• What are the challenges in working with individuals with tinnitus?

Take about 10 minutes to discuss
The Fourth Quadruple Aim

Triple Aim - Institute for Healthcare Improvement 2008

Quadruple Aim - Michigan Institute for HealthCare Improvement (MiHIA) 2016

Self-Care for the Audiologist
Lack of Self-Care Consequences

- Burn Out
- Compassion Fatigue
- Negative Emotional Reaction to Patient
- Career Dissatisfaction

Clinical Case
Setting and Context

• In your clinic, the person who sees tinnitus patients is out so patients with tinnitus have been added to all schedules.

• You’ve already had a hard week & you’re not looking forward to this.

• And, it’s a few weeks until your vacation which you really feel like you need right now

Clinical Case

• 67 year old male with a 3 month exacerbation of pre-existing tinnitus. He reports 9/10 loudness tinnitus that sounds like “eeeeee.” Associated features: sound sensitivity. “I have trouble sleeping and can’t concentrate to read….I had to take time off work.” He confides it’s causing some marital problems because he is curt and snaps at his spouse. He states: “You have to do something. There’s got to be a way to make go back down to being mild or I can’t function!”

• Exam findings: Symmetrical, mild sensorineural hearing loss at 6000 – 8000 Hz bilaterally. Normal tympanograms bilaterally.
Self-Reflection

Or
Understanding the Mylanta Moment

Audience Activity

1. What is most challenging aspect about this for you?

2. Does anything concern you about this patient?

3. What counseling advice would you provide?
Management of Tinnitus

Non-Pharmacologic Interventions

- Provide Hope
- Continuous Sleep
- Preferred Sound
- Habitation
- Stress Management

Behavioral Tools

- Restorative Sleep
- Soothing Preferred Sound
- Engage in Activities
- Avoid Monitoring
- Avoid the Internet Chat Rooms
- Cognitive Behavioral Therapy
- Mindfulness Meditation
- Medical Therapy/Pharmacology

“There is something in between never and forever...”
Cognitive Distortions

- All or nothing thinking
- Overgeneralization
- Disqualifying the positive
- Jumping to conclusions
- Catastrophizing
- Emotional reasoning
- Labeling or mislabeling
- Personalization
- Fallacy of Fairness
- Control fallacy

Last Audience Question

Which cognitive distortion is represented by the statement: “If the tinnitus is bad now, it’s just going to get worse and worse!”

a) Catastrophic thinking  
b) Disqualifying the positive  
c) Fallacy of fairness  
d) All or nothing thinking

What would you say in response to this patient reaction?
Thank you for your attention
Additional Resources


3. Compassion Fatigue in Health Care Providers Awareness Project at [http://www.compassionfatigue.org/index.html](http://www.compassionfatigue.org/index.html)