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Psychotherapy Case Study of Patient attending Tinnitus Therapy (Otologie – Dublin)

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Introduction

The following is a case study of a patient who attended Neuromod Medical, in clinic at the Hermitage Medical Clinic in Dublin. This case is clinically accurate however certain details have been changed and anonymised to protect the identity of the patient. It will describe the interventions used during the course of Tinnitus Therapy including, Integrative Therapy, Cognitive Behavioural Therapy (CBT) and Mindfulness Based Cognitive Therapy (MBCT). The outcome of therapy will be examined in relation to what occurred for the patient. The key learnings for the therapist will also be considered.

Personal history

Jane, female, 68 years of age, married, wife, mother and grandmother. Jane was recommended for Tinnitus Therapy after an initial assessment with audiology for Lenire. This assessment included an outcome measurement, Tinnitus Handicap Inventory (THI) with a score of 66, see below for further details. This was Jane's first time to attend any form of psychotherapy.

Measurements

The two outcome measurements used for this study were CORE 10 and Tinnitus Handicap Inventory (THI).

CORE-OM (Clinical Outcomes in Routine Evaluation – Outcome Measure) is a session-by-session monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. Scores are presented as a total score (0 to 40) as well as a mean score (between 0 – 4). Higher scores indicate higher levels of general psychological distress, where a total score of 11 or above is within the clinically significant range. A reduction of five points is indicative of treatment related changes.

Coreims (online). Available: https://www.coreims.co.uk/CORE_Copyright. Html (November 2021). Please see appendix 1.

THI is a 25-item questionnaire that measures the impact of tinnitus on everyday function (Newman et al., 1996 as cited in Beukes, Andersson, Manchaiah & Kaldo, 2021). It uses 3-point response scale; yes – score of 4, sometimes – score of 3, and no – score of 0 with a total range from 0 – 100, with higher score being indicative of higher tinnitus severity within five categories. Slight (0 – 16), mild (18 – 36), moderate (38 – 56), severe (58 – 76) and catastrophic (78 – 100). A clinical change score of seven points has been determined to indicate treatment related changes (Zeman et al., 2011 as cited in Beukes et al., 2021). Please see appendix 2.

CBT Case Formulation Approach

Presenting Issues

- Jane presented with tinnitus distress

- She described having problems sleeping
- Difficulty engaging in everyday activities, in her own words “a lack of motivation”

Precipitating Factors

- Jane and her GP placed the onset of tinnitus as a result of a car accident, causing neck and head injuries and trauma

Predisposing Factors

- It is Jane’s belief that the Covid 19 vaccine exacerbated the sound of tinnitus
- A viral infection

Perpetuating Factors

- At assessment Jane shared a reluctance to socialise
- Remaining at home
- Monitoring and listening for her tinnitus

Protective Factors

- Supportive family and friends
- A passion for art and art classes with weekly attendance despite hesitancy to engage with others and “leaving the house”
- Hearing aids when the “sound gets particularly bad”
- Sound enrichment with pillow maskers to aid sleep

Case Conceptualization

Jane reported that prior to the Covid vaccine and viral infection she had always “coped” with the sound of tinnitus, describing an increase in sound and distress subsequent to these events. She described being constantly aware of her tinnitus now, “checking in on it.” An underlying assumption of Jane’s was, as long as she had tinnitus, she would be unable to live “a normal life.” Together Jane and therapist worked collaboratively on a case conceptualisation informed by McKenna, Handscombe, Hoare & Hall’s Cognitive Behavioural model of Tinnitus, 2014. Please see figure 1.

Cognitive Behavioural Model Of Tinnitus (McKenna, Handscombe, Hoare, Hall, 2014)

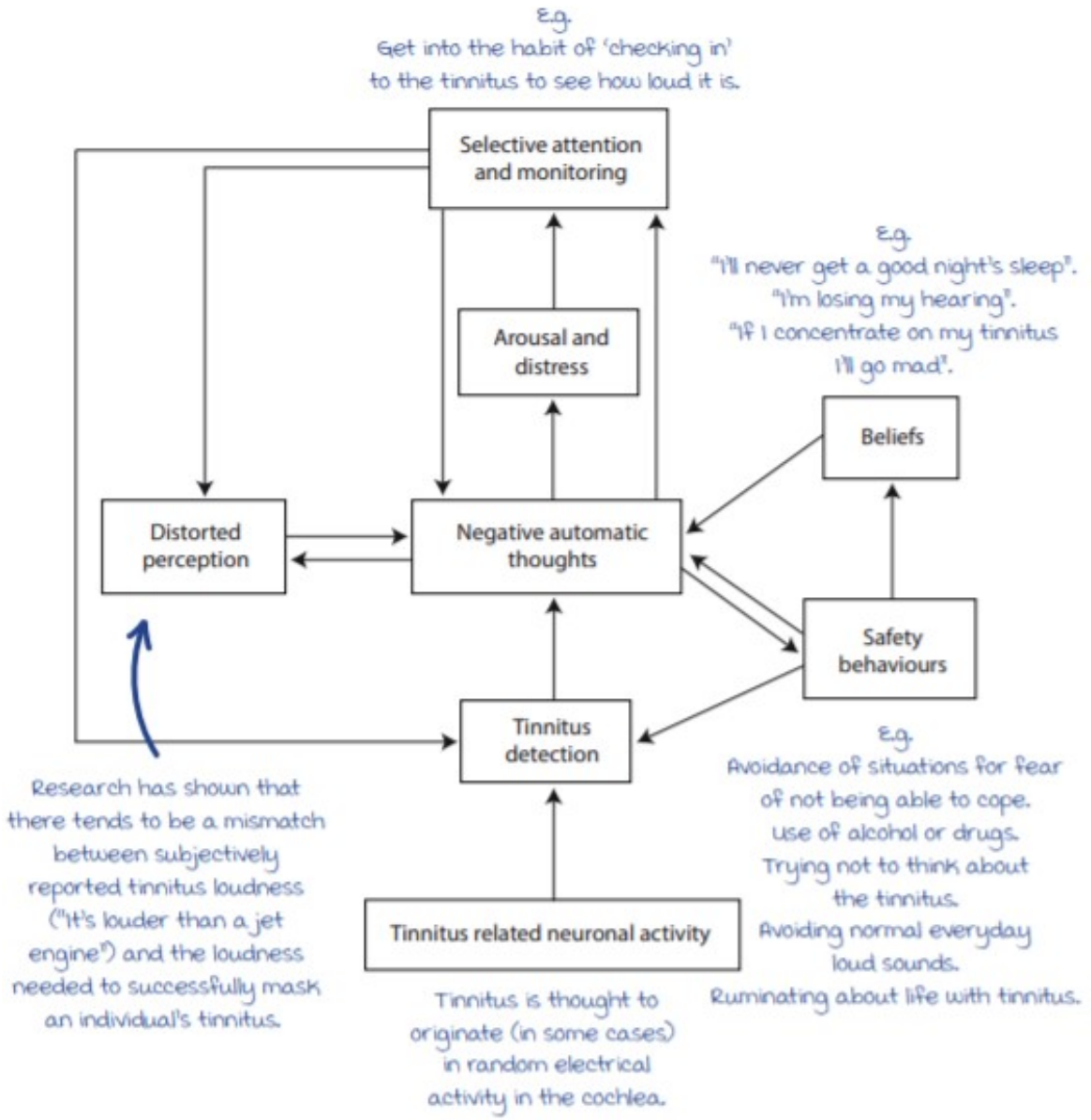

Figure 1

Goals of Therapy

When asked what her goals and expectations of therapy might be, Jane considered the question and replied, "I would like to have more motivation, visit family and friends, take time to shop rather than running into and quickly out of shops." Therapist and patient agreed that one aim of therapy would be to reduce tinnitus distress.

Assessment

It is generally accepted that the therapeutic relationship or therapeutic alliance is the foundation of all approaches to therapy and relies on the ability of the therapist to show an empathic understanding of the client's experience, a general warmth and acceptance of the client and the ability of the therapist to be genuine or congruent, (Rogers, 1957). Establishing a relationship was paramount, together with socialising Jane to CBT and MBCT, as recognised by Chigwedere, Tone, Fitzmaurice & McDonough, (2012). Padesky's & Greenberger's hot cross bun was introduced to demonstrate the link between environment, emotions, cognitions, behaviours and physiology. The therapist and client used a recent personal experience of the patients to understand this better. Please see figure two.

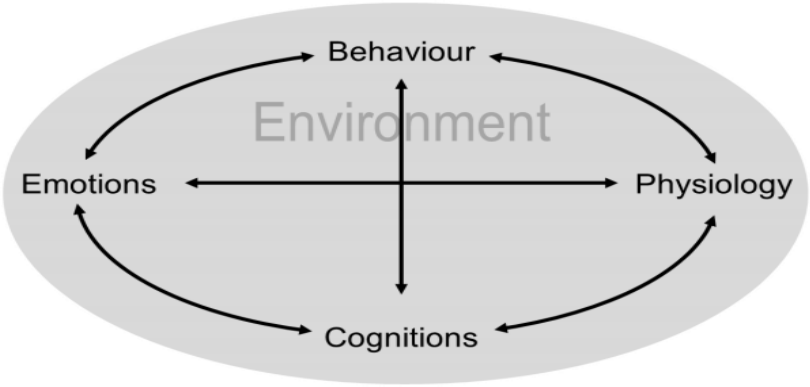

Figure 2

Assessment and case formulation aimed to collaboratively understand Jane's current difficulties and tinnitus distress. The development of these, together with background history, including physical and psychological history was discussed as well as a risk assessment. Psychoeducation was key to the early stages of Jane's therapy with the therapist providing information to Jane regarding foundational understanding of CBT, MBCT and habituation. Collaboratively patient and therapist worked, through the process of guided imagery, to change Jane's personal perception of her tinnitus. Initially she described it as "a red flexible, squiggly line" that she "did not like" and later "a soft yellow star" which she reported as being more manageable and less threatening. Deep breathing exercise was also introduced and practised. The importance of between session homework and willingness of patient to engage was highlighted by therapist. Patient's initial CORE result of 7 was explored, this result placed Jane in the non-clinical range of distress with Jane reflecting that "by simply knowing I have a place and someone to discuss my tinnitus with makes me feel much better."

Session 1

Core completed and score of 7, discussed.

Jane spoke of the benefits of deep breathing and visualisation exercise from previous session. She also shared that by challenging herself and her behaviours she was able to enter a shop and remain within for longer. Therapist and patient agreed to practise progressive muscle relaxation in session (PMR) together with guided imagery, this time, Jane was asked to imagine a safe pleasant place to further enhance relaxation. Discussion took place on the importance of relaxation, mindfulness and its effects on stress, anxiety, and tinnitus distress.

Homework consists of daily PMR and patient journaling about this experience.

Session 2

Core completed and score of 2, discussed. Review of last week's homework.

Jane began by reporting a reduction in the awareness of her tinnitus she attributed this to her ability to engage in daily and enjoyable activities, she shared that she had also sketched her new image of tinnitus and was beginning to focus on this new, more manageable image.

Mindfulness exercises, in the form of five senses and mindful awareness were introduced and practised together with exploration of the patient's meaning of tinnitus. A key principle of CBT is that the meaning we make of something influences how we feel. This is especially true in tinnitus. Together Jane and therapist completed worksheet accompanying this exercise. See figure 3 below for examples, Jane's meaning of tinnitus is reported in red.

Noise Violent banging on your door at 3am	**Noise** Ticking of a clock	**Noise** Ticking of a clock	**Noise** Tinnitus
Meaning Someone is trying to get me I'm going to be hurt	**Meaning** It's SO loud I'll never get to sleep I'll be tired tomorrow	**Meaning** It's just a clock	**Meaning** **It's just my tinnitus** **I can manage this**
Feeling Scared Afraid	**Feeling** Upset Bothered Angry	**Feeling** None Feeling normal	**Feeling** **Okay** **Indifferent**
Action Pay attention Hide Arm myself	**Action** Pay more attention to it Try to 'not think about it'	**Action** Don't pay attention Do something else	**Action** **Focus on deep breathing** **Relaxation** **Do some artwork**

Figure 3

Jane's homework included continuation of relaxation and breathing exercises together with daily mindful exercises and further consideration of meaning of tinnitus.

Session 3

Core completed and score of 2 discussed. THI 1 TT was completed, score of 14 discussed. Review of last week's homework.

Jane stated she was well and spoke of the benefits of therapy, she explained that her family was extremely supportive however she shared her reluctance to discuss her tinnitus with them, therapy had allowed her "somewhere to bring all of this." She also reflected on the significance of changing her behaviours, how she had become "stuck" and was now re-engaging in activities, including, much to Jane's amusement, hoovering which she had been avoiding due to fear of an increase in tinnitus distress. Jane and therapist began to examine Jane's thought process with reference to a simple thought record sheet, this is a

cognitive restructuring worksheet. The aim of cognitive restructuring is not to replace negative thoughts with positive ones but rather more accurate thoughts. Please see figure 4 below for Jane's experiences.

Simple Thought Record

Situation Who, what, when, where?	**Emotions & body sensations** What did you feel? Rate your emotion 0-100%	**Thoughts** What was going through your mind as you started to feel this way? (Thoughts or images)
Family meal in local restaurant	*Anxious – 80%*	*My tinnitus might be loud*
Weekly art classes	*Nervous - 30%* *Excited – 40 %*	*My tinnitus may prevent me from engaging in my art class* *I am looking forward to meeting friends*
Looking after grandson	*Happy – 80%*	*I can focus on my grandson and not my tinnitus*

Figure 4

Jane concluded session by requesting closure of therapy at next session and referral back to audiology for Lenire, stating she was feeling considerably better. Patient and therapist agreed to review therapy at next session with a view to closure.

Homework for patient included completion of further thought record sheets and consideration of any issues/concerns in preparation of TT closure.

Session 4

Core completed, score of 1, discussed. Considering this score, previous week's THI score and patient's request to cease TT, therapist and patient agreed closure and proceeded to work on a relapse management plan with reference to therapy to date. Homework from previous session was also reviewed.

Kennerley, Kirk & Westbrook (2017) emphasise the importance of a patient becoming independent from the therapist, the need to remember techniques and to be able to use them in difficult situations and draw on them after a setback is crucial. With this in mind, therapist and patient reviewed therapy, skills learned and practised as well as three questions to consider following a setback. (Remembering, it is almost impossible to prevent some degree of setback or relapse with some patients):

- "How will I make sense of this setback?"
- "What have I learnt from the setback?"
- "With hindsight, what would I do differently?"

Therapist also sought verbal feedback from the patient regarding her experience of therapy and invitation to return to therapy at any time if required, was extended to patient.

Conclusion and Learnings

Jane attended an initial assessment and four therapy sessions; it is the therapist's belief that it was Jane's openness and willingness to engage in the therapeutic relationship and process that impacted considerably on the outcome. According to Thompson S. J., Bender K., Lantry J., & Flynn P. M. 2007, engaged patients are more likely to bond with therapists, endorse treatment goals, participate to a greater degree, remain in treatment longer, and report higher levels of satisfaction. In the therapist's clinical experience this level of engagement is not always present. As such this patient's experience may represent a best-case scenario.

A key learning that the therapist took from this case involved understanding the low level of psychological distress reported, as shown on the initial CORE 10. The therapist's interpretation of this is that the patient viewed therapy as a place where she could openly discuss her tinnitus, knowing this, the patient's distress levels reduced before therapy even commenced.

The aspects of CBT, MBCT and Integrative models used in this case were sufficient for a good outcome for the patient. That is not to say, that other cases may require a more comprehensive use of these models.

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