Tinnitus Patient Education at Every Level

Presenter: Tricia Scaglione, AuD; Brianna Kuzbyt, AuD

- [Christy] It is my pleasure to welcome our two guest speakers today, Dr. Tricia Scaglione and Dr. Brianna Kuzbyt. We'd like to welcome them today to present "Tinnitus Patient Education at Every Level." If you'd like to learn more about either presenters, you can read their bio on the course registration page. And at this time, I'll hand the mic over to you, Dr. Kuzbyt.

- [Brianna] Thank you so much, Christy. Hi, everyone. Good afternoon. My name is Brianna Kuzbyt, and I'm here with Dr. Tricia Scaglione. We're both audiologists who specialize in tinnitus management, and we are really excited for this webinar. We've been looking forward to this and to get to talk to everyone about tinnitus, specifically tinnitus counseling, which is something that we spend a lot of our time doing. This talk that we've put together for you guys was inspired by a presentation I gave for a national conference a few years ago on tinnitus counseling for the non-tinnitus specialist. And this is kind of the next level, and it's geared towards practitioners of any level, from people just starting to dabble in tinnitus counseling or for those who want to take their counseling to the next level or offer more comprehensive care.

And throughout the presentation, you'll hear us use terms like counseling and education interchangeably, because really that's what we're doing. We're teaching and we're guiding our patients. So you'll hear me talk for a bit, and then you'll get to hear from Dr. Scaglione. These are our disclosures. And in terms of learning outcomes, after this course, you should be able to discuss how to construct a tinnitus educational protocol that fits your particular clinical needs, describe how to counsel patients effectively on understanding their tinnitus, and establishing realist... Realistic expectations, excuse me. And explain how to recommend resources for basic to advanced management strategies. And you'll also notice as we kind of go through the slides, little indicators at the top-right corner of certain slides that will give a hint for the quiz that's available after the presentation if you are receiving CEUs for this course.

So keep an eye out for those little markers in the top right. Okay, let's jump in. And let's start with some tinnitus basics. So according to Shargorodsky et al, tinnitus affects over 50 million Americans, but only about 8 to 10% of these 50 million people report their tinnitus as bothersome or even seek medical services for their tinnitus. Tinnitus has many precipitating factors and is most often linked to hearing loss. Although most people with tinnitus are not reporting their tinnitus as bothersome, it really can negatively impact quality of life. And if you're an audiologist who already works with patients with tinnitus, probably already know this. The World Health Organization categorizes the functions impaired by tinnitus into four broad groups: thoughts and emotions, hearing, sleep, and concentration.

And because the management of tinnitus is not standardized across our field, the inefficiencies and variations that patients receive contribute to increased healthcare costs, and they place an undue burden on our healthcare systems. So a little bit of background on Dr. Scaglione and I. We've both worked at the University of Miami. I've been at the University of Miami Ear Institute for nearly 10 years now, and Tricia was with the university for about 15 years, and she only moved on earlier this year. The Ear Institute is part of the larger UHealth system, which is based in Miami, Florida, and within it exists the Tinnitus & Sound Sensitivities Clinic where we see our patients who have these issues. During her time at the university, Tricia started the program, and she served as its director until just a few months ago.

So she's very familiar with everything that we do. She started it. In the tinnitus clinic, I now see patients alongside a team of neurotologists and a nurse practitioner for the evaluation and management of tinnitus and sound sensitivities. And several years ago, we kind of changed around the format of our clinic to frontload the counseling and created tinnitus education sessions for our patients where we counseled patients on tinnitus and how to manage it, followed by whatever appointments were needed, like audiological evaluations or medical evaluations by our ENTs. And during this transition,

we had the opportunity to collaborate with our university's Clinical and Translational Science Institute and co-author a paper on the development of an evidence-based tinnitus patient education protocol and a manuscript on the utility of telehealth for the delivery of tinnitus care.

And most recently, we collaborated with a team of researchers on a meta-analysis on the use of various tinnitus questionnaires in tinnitus research. And additionally, we both are certificate holders of tinnitus management through the American Board of Audiology and have served on the panel of reviewers who updated that material for the certificate program itself. So needless to say, we feel very strongly about the importance of effective tinnitus counseling as part of the management of tinnitus patients. So this is really near and dear to our hearts. So, why should I even be counseling my patients about their tinnitus? What's the point? What's in it for me? What's in it for the patient? So primarily counseling our patients on their tinnitus benefits them, it benefits the patients.

Counseling provides them with a better understanding of what to expect from their tinnitus and from the available treatments, helps them make more informed medical decisions. It demystifies tinnitus, which can help reduce worry or fear. It empowers them to be more critical consumers of what they read online, and it also increases the chances of them seeking out credible information. So we've all had the experience of having someone say, "But I read online "that if I put this garlic clove in my ear, "that would solve my tinnitus." We wanna make sure that we're guiding our patients to information that's really gonna help them. Also, it benefits providers. It benefits us as audiologists. Counseling can act as a way to manage expectations from the get-go and hopefully lead to better outcomes.

It can assist in triaging patients to allow you to focus more time on those patients who need the most help. And I've received a lot of feedback from my own ENT colleagues

that counseling helps reduce negative reactions by patients in response to being told that there is no cure. Which, again, that's a bit of information that everyone needs to deliver at some point. And it can be hard for some of our patients to accept that or understand what that means really. And so when they see an ENT or a doctor that's like, "Oh yeah, there's no cure. "You just have to live with it." That can be really, really jarring. So we find that counseling them can really kind of reduce this reaction.

And, finally, counseling benefits the field of audiology as a whole. Tinnitus is our domain. You as an audiologist are best equipped to deliver this information to your patients and answer the questions your patients may have. And it is appropriate for us to take ownership of tinnitus evaluation and management. And that includes counseling. So the Tinnitus Research Initiative provides this free interactive PDF on their website. The website is on the bottom, although I can't really see it here. It's in the reference slide as well. And this document details a diagnostic flow chart for clinicians who are managing tinnitus from the audiological assessments, down to the more advanced medical evaluations they may receive. And as you can see here on the right-hand side of the document, counseling is recommended at every stage.

So this should be done from the beginning and throughout the process, all the way into treatment. So counseling is not necessarily something that's just done one time. This can be thought of as something that kind of grows with the patient and is dynamic. So although there's not one standardized tinnitus management or counseling protocol across the field of audiology, the American Academy of Otolaryngology-Head and Neck Surgery have best practice guidelines when it comes to talking to patients about their tinnitus. And it really can serve as a helpful guide for us in terms of, what kind of information should we be including in our counseling spiel and when we're talking with our patients? There's a lot of variability amongst audiologists in terms of what they're actually doing to manage tinnitus patients despite these guidelines existing.

And some audiologists may only be assessing hearing, others may be checking off some of these bullet points that you see here in front of you. But even fewer managed to get through every single thing on this list with every single patient that reports tinnitus. And so I think it's important to understand, what's the important stuff to tell our patients? And how can we best deliver that information in an efficient way? So like I said before, a lot of variability exists on what audiologists are actually doing in their clinics, despite there being guidelines. Even different audiologists or providers in the same clinic likely have different approaches or different ways that they counsel their patients on tinnitus, if they're counseling at all.

So this means that patients in different geographical areas, or even with different healthcare providers within the same office, can be receiving very different care. And services available in languages other than English can be even more limited. At UM, thankfully, I have the opportunity to serve populations who speak English and Spanish almost equally. And I know that that's a boon for a lot of the patients that we see here, because in other areas of the country that might not be the case. You might not have providers available or even access to interpreters, or that might not even be an efficient use of your time during a quick appointment in order to counsel patients who speak different languages.

Oftentimes, lack of counseling or management options can also lead these patients to go online for information. And this is when they start to get that misinformation, which can sometimes even worsen their outcomes or increase the attention that they're giving to their tinnitus. Hearing aids are commonly recommended as treatment for hearing loss and for management of tinnitus. But access to hearing aids can be limited by many different things, including cost and limited coverage, if there's any coverage, from private insurance companies. Another issue that's not on the slide here, but I do want to comment on briefly, is reimbursement to providers for counseling, and for tinnitus care as a whole, I should say, which is really hit or miss, unfortunately.

So currently, at least in Florida, audiologists are not reimbursed for the time that they spend counseling their patients on tinnitus, unfortunately. And so for many, this means that they're simply not counseling at all. So, for some, there's just not enough time to counsel because of appointment time constraints. And for others, they've determined that it's just not worth their time to counsel if it's not generating revenue. And this is a really real issue that both Dr. Scaglione and I have had to confront ourselves at UM and elsewhere. And I could probably spend the rest of my time today talking about this particular obstacle. But ultimately that is out of the scope of this presentation. And so we're gonna instead accept that we won't always have enough time to spend counseling our patients and tailor our counseling to our specific needs and limitations as providers.

So before we start discussing what information should be included in a tinnitus counseling protocol, I encourage you to do three things. So, first, it's important that you refresh your tinnitus understanding. You need to know what you're talking about when you are talking to your patients about tinnitus. You're likelier to counsel the more comfortable you feel with the subject. And you need to know at least on a basic level what information to share and how to share it with patients in order to answer their questions and to do so efficiently. And then also to tailor your counseling protocol, either to the amount of time that you have or to your desired specialization level as a provider. There's lots of available resources in textbooks and online.

You can use available resources online, such as CEU courses like this one, training courses like what the ABA offers, the certificate holder in tinnitus management program, which is really helpful and very detailed in what they share or any other available resources. Tons are available for free, like, for example, through the American Tinnitus Association or even the Veterans Administration. So lots of available resources for us as providers out there. And it's important that we all have a working knowledge

because tinnitus is something that we all see, even if we're not managing it necessarily ourselves. Secondly, I think it's important to find tinnitus providers in your area so you know where to refer your patients. This is especially important if you yourself don't offer tinnitus services at your clinic.

So at the very least, you can participate in your patient's tinnitus management by guiding them to care elsewhere. If you're providing more advanced tinnitus care, you might wanna consider developing a multidisciplinary team of providers that you refer your patients to and making sure you keep the list current with up-to-date contact information. I think we've all had the experience of getting a list of providers from our insurance companies, and you reach out to like half the list and they're not even on that plan anymore, something like that. So it's important to keep that up-to-date, and it reflects on you, really, as your patient's provider. And, third, although this is not the most important thing on this list, I find it incredibly helpful to draft a documentation template that you can use when you're charting your appointment notes.

Counseling patients on their tinnitus can be very time-consuming on the front end during the appointment itself, and then also on the backend when you're charting your encounters for the appointments. Because you want to not only detail the objective findings of the appointment and what your patient is reporting, but also what was discussed and what your recommendations are. And it can get pretty lengthy if you're making kind of like unique reports for each person, especially if you're in a very busy clinic like mine. So do yourself a favor, write a template that you just copy and paste into your reports, and make that part easier on yourself so that this is not an obstacle that you allow to keep you from wanting to counsel your patients.

So when we talk about tinnitus counseling at every level, we can think about our basic counseling, our intermediate counseling, and our advanced counseling in terms of either the amount of time that it takes us to deliver this counseling to our patients or

the level at which we are practicing in terms of our specialization as tinnitus providers. And this can be interchangeable. Again, we can decide, "Okay, now this moment calls "for more basic counseling," or, "Now I have more available time, "and so perhaps I'll get more in depth "into this particular area." And so when we use terms and when you read these terms now on our slides, basic, intermediate, advanced, think of these terms like what I just described.

They're fluid. So we're defining basic tinnitus counseling as counseling that you can do in about five minutes. Or this might be appropriate for people who are not regularly managing tinnitus patients, or they are referring their patients for further care for their tinnitus. So they have a basic working knowledge, they can kind of briefly fill their patient in on what's going on and what they should be doing, but they really don't have a lot of time or desire to spend doing extensive counseling. Intermediate tinnitus counseling we're defining as taking between five to 10 minutes of an appointment time. And this is more for people who are comfortable suggesting treatment options beyond just hearing aids and talking a little bit more advanced and answering perhaps more advanced questions.

And advanced tinnitus counseling is typically done when you have at least 10 minutes or more to spend with your patients doing this. And, again, we do these educational sessions that last an hour and a half. At that level, we have the time that we need to not only go into detail into different domains, but also to answer people's questions. And advanced tinnitus counseling can also be thought of as appropriate for people who are regularly managing tinnitus patients throughout their initial appointments, throughout their evaluations and into treatment, even throughout the end of treatment. Oftentimes, these audiologists are part of a multidisciplinary team working with other physicians or other professionals, like mental health counselors, in order to manage their tinnitus patients most appropriately.

Also, people who are precepting students or have people observing them or are teaching in some capacity could be best served by having an advanced-level knowledge of tinnitus counseling, even if it's not something that you're using all the time. But to be able to discuss this on a peer-to-peer level, I think it's very helpful to be comfortable at this more advanced tinnitus counseling level. Before you begin counseling for any specialty, not just limited to tinnitus, it's important to know what you're talking about. I said this already. But for tinnitus-specific counseling at a basic level, you'll want to, at a minimum, be able to meet your general audiology competencies. We're not gonna get into that here, I'm sure everyone here does.

And understand tinnitus-counseling best practice guidelines as even just a rough framework of what types of points you should be hitting on. It's important to have a working knowledge of tinnitus causes, basic pathophysiology, prevalence, and common presentation patterns. So dust off your textbooks and make sure you have a general idea of who it affects and how often. Familiarize yourself with the available management strategies that exist to manage tinnitus. Even if you don't offer any of them yourself, even if you're referring out for them. Create a list of providers you refer to for tinnitus evaluation and management, if you don't offer it yourself. And like I said before, do yourself a favor and create a report template blurb that you can use, copy and paste into your documenting after the appointments so that your chart notes are accurate and detailed but aren't taking all of your time at the end of appointments.

And regardless of the level of tinnitus care you provide, you should always have an emergency protocol in place for patients who express intent of self-harm related to their tinnitus. This way you can quickly get them into the care of someone who can help them address these types of advanced mental-health needs, and you can be sure you fulfilled your responsibility as their healthcare provider. And it's important to remember that even if you are not a tinnitus specialist, you as an audiologist might see

a patient who reports intent for self-harm related to their tinnitus, and you need to be able to know what to do and how to document that as well, I should say.

For an intermediate-level counseling, you wanna be able to do everything that we just described, plus have an understanding of which questionnaires you might want to incorporate into your practice. This is a great way to get some useful information with little time that you can have your patients fill out in the waiting room. Understand when to use which questionnaires, and then also how to interpret the results and report on these results in your chart notes. You want to review available management strategies so that you can discuss them with your patients in terms of their likelihood to help in their particular case, and prepare clinical resources to give your patients. It's extremely important also to understand when it's time to end an appointment and when to reschedule a patient for a longer appointment.

Sometimes we can kind of let go of the reins of an appointment or a patient can kind of take the reins, I should say, and our appointments can get very, very long and we can get back to our clinic. So knowing how and when to end a tinnitus appointment is important. And familiarize yourself with the specifics of the different cultures or populations you serve so that you can better understand the unique ways in which tinnitus might impact them. And, finally, for even more advanced counseling, I recommend becoming comfortable with discussing how and when tinnitus impacts mental health and how mental-health counseling can strengthen a tinnitus-management plan. Know what options are available to your patients for follow-up care, either with you or with other providers, in person versus telehealth, and the expected schedule of appointments they might need.

And be prepared to discuss the pricing of treatment options to tailor the management to your patient's particular needs, because sometimes they're not choosing these options based on like what they need, but rather what they can afford. And support

them with various options such as available financing if that's an option, or community assistance programs such as vocational rehab or charity groups that can help them pay for treatment options like hearing aids, for example. And in our opinion, counseling starts when you're taking history. At a basic level, you need to know how long your patient has had tinnitus, where they hear it, if it's constant or not, if it's pulsatile or not. And other pertinent ear-related history such as noise exposure, use of ototoxic medications like chemotherapy, and if their tinnitus is disruptive to their sleep.

I find that this question about sleep disturbance is a great litmus test to quickly get a feeling of, "Is this tinnitus really disturbing my patient? "And if so, to what extent?" At an intermediate level, you'll wanna know if and how their tinnitus fluctuates, if they've noticed any patterns or triggers and what makes it better or worse. How much attention they give it, either intentionally or unintentionally, like are they noticing it spontaneously? Are they keeping a journal of fluctuations throughout the day? That happens, believe it or not. And other sound sensitivities they might be experiencing. It's also helpful to incorporate the objective questionnaire results to better understand how the tinnitus impacts their hearing or other domains. And, finally, during advanced counseling, you can discuss existing or prior mental health concerns, what strategies they've tried for managing their tinnitus, and how their tinnitus impacts their quality of life.

I also find it helpful to review their overall health status and ask if they're dealing with other health concerns or taking medications. You'll wanna know what other specialists they've seen for issues that may be related to their tinnitus, for example, grinding their teeth or clenching their jaw at night, and what the outcomes of these visits have been. Also, digging into sound sensitivities such as differentiating between suspected hyperacusis or misophonia, for example, is often done during this type of advanced counseling. Based on our years of experience counseling patients on tinnitus and researching effective tinnitus protocols an effective tinnitus protocol, whether it be

basic, intermediate, or advanced, should include four main domains. Validation, information, personalization, and guidance. I'm going to invite Dr.

Trisha Scaglione now to join the conversation to guide you through these counseling strategies that focus on these four domains. So thank you, everyone, again for your time.

- [Tricia] Thank you so much, Dr. Kuzbyt. And hello, everyone. Thank you for all of you who are joining in today and for those of you who may be joining us after the session to watch the recorded version of it. We are absolutely delighted that you are taking this next step to be able to strengthen the education and counseling you're able to provide your patients that come in that are experiencing tinnitus. So as Dr. Kuzbyt mentioned, there are these four pillars that can be effective when counseling your patients. So let's dive into those a little deeper. The first being validation. In terms of basic counseling, this is especially if either you are very tight on time or if you just have a lack of experience at that time or comfort level of working with tinnitus patients.

I'm sure that many of you have run into the tinnitus patients that come into your office and they feel very discouraged or very distraught because another healthcare provider had told them, "There's nothing you can do about it." And they mentioned that it's impacting their quality of life, they're really bothered. So having that very brief conversation with them just to validate their fears, their concerns, and also what they're experiencing in their ears or in their head that others are not hearing can be extremely validating. Some things that might be useful and helpful to say to the patient is, "I understand how bothersome this tinnitus must be for you. "Tinnitus can have an impact on quality of life, "and individuals can have anxiety or depression.

"Sometimes they experience sleep disturbance, "just like you're sharing with me." And just being able to open up and say those few things to your patient, you can

sometimes almost see this weight lifted off their shoulders of, "Oh my goodness, they understand what I'm going through." Another thing is, and when you're talking with your patient, is also explaining that with tinnitus or tinnitus, sometimes they're confused on how it's pronounced, that it certainly can be bothersome and there are things that we can do for it. So validating and helping to instill that hope. Building up to more of an an intermediate level, you can also try to tie in some other results that they may have completed based on the self-report questionnaires they completed at either the beginning or end of their session with you.

And so if somebody had shared with you, "I'm having trouble sleeping at night "because of my tinnitus," and then they filled out a self-report questionnaire that also correlated with this, demonstrating they had the greatest disturbance at nighttime or trying to sleep or relax, you can tie the two together and say something like, "What you've shared with me is consistent "with what I'm seeing on your report. "And let's talk about this a little bit more." You may be the first person who truly understands how challenging it can be for this person. And so as such, it can be extremely, extremely validating to them that they understand what you're experiencing with them. It can also be a way to establish or reinforce your connection with that patient.

So considering acknowledging that to them, just having them come to see you for their tinnitus, they've already started to manage it. They're in that initial information-gathering stage. And as you become more comfortable with counseling your tinnitus patient or you become more advanced with it and/or you have greater amounts of time to be really able to delve deeper into this validation period, in terms of advanced, then you can also discuss, "Let's go ahead and review "what strategies you've already tried "and what has worked for you and what hasn't." And why this is important is at times patients will come into the office, and both Dr. Kuzbyt and I have experienced patients very, very upset, saying they've tried everything for their tinnitus.

They've seen so many different specialists and just nothing seemed to work. But when we've sat back and actually taken the time to delve into what they've tried and how they've tried it, we found that either individuals were very quick to try a number of different tinnitus-management techniques, but either didn't adhere to the recommended protocol or did not follow through with the full treatment plan. Maybe the treatment plan needed six to 12 months to complete, and they only completed four to six weeks. So we would not necessarily expect them to have improvement by that time. And also expressing those realistic expectations with the patients as you start to review those strategies that they've attempted in the past.

Next, you wanna review the facts. You wanna help the patient understand what tinnitus is and what it's not. And in doing so, it can certainly make it less scary or concerning for your patient. Many of our patients now will go online, they'll go on social media, they'll go on Dr. Google, they'll go into maybe some support chat rooms. And they're doing so, in a way, to try to gain this information. However, they may not know how to interpret this information or the information may be incorrect. Or what they're reading from others sharing, the other individual situation may be completely different from what your patient is experiencing, and as such isn't appropriate information for your patient to apply to their personal experience with tinnitus.

And as such, it can make them worry more, it can perhaps lead to a greater attention that they're keeping on their tinnitus and create this vicious cycle of just focusing on that tinnitus. So in terms of basic information you can share with your patient, I wanna reassure you that tinnitus is common. Dr. Kuzbyt gave the statistic at the beginning of today's session that about 50 million people experience tinnitus. Now, not everybody is disturbed by their tinnitus and needs to receive audiological help or medical help with their tinnitus, but at least a quarter of the population does at least experience it. And typically it's benign. That can be really comforting for your patient to understand, that this is not necessarily a malignancy, that this is not a disease.

It's a symptom of something else happening in the system, in the body. And that's why we're doing some testing, to see if we can get to the bottom of it so we can help identify a management plan or strategy. Also, reassuring some patients that tinnitus can be temporary. Especially if they come in very quickly after the onset, maybe they were at a concert the night before and they're experiencing a temporary tinnitus. But sharing with them that it certainly can persist, but even if it does persist, it can still certainly be managed. In terms of intermediate, if you're building up a little bit more, you can include some details about, what does successful management look like? What does it mean?

As well as really establishing those realistic expectation. So, you know, encouraging your patients to really know that it is possible for your tinnitus to fluctuate, even as it's improving. It may change in your perception or your disturbance of it. That might mean it might happen more frequently. It may be changing pitch, it may be changing in loudness, and that might be you're more aware, you're less aware. And there are certain triggers like stress, noise exposure, and other factors that can contribute to these fluctuations. And then when it comes to the advanced level, you can start to share with your patient a little bit even greater detail of going into the pathophysiology of tinnitus, talking about that limbic system and how that ties into the management of tinnitus.

How, as we acclimate to our tinnitus, we're really trying to train our brain not to pay attention to the tinnitus. At this point too, this can also be really great to discuss how you can incorporate mental-health concepts if this is appropriate for your particular patient that's come to see you. Next, you want to personalize the experience for your patient. And this can be something as simple or basic as talking about the audiometric evaluation that you've performed for this patient. Or maybe you didn't perform the hearing test, but they are coming in for a hearing-aid consultation and they've brought

an audiogram with them. So going over those results with them and sharing how those results can correlate with the perception of tinnitus and how something as common as hearing aids or ear-level sound generators may help to not only improve the hearing, but they may make the tinnitus less disturbing or noticeable.

And the same for the sound generator. While it won't necessarily, we're not trying to manage any type of hearing loss, it can certainly contribute to the improvement in tinnitus perception or awareness. If you have some extra time, you can also talk about lifestyles. You can talk about what type of stressors they're experiencing. What do they do to manage their stress? Are they even doing anything to do that or are they just sitting home listening to their tinnitus and just building more and more of this stress? Which obviously we know is certainly not helpful. And you can incorporate all of this information into your counseling with your patient, using it to really tailor to each of your specific patient as much as you can.

And in terms of building into a little bit more intermediate, again, going back to those questionnaires. So when you're not only saying, "Hey, your history that you shared with me "and your questionnaire "both point to sleep being a disturbance for you "as a result of your tinnitus," now you can go ahead and discuss with them, "While your hearing test "suggests that hearing aids would help during the day, "we wanna also identify what we can do "to help you with your sleep disturbance at night. "And so I'm gonna go ahead and discuss "some different sleep-management devices and techniques "that you can use "to help during that period of time." And in advanced, this is also going to be where you're probably gonna delve a little bit more into talking about those sound sensitivities, the hyperacusis, the misophonia, or the more complex cases, perhaps even how comorbidities are contributing to the perception of the tinnitus and what those next steps look like in terms of managing the tinnitus.

And, lastly, we're gonna go ahead, and we're going to focus on guidance. So what is that next step? So you've helped validate what they're feeling, you've provided them information, you've tailored it to what their specific triggers are or their areas of disturbance, and then you've briefly talked about a little bit maybe of some devices or plans that might help them. So what's next? Are you going to be the one to help them? Are they going to see another specialist? Are there other evaluations that need to take place? In terms of the basic level of counseling, sharing with the patient that even though there's currently not a cure for tinnitus, there is certainly a way to improve the tinnitus.

There are strategies that you can start using today. They don't have to wait. They can start today with certain strategies to at least start to cope with their tinnitus. And that you can share with them that you can hand them an information sheet, you can give them information for resources that they can start doing and using right away to start working towards having relief from their bothersome symptoms. And if you are not going to be the one that provides the continued tinnitus care and you're going to refer them out to the community, then you wanna share that of, "Here is some contact information "for tinnitus specialists in your community "or how you can find one." Or perhaps, "Here are some contact information "for other specialists that I'd like for you to see.

" And I also share with my patients, I wanna emphasize that patients can get upset for the fact that there's not cure for this tinnitus. But I also like to say, "I understand you might be concerned "that there's not a cure for tinnitus, "and that means that there's no pill, "there's no surgery, "there's no quick treatment "that can quickly and permanently "turn off that sound in your ears or your head for you, "but there are chronic conditions that exist "like diabetes and high blood pressure. "And while we can't cure those either, "we can manage those conditions, "and individuals can have a

very fulfilled life. "They can partake in their daily activities "and not have their condition impact that quality of life, "just like tinnitus does not have to be an impact for you.

" So really driving home that point that there are things we can do. We really wanna emphasize and instill hope in our patients. In terms of intermediate levels, you're gonna then talk to them about, should they return for a tinnitus assessment? Are you offering them in your office or do you refer them out to another specialist for tinnitus assessment? And what is a tinnitus assessment? And just briefly saying something like, "This tinnitus assessment "is going to help me understand more "of what you are hearing." Kind of ties back into that validation from the beginning of, "Oh my goodness, "they're gonna be able to play some sounds, "and I'm gonna be able to identify what I'm hearing, "and they're gonna hear what I'm gonna hear.

" And talking about the information can help to identify some management strategies as well as to determine if there are other considerations like sound sensitivities that we have to take into mind when strategizing and implementing a management plan. And as a disclaimer, Dr. Kuzbyt and I understand that not every practice offers a tinnitus assessment. So by no means are we saying you do or do not have to offer one as the next step. This is just simply an example of what that next step might look like in your clinic. And then in terms of advanced, this is probably where you're also going to really talk about involving maybe a mental health specialist, like to offer cognitive behavioral therapy.

And giving a brief overview about what cognitive behavioral therapy is and how common it is is for patients to undergo CBT for the management of their tinnitus, especially if they're having stress or depression or anxiety that's related to the symptoms that they're occurring. Not something as simple as... I shouldn't say as simple, but something like sound therapy is not necessarily going to be the appropriate only management strategy for that tinnitus. Reviewing management strategies would

also be extremely important if you have some extra time. So being able to elaborate on that. If you don't have time, you can certainly already have these strategies written down on a flyer that you can hand to a clinic. Dr. Kuzbyt and I have experienced working in our specialized tinnitus clinic where we have time to sit down and really delve into information with our tinnitus.

But we also have practiced in a very busy ENT clinic where it's patient after patient and you are just, you're moving so quickly to provide the best care possible, but also understanding that the time is of the essence in terms of many, many patients in the quick turnaround. So in those busy clinics, we don't spend a lot of time going into the detail of these management options, but there will be... I will at least mention to the patients and so will she, that there's sound therapy, there's stress management, there's a way of looking at your diet to make sure that you're not eating or consuming things that could be a trigger for tinnitus. As well as mental-health support or cognitive behavioral therapy.

These flyers can also have referrals to other health specialists, whether it's dentist... On our flyers, we like to include dentists, osteopathic specialists, we have mental health therapists, we have acupuncturists. Just different individuals in the community, both within the University of Miami healthcare system and externally in the South Florida community and in our network that we can refer our patients to, to reach out to for co-management and multidisciplinary care for those cases where it is appropriate. In terms of online resources, I want to assure you that there are a tremendous amount that's already out there for you that you can go on quickly and easily log on and be able to pull resources that you can use right away, that they're free, they're easy to access.

You can have the links just saved on your Favorited bar on your computer, or you can have a document with the websites already just listed for your patient that they can go

to. Or you can print them off, these items, and be able to have them write in your office as a handout. It's up to you. Maybe you have a one-sheet flyer, maybe you have a nice little packet. Whatever you choose to do, you'll find what works best for your clinic. I wanna draw your attention to the American Tinnitus Association, or ata.org. This is a fantastic resource to be able to give to your patients who are looking for more information and resources. They can find a provider in the local community that offers tinnitus support.

And also they have a feature called TIN app, which is a resource that patients and providers can call to get more support regarding their tinnitus. So, yes, it's for providers as well. So if you have a question about, what are the next steps, how can you best support your tinnitus patient? You can call as well as an audiologist. The VA offers a free workbook on progressive tinnitus management. It's really great and detailed. It's a step-by-step worksheet, workbook, excuse me, that's available for free on their website. You can see that right at the bottom of the page in the arrow. There are a number of free smartphone apps that you can have patients download on their phone right after they leave their appointment.

If patients wanna know about the latest clinical trials, they can go to clinicaltrials.gov and see what's going on throughout the nation. Also, the Tinnitus Research Initiative, or TRI, they also have clinical trials and clinical information listed, and this is an international site. There are also a number of resources for sleep management and sleep hygiene on the website as well, which can be great, including guided breathing, meditation, muscle-relaxation exercises, anything that you want to be able to include for your patient. And I wanna just give you a quick peek at what these informational handouts look like. So this is from the ATA. There's a basic handout about what you should know about tinnitus. You can tailor it to specific populations if you want, if you have a basic handout.

On your handouts, you wanna include your contact information. You might wanna have some FAQs for them. In terms of something a little bit more advanced, you might wanna also provide them with a list of sound apps. You don't need to go ahead and try to look them all up. On the ATA, there is already a website, I'm sorry, there's already a sheet of those sound apps that you can click on and just print it out. There's different tinnitus advice websites that you could write down for your patient. And then the ATA has this nice Patient Navigator Form that's kind of from start to finish of what you should do and who you're looking for in terms of a PCP or an audiologist or what's the next step.

Again, all this is free. And a little bit more advanced. If you wanna add more to your packet, what are those four stages of habituation? What are instructions for coping strategies like guided breathing or guided imagery? Maybe you create a list of sleep-hygiene tips that you can also provide to that patient. Community resources are also tremendously important to provide your patient with. In terms of a basic level, just directing your patient to support websites like the ATA website. It could be a great community resource. In terms of intermediate, if you are starting to build that network, having your list of providers in those different specialties. The ones Dr. Kuzbyt and I mentioned throughout this session may be who's part of your specialty network.

And, again, in terms of advanced, you wanna regularly communicate with those specialists and those providers on that list and review the management practices that they're offering for their tinnitus patients. And also keeping them up-to-date with what you are offering in your clinic for your patients. So that way if they run across tinnitus patients, they may be able to provide a little bit of insight on what we're doing, or what you are doing when they go to refer a patient to you. And consider involving yourself in the community to increase your engagement. So whether you're giving maybe some community talks or participating in some volunteer events, just getting out there would

be fantastic to be able to make patients and providers aware of who you are and what services that you're providing.

And you'll also want to be able to practice your counseling. Practice, practice, practice. Practice counseling as much as you can. Practice in any amount of counseling with your patients or even when taking a comprehensive tinnitus history. As you saw, Dr. Kuzbyt mentioned at the beginning, the history goes from very basic history all the way up to a more advanced, depending on the time you have. And when we have students that are training with us, externs, interns, we want to have the students practice counseling with us as providers, actually being as that mock patient. Because the reality is, regardless of what specialty or subspecialty you practice in the field of audiology, you are most likely going to come across patients that experience tinnitus.

So you'll want to, again, at least have foundational, basic counseling to provide them with. Try to stay up-to-date. We strongly encourage you in staying up-to-date on tinnitus research by reading that tinnitus article in the audiology magazine that you might receive in the mail before you actually toss it out. Call up your device manufacturers, whether it's a hearing-aid manufacturer or if you know of another tinnitus-device manufacturer, and ask them about their devices, their sound generators. Maybe ask them to do a quick remote session with you to keep you refreshed. Are you going to any audiology conferences coming up? Then review those schedules, try to pop in and take a course there or meet with the representatives that are going to be on the convention floor.

There are... Excuse me, I'm sorry about that. There's just so many different ways, again, different CE opportunities, and then being able to share your knowledge with your colleagues, that it could be your colleagues that are in your direct workplace or your professional network. Maybe you volunteer with them on different committees or you just stay in touch with them throughout your networks. So that way we're all

keeping each other abreast of what is the latest in tinnitus and being able to best support this population. In conclusion, when we're counseling our patients on tinnitus and we're really limited on appointment time, remember that you want to educate your patient on what tinnitus is and it isn't. This will help to demystify tinnitus and set the foundation for successful management.

You wanna empower your patient with strategies they can start using right away to manage their tinnitus awareness and disturbance and with recommendations for further audiological management. And, lastly, you want to refer to tinnitus specialists or other medical professionals for tinnitus management, for further tinnitus management, I should say, to different mental-health counselors to help manage that emotional impact of tinnitus and to the available resources online that we shared, as well as in your local community. And so we thank you all for tuning in today. We do see there are a couple of questions in the chat, and we do have some time to be able to address those. So if you haven't already asked your question and you have one burning, go ahead and enter that in the chat.

If we log off of today's session and you find that you still do have some questions that popped up afterwards, here's the email addresses here for both Dr. Kuzbyt and myself. And then we also did have a reference slide for you. It did include a couple of those different articles, the different publications that Dr. Kuzbyt and I did contribute to regarding tinnitus education. So please feel free, if you have any questions about those publications, you're always welcome to reach out to us. And with that, I'm going to go ahead and invite my colleague, Dr. Kuzbyt, back on so that way we can go ahead and address the questions and answers.

- [Brianna] Thank you so much, Dr. Scaglione. That was really great information you presented there and super, super helpful. So I want to take a look here at the question and answer window to see what questions and comments we might have received.

One comment. "I'm impressed that you can do counseling in five minutes." Yes, I think that that is a very fair comment, and I think that that's kind of why we need to know what type of information to include when we only have five minutes to talk with our patients. So if we're in a busy audio clinic back to back patients, and this is the first time someone with tinnitus is seeing a provider for their tinnitus, I think that it's valuable to provide them with something that they can take away from the appointment.

And so tailoring a counseling protocol to your limited time is important even if you can't really get into everything. But, yeah, no, I mean, obviously in five minutes, I would argue that nobody can do what they can do in an hour and a half. That's a very good comment. All right, here's a question for you, Dr. Scaglione. I'm gonna read it out loud. "Has your team become the local specialists in the area? "In other words, "do you find that there are a few people "who specialize in tinnitus? "How long is the waitlist for patients to see you?"

- [Tricia] Sure, so I do feel like our team has been the specialists for tinnitus in our local area. But I will say that we're very fortunate to have a couple of other fantastic audiologists who also specialize in tinnitus here in the South Florida area. And we frequently communicate with them. I mean, there's so many tinnitus patients that are searching for help that, I will tell you, we'll never run out of tinnitus patients. So don't be afraid to work with your local audiologist to refer tinnitus patients to each other. But we do find that there are few people in general. I would say at least through the state of Florida, we do have patients that drive quite far to come see us.

And so I would say that like maybe in central Florida or on the west coast or northern Florida, it becomes a little bit more difficult to find individuals to refer out to that are specialized in tinnitus and sound sensitivities. So the more audiologists and hearing-care specialists that become comfortable and educated on how to work with

these patients or at least provide counseling to these patients and where they can find support, it's certainly what is needed at this time. In terms of the waitlist, Dr. Kuzbyt and I had a very long waitlist for patients to see me, to see us, I should not say me, to see she and I. Up to six months. Now with that said, it's because these patients previously had to have a ENT appointment first, which sometimes took three months to see the ENT and then about three months to see us.

However, we changed our structure to not require a patient to see ENT first. Rather, we provide our basic education and counseling to any patient with any degree of tinnitus that's motivated to seek support. And as such, it helped to cut the waitlist down tremendously. By frontloading the education session and making it a group session, sometimes patients could get in even the very next day after maybe coming in for a hearing test for us. I would say that the average wait time was about two to four weeks to get in for the appointment. So it certainly cut down that wait time, and it helped triage which patients required more critical specialized care, and that helped expedite their care.

So thank you for that question. I did see a question here that says, "It's been difficult "to reach the Tinnitus Practitioners Association, or TPA, "regarding the associate and fellow courses. "Any suggestions?" I wanted to answer that because I am on the board of the TPA, and I just wanted to share that, currently, since COVID, the TPA was on a temporary hiatus, as most of our programs were held in person and we did not have a web-based format. So we were not able to offer our trainings during COVID. However, now that we're post-pandemic, the TPA is going to be reconvening to identify how we can best meet members and those who wish to be members' needs.

So please keep your eye out for those courses. But, again, AudiologyOnline also has a number of additional courses that you may look into in the meantime. Dr. Kuzbyt, I see a question here for you. "Do you have any tips or strategies "to help challenging

patients "who want to help managing tinnitus "but are cynical about management strategies?"

- [Brianna] Thanks, that's a great question, and I'm gonna try to keep my response brief here because I know we're limited on time. I think that we all are gonna come across a patient like this, and it's very challenging to help someone who is hesitant to help themselves or is not open to trying some of the suggestions that we offer. And sometimes the suggestions that we make are based on our objective test findings. Like, "You have a severe hearing loss "and you should be wearing hearing aids." They're like, "I'll do anything but hearing aids." And so regardless of what the patient is hesitant to try that you are recommending, I try to just basically level with my patients about this fact, and say, "This is gonna be challenging.

" Tinnitus management can be challenging even for the people who are very open-minded and willing to try these things and give everything a fair shot. But it can even more challenging for people who are unwilling to either try the recommended strategies that we are suggesting based on our experience working with patients with challenging tinnitus or are unwilling to try them appropriately or stick with a certain plan. So I kind of politely, professionally call them out a little bit on their hesitancy and point out that that is likely going to be an obstacle for them and encourage them and reiterate my recommendations in my written reports as well. And then to some degree, I have to kind of let go and trust that when they're ready to make those kinds of moves and invest in themselves in that way, that they know where to find those resources, they know where to find me.

And oftentimes I'm also recommending that they consider joining like a support group so that they can hear feedback from other people who are actually going through this themselves. So I find that to be the most helpful way here. I'll read one more for you, Dr. Scaglione here, before we run out of time. "As someone who provides basic-level

counseling, "do you have any recommendations "for cochlear-implant patients with severe tinnitus? "I have two patients who have challenges sleeping "because when they remove their processors at night, "nothing blocks out the tinnitus. "Would this be better "for cognitive behavioral therapy referral?"

- [Tricia] That's a great question. And at the University of Miami where Dr. Kuzbyt currently practices and where I practiced for quite a significant amount of time, we have a large cochlear-implant program. So we often ran into this exact situation. I would say that sometimes, in some limited cases, patients tried to sleep with their processor on to see if it would provide them with support. But obviously we would prefer not to have the patient sleeping in their processor for a number of different reasons. So in this case, what would be really great is working with patients for maybe some mindfulness techniques, guided meditation, guided breathing, doing some of these techniques that they can perform once they've taken off their processor.

Or if they want to listen to the guided format of those techniques, they would listen while their processor is on right before they take the processor off. Yes, cognitive behavioral therapy can certainly be helpful for that as well. And then, lastly, I do have a certificate in Advanced Mind-Body Medicine, the practice of mind-body medicine. And there are a number of different techniques that individuals can use for stress management or other types of distractions, disturbances that they're incurring in their daily routine. You can use mind-body techniques to help try to overcome them. So if you are interested in learning more about mind-body medicine, you can look up the Center for Mind-Body Medicine.

And they do have two levels of certification classes. If you're seeing this quite frequently in your practice, these types of situations, you may wanna consider, perhaps this is a course that you wanna look into. Perhaps you could learn some useful tips and techniques to be able to train your patients. That's a great question 'cause that can

certainly be very difficult to tackle when, I think, we innately want to always think that sound therapy is the gold standard for tinnitus. But there are so many other things. Also things like thinking outside of the box and maybe using something like aromatherapy, invigorating our olfactory sense to help distract from our brain focusing on something else like the tinnitus noise.

So if you would like any more insight on that, please feel free to reach out to Dr. Kuzbyt or I. And, again, thank you, everyone, so much for tuning in today. Great questions. Love the interaction and all the questions that everybody asked. And we do hope that this helps you to include tinnitus counseling and education, again, at any level. And if you don't wanna be a tinnitus specialist, that's okay. We always, always share that just at least incorporating the basic counseling can make such a difference in your tinnitus patients' lives. So thank you all.

- [Brianna] Yes, thank you everybody.