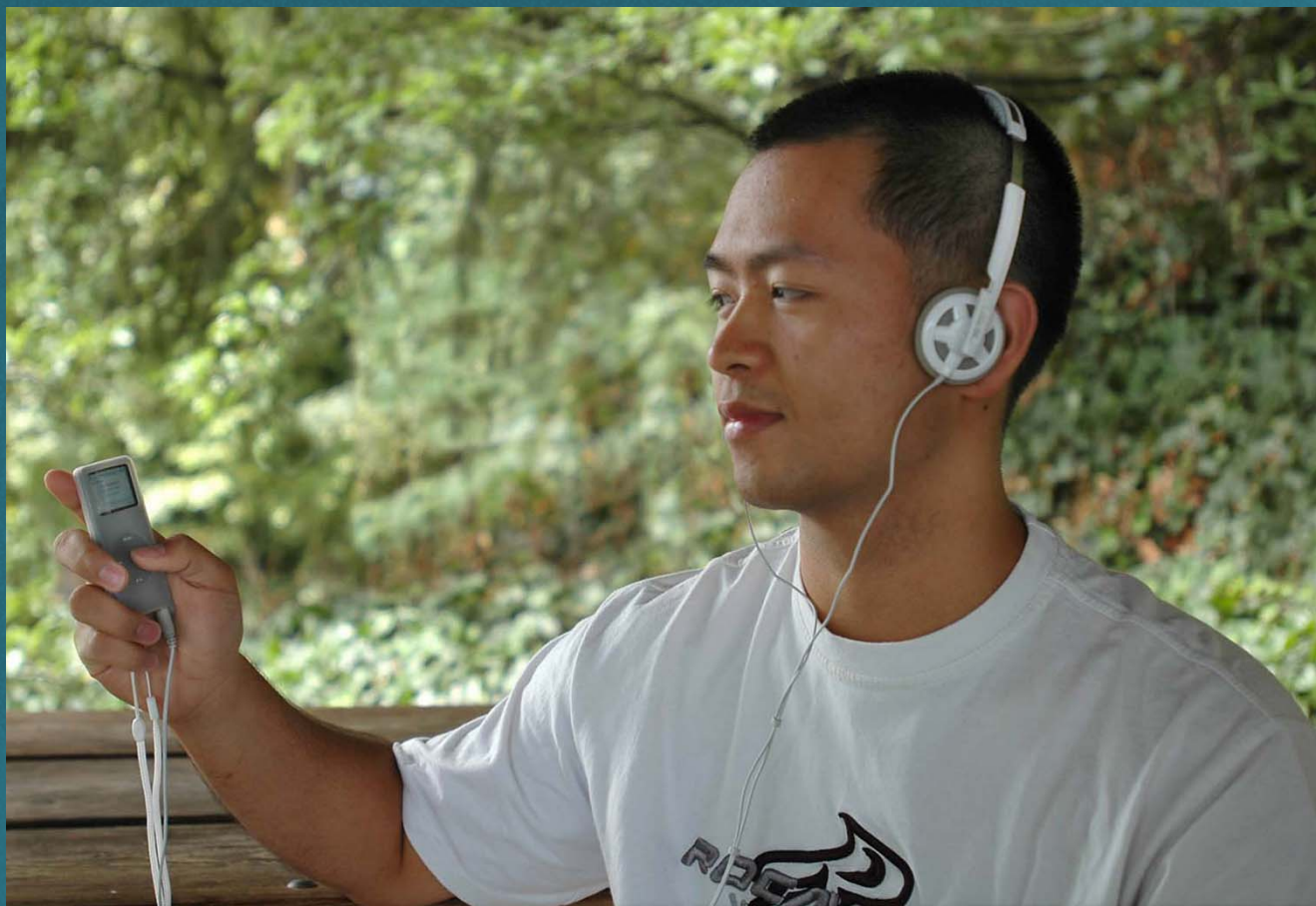


# Managing Your Tinnitus: What to Do and How to Do it

(Session 2 of 2)






- This workshop was developed by researchers at the VA RR&D National Center for Rehabilitative Auditory Research (NCRAR), located at the Portland, Oregon VA Medical Center

# Materials Needed for This Meeting

- Completed Sound Plan Worksheet (from last meeting)
- Clean Sound Plan Worksheet
- Your Workbook

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation	3. Write down the sounds that you will try	4. Write down the devices you will use	5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?	6. Comments When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.																				
<input type="checkbox"/> <b>Soothing sound</b> 	_____	_____	<table border="0"> <tr> <td>Not at all</td> <td>A little</td> <td>Moderately</td> <td>Very much</td> <td>Extremely</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all	A little	Moderately	Very much	Extremely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Not at all	A little	Moderately	Very much	Extremely																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/> <b>Background sound</b> 	_____	_____	<table border="0"> <tr> <td>Not at all</td> <td>A little</td> <td>Moderately</td> <td>Very much</td> <td>Extremely</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all	A little	Moderately	Very much	Extremely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Not at all	A little	Moderately	Very much	Extremely																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/> <b>Interesting sound</b> 	_____	_____	<table border="0"> <tr> <td>Not at all</td> <td>A little</td> <td>Moderately</td> <td>Very much</td> <td>Extremely</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all	A little	Moderately	Very much	Extremely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Not at all	A little	Moderately	Very much	Extremely																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

## How to Manage Your Tinnitus: A Step-by-Step Workbook Second Edition

James A. Henry, PhD  
Tara L. Zaugg, AuD  
Paula J. Myers, PhD  
Caroline J. Kendall, PhD



# Goals of Tinnitus Management (All Methods)

- Emotional reactions are reduced
- Stress is reduced
- Little if any attention is given to tinnitus
- Tinnitus does not affect any life activities in a major way
- Further help is not needed or wanted

Are these *your* goals?

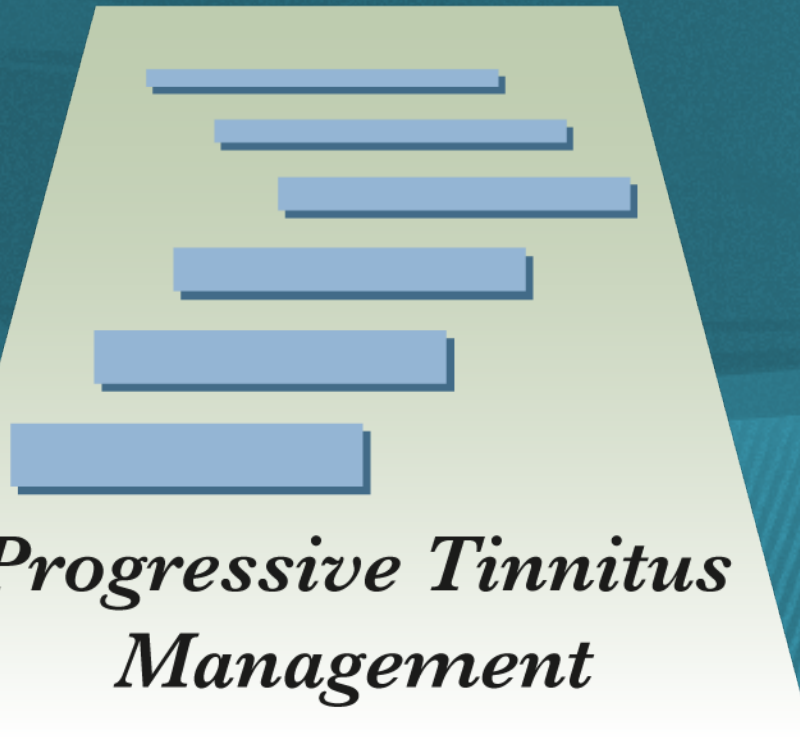
These goals can be reached  
even if the sound of your  
tinnitus doesn't change!

# Today's Workshop: Five Sections




- Review
- Ideas for choosing devices
- Update your “sound plan”
- How does PTM compare to other methods of sound-based tinnitus management?
- Other things you can do

# Part 1: Review

# PTM



- Look at your Sound Plan Worksheet that you filled out at the last meeting
- If you don't have it, get out a clean Worksheet

Sound Plan Worksheet																								
1. Write down one bothersome tinnitus situation _____																								
<p>2. Check one or more of the three ways to use sound to manage the situation</p> <p><input type="checkbox"/> <b>Soothing sound</b></p> <div>  </div> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>Background sound</b></p> <div>  </div> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <b>Interesting sound</b></p> <div>  </div> <p>_____</p> <p>_____</p> <p>_____</p>	<p>3. Write down the sounds that you will try</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Write down the devices you will use</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>5. Use your sound plan <b>over the next week</b>. <b>How helpful</b> was each sound after using it for 1 week?</p> <table border="0"> <tr> <td>Not at all</td> <td>A little</td> <td>Moderately</td> <td>Very much</td> <td>Extremely</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Not at all	A little	Moderately	Very much	Extremely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>6. <b>Comments</b></p> <p>When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.</p> <p>_____</p> <p>_____</p> <p>_____</p>
Not at all	A little	Moderately	Very much	Extremely																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				

# Review: #1 on the Sound Plan Worksheet

- The first step in writing a plan to manage tinnitus is to write down a bothersome tinnitus situation

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check ~~one~~ or more of the three ways to use sound to manage the situation


3. Write down the sounds that you will try

4. Write down the devices you will use


5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?

6. Comments  
When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.


☐ Soothing sound



☐ Background sound



☐ Interesting sound



Not at all A little Moderately Very much Extremely

Not at all A little Moderately Very much Extremely

Not at all A little Moderately Very much Extremely

## Tinnitus Problem Checklist

1. My **most** bothersome tinnitus situation is:

- ☒ Falling asleep at night ☐ Staying asleep at night ☐ Waking up in the morning ☐ Reading ☐ Working at the computer
- ☐ Napping during the day ☐ Planning activities ☐ Driving ☐ Other \_\_\_\_\_

Now, write your answer on #1 of the Sound Plan Worksheet.  
(Copies of the Worksheet can be found at the end of this workbook.)

2. My **second most** bothersome tinnitus situation is:

- ☐ Falling asleep at night ☐ Staying asleep at night ☐ Waking up in the morning ☒ Reading ☐ Working at the computer
- ☐ Napping during the day ☐ Planning activities ☐ Driving ☐ Other \_\_\_\_\_

Now, write your answer on #1 of a second Sound Plan Worksheet.

3. My **third most** bothersome tinnitus situation is:

- ☐ Falling asleep at night ☒ Staying asleep at night ☐ Waking up in the morning ☐ Reading ☐ Working at the computer
- ☒ Napping during the day ☐ Planning activities ☐ Driving ☐ Other \_\_\_\_\_

Now, write your answer on #1 of a third Sound Plan Worksheet.

At our last session you wrote the “most bothersome” situation from the Tinnitus Problem Checklist at the top of the Worksheet (#1)

**Bob**

## Sound Plan Worksheet

1. Write down one bothersome tinnitus situation falling asleep at night

2. Check one or more of the three ways to use sound to manage the situation

☐ Soothing sound



☒ Background sound



☒ Interesting sound



3. Write down the sounds that you will try

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Write down the devices you will use

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Comments  
When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- You can fill out a separate sound plan worksheet for each problem you marked on the Tinnitus Problem Checklist

### Tinnitus Problem Checklist

1. My **most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Falling asleep at night | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night            | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning           | <input type="checkbox"/> Planning activities     |
| <input type="checkbox"/> Reading                            | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer            | <input type="checkbox"/> Other _____             |

Now, write your answer on #1 of the Sound Plan Worksheet.  
(Copies of the Worksheet can be found at the end of this workbook.)

2. My **second most** bothersome tinnitus situation is:

- |   |  |
|---|--|
| <input type="checkbox"/> Falling asleep at night  | <input type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day  |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities     |
| <input checked="" type="checkbox"/> Reading       | <input type="checkbox"/> Driving                 |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other _____             |

Now, write your answer on #1 of a *separate* Sound Plan Worksheet.

3. My **third most** bothersome tinnitus situation is:

- |   |   |
|---|---|
| <input type="checkbox"/> Falling asleep at night  | <input checked="" type="checkbox"/> Relaxing in my recliner |
| <input type="checkbox"/> Staying asleep at night  | <input type="checkbox"/> Napping during the day             |
| <input type="checkbox"/> Waking up in the morning | <input type="checkbox"/> Planning activities                |
| <input type="checkbox"/> Reading                  | <input type="checkbox"/> Driving                            |
| <input type="checkbox"/> Working at the computer  | <input type="checkbox"/> Other _____                        |

Now, write your answer on #1 of a *separate* Sound Plan Worksheet.

- Three types of sound to manage reactions to tinnitus



# 1. "Soothing Sound"

## Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation

☐ Soothing sound



3. Write down the sounds that you will try

4. Write down the devices you will use

5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Background sound



Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Interesting sound



Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Soothing Sound



- What is it?
  - Sound that makes you feel better as soon as you hear it
- How can it help?
  - By giving you a sense of relief from tension and stress caused by tinnitus
- When can it help?
  - Any time your tinnitus bothers you

# Relief Scale (for Soothing Sound)

Soft breezes  
Soothing voice  
Babbling brook  
**TINNITUS**  
Relaxing music  
Running water  
Ocean waves

- Can be used to help find the sounds that give you the best sense of relief
- Recall demonstration from last class

## Instructions:

- 1 Choose a sound that you think will be soothing. (A soothing sound will give you a sense of relief from stress or tension caused by tinnitus.)
- 2 Adjust the volume of the sound until you find the level that gives you most relief.
- 3 Answer the question "When I listen to this sound, how much relief do I feel?"



0

No relief



1

Slight relief



2

Mild relief



3

Moderate relief



4

Nearly complete relief



5

Complete relief

Write down the sound that you listened to	How much relief did the sound give you?					
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5
	0	1	2	3	4	5

## 2. “Background Sound”

### Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation

☐ Soothing sound



☐ Background sound



☐ Interesting sound



3. Write down the sounds that you will try

4. Write down the devices you will use

5. Use your sound plan **over the next week**. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

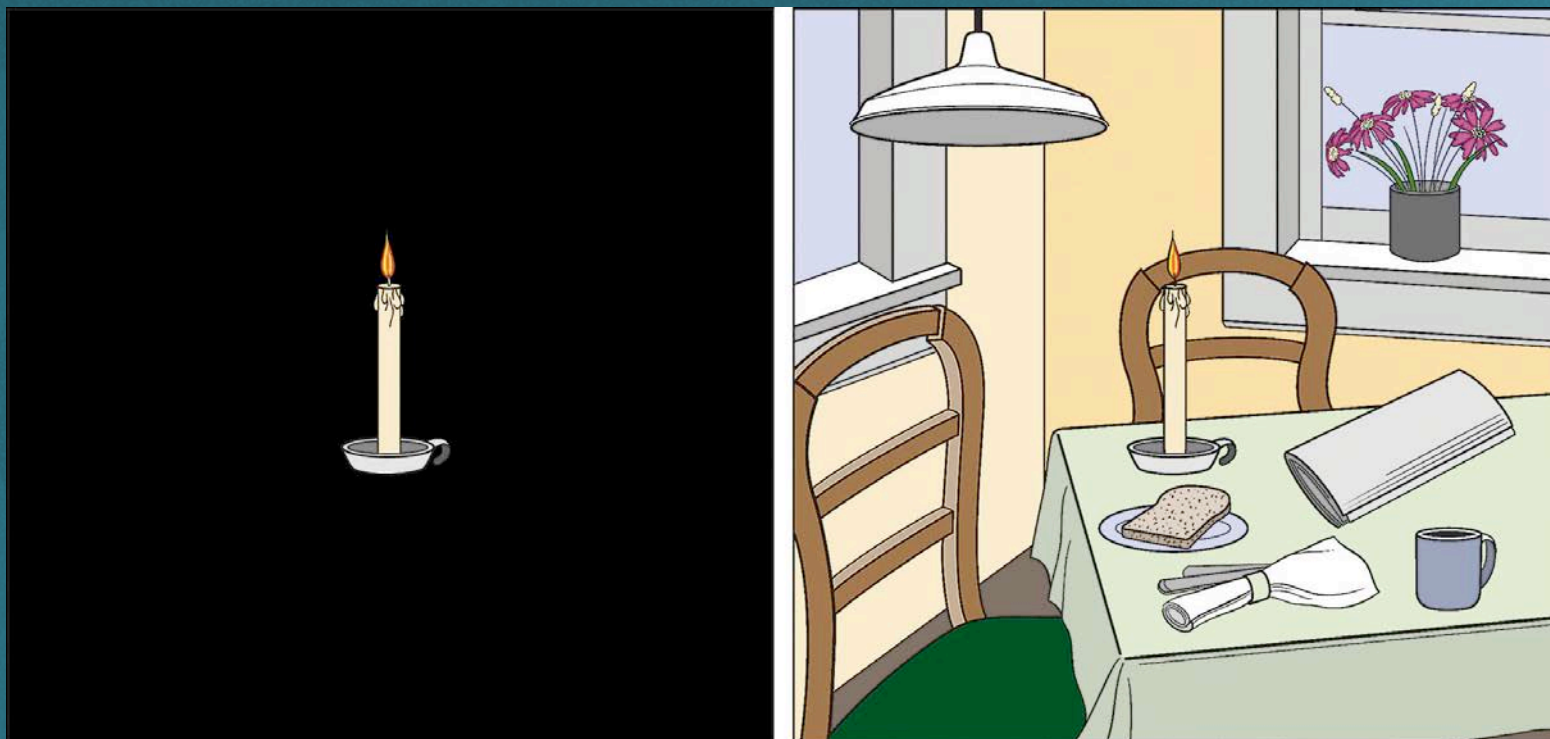
Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Comments**  
When you use something well (or not), please comment. You do not have to wait 1 week before your comment.

# Background Sound

- What is it?
  - Any sound that is neutral (not soothing and not interesting)
- How can it help?
  - Reduces contrast to make it easier to ignore your tinnitus
- When can it help?
  - Any time

# Same Candle – Different Backgrounds



# Same Tinnitus – Different Backgrounds

**TINNITUS**

**ELEVATOR MUSIC**

**RADIO STATIC**

**CLASSICAL MUSIC**

**ELECTRIC FAN**

**WHITE NOISE GUITAR MUSIC**

**TINNITUS**

**TRAFFIC NOISE WIND NOISE**

**AIR CONDITIONER**

**NEW AGE MUSIC**

**FOUNTAIN NOISE**

**FISH TANK NOISE**



# Background Sound: Things to Remember

- Tinnitus is less likely to get your attention when you add background sound
- You might not notice background sound helping you right away—that doesn't mean it's not helping you
- Using constant background sound over weeks or months can help you get better at ignoring tinnitus
- Never use sound that is irritating or annoying to you to manage your reactions to tinnitus

### 3. “Interesting Sound”

# Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

**2. Check one or more of the three ways to use sound to manage the situation**

### 3. Write down the sounds that you will try

#### 4. Write down the devices you will use

5. Use your sound plan **over the next week**. **How helpful** was each sound after using it for 1 week?

## 6. Comments

When you find something that works well (or not so well), please comment. You do not need to wait 1 week to write your comments.

- Soothing sound



☐ Background sound



☐ Interesting sound

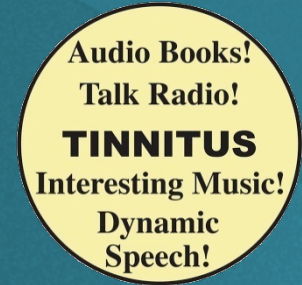


Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Interesting Sound



- What is it?
  - Sound that keeps your attention
  - Sound that involves active listening
- How can it help?
  - Shifts your attention away from your tinnitus
- When can it help?
  - When you do not need to concentrate on something else
  - When you want to relax or sleep

# Attention Scale

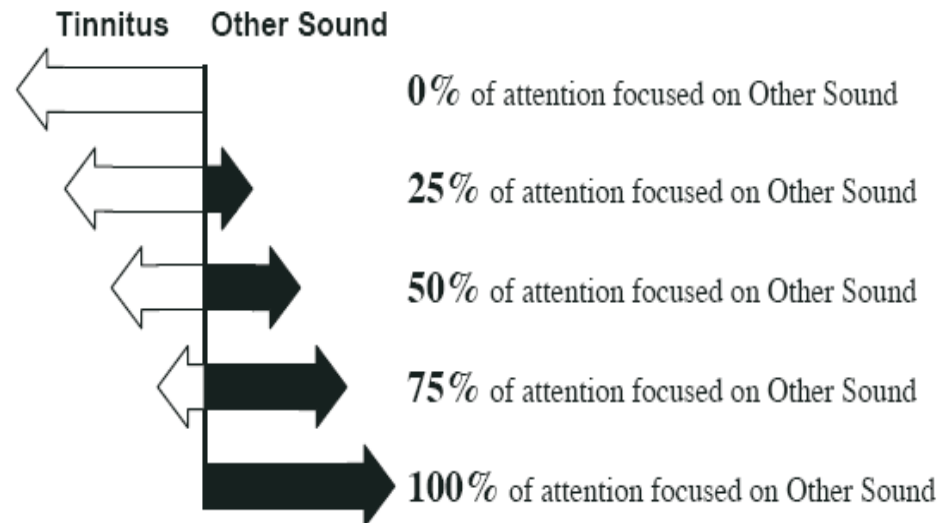
- Can be used to help find the sounds that are most interesting to you—to focus your attention away from the tinnitus
- Recall demonstration from last meeting

Audio Books!  
Talk Radio!  
**TINNITUS**  
Interesting Music!  
Dynamic  
Speech!

## Instructions:

- 1 Choose a sound that you think will keep your attention.
- 2 Listen to the sound for at least 1 minute.
- 3 Choose the percent of attention focused on the sound while listening to it.

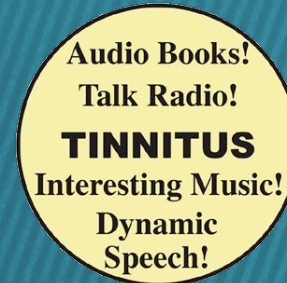
## Attention focused on:



Write down the sound that you listened to	How much of your attention was focused on the "Other Sound"?				
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%
	0%	25%	50%	75%	100%

# Summary: Types of Sound

- Three types of sound for managing reactions to tinnitus:
  - Soothing Sound – helps to reduce stress or tension that is caused by tinnitus
  - Background Sound – reduces contrast between tinnitus and a quiet environment to make it easier to ignore the tinnitus
  - Interesting Sound – helps to shift attention away from tinnitus



# Review: #3 on the Worksheet


- When writing down sounds that you will try, it helps to think about using **environmental sound**, **music**, and **speech**

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. **Check one or more of the three ways to use sound to manage the situation**

☐ **Soothing sound**




\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Background sound**




\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Interesting sound**



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Write down the sounds that you will try \_\_\_\_\_

4. Write down the devices you will use \_\_\_\_\_

5. Use your sound plan **over the next week**. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Comments**  
When you find something that works well (or not so well) please comment.  
You do not need to wait 1 week to write your comments.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# To help you come up with ideas for choosing sounds...

- For each type of sound...



	Environmental	Music	Speech
<b>Soothing</b>	✓	✓	✓
<b>Background</b>	✓	✓	✓
<b>Interesting</b>	✓	✓	✓

# To help you come up with ideas for choosing sounds...

- You can use...



	Environmental	Music	Speech
Soothing	✓	✓	✓
Background	✓	✓	✓
Interesting	✓	✓	✓

# Soothing Sound Can be Environmental Sound, Music, or Speech

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation

☐ **Soothing sound**

Soft breezes  
Soothing voice  
Bubbling brook  
**TINNITUS**  
Relaxing music  
Running water  
Ocean waves

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Background sound**

Sound Other  
er Sound Other Sou  
ther Sound Other Sou  
Other Sound Other Sou  
Other Sound Other Sou  
d Other Sound Other  
ound Other  
**TINNITUS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Interesting sound**

Talk  
Radio!  
**TINNITUS**  
Audio  
Books!

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Write down the sounds that you will try

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Write down the devices you will use

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Use your sound plan **over the next week. How helpful** was each sound after using it for 1 week?

	Environmental	Music	Speech
<b>Soothing</b>	✓	✓	✓
<b>Background</b>			
<b>Interesting</b>			

6. **Comments**  
When you find something that works well (or not so well) please comment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

# Background Sound Can be Environmental Sound, Music, or Speech

## Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation

☐ Soothing sound



☐ Background sound



☐ Interesting sound



3. Write down the sounds that you will try

4. Write down the devices you will use

5. Use your sound plan **over the next week**. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Comments**  
When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

	Environmental	Music	Speech
Soothing			
Background	✓	✓	✓
Interesting			

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Interesting Sound Can be Environmental Sound, Music, or Speech

# Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

**2. Check one or more of the three ways to use sound to manage the situation**

☐ Soothing sound



☐ Background sound



☐ Interesting sound



**3. Write down the sounds that you will try**

#### 4. Write down the devices you will use

5. Use your sound plan **over the next week**. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Comments

When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

	Environmental	Music	Speech
Soothing			
Background			
Interesting	✓	✓	✓

# Nine Combinations of Sound to Manage Reactions to Tinnitus

	Environmental	Music	Speech
Soothing	✓	✓	✓
Background	✓	✓	✓
Interesting	✓	✓	✓

# Group Discussion

- Everyone should share the following:
  - What tinnitus problem were you working on (#1 on the Worksheet)?
  - What was your plan (#2, #3, #4)?
  - Were you able to do what you planned (#5)?
  - Was the plan helpful (#5)?
  - Did you run into any problems (#6)?
- Stop here until everyone has had a chance to answer these questions

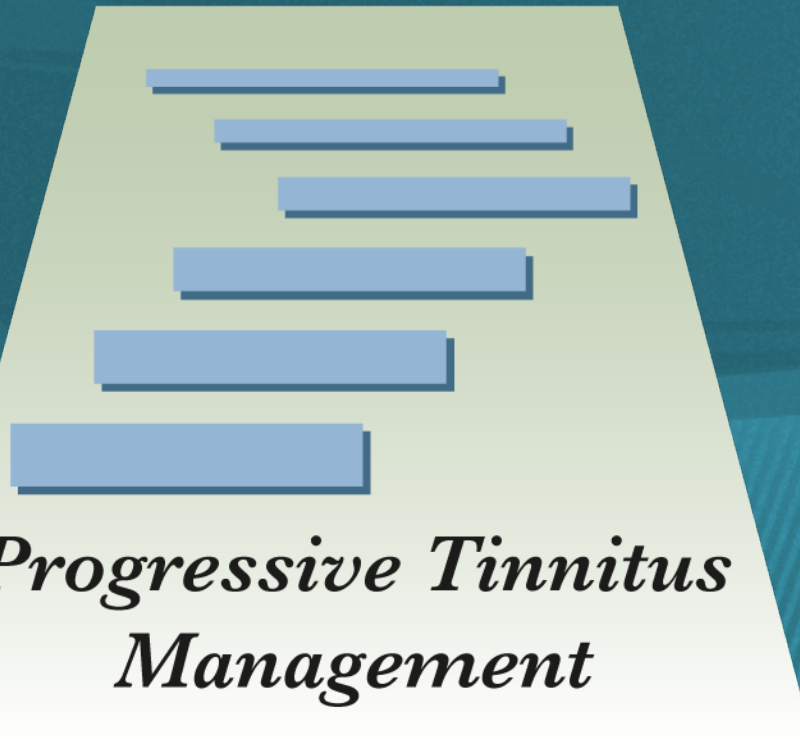


# Can Your Plan be Improved?

- We reviewed the different types of sound, and how each can be environmental sound, music, or speech
- We discussed your Sound Plan and how well it worked
- Next, we will discuss some new ideas for #4 on the Sound Plan Worksheet
- Then we will work on improving your Sound Plan, or creating a new Sound Plan

## Part 2: Ideas for Choosing Devices

# PTM



## Sound Plan Worksheet

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation

☐ Soothing sound



3. Write down the sounds that you will try

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Write down the devices you will use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Use your sound plan **over the next week**. How helpful was each sound after using it for 1 week?

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **Comments**  
When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Background sound



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Interesting sound



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Two Categories of Devices

- Wearable listening devices



- Stationary (tabletop) devices



# Wearable Listening Devices



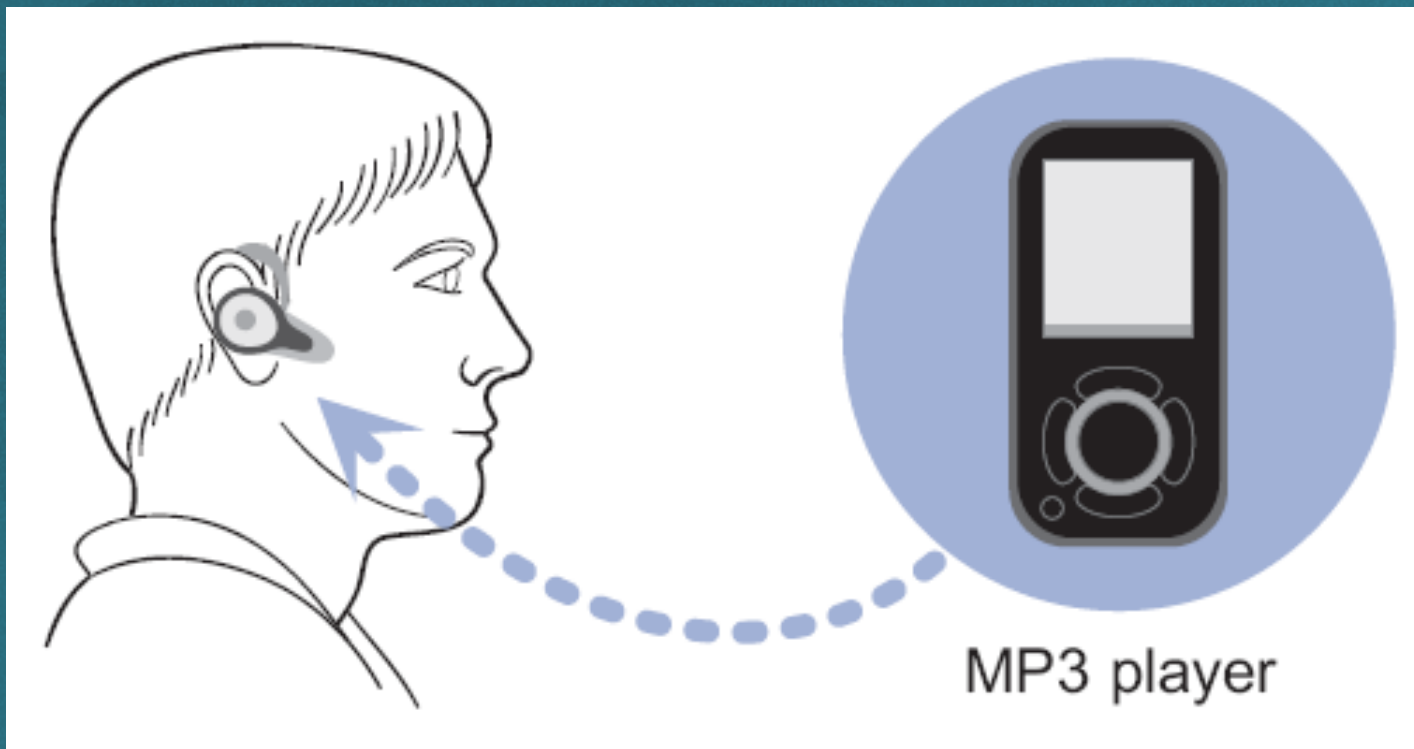
# MP3 Players

- Very flexible
- Download any sound from CD or podcast
- Normally use “earbuds”



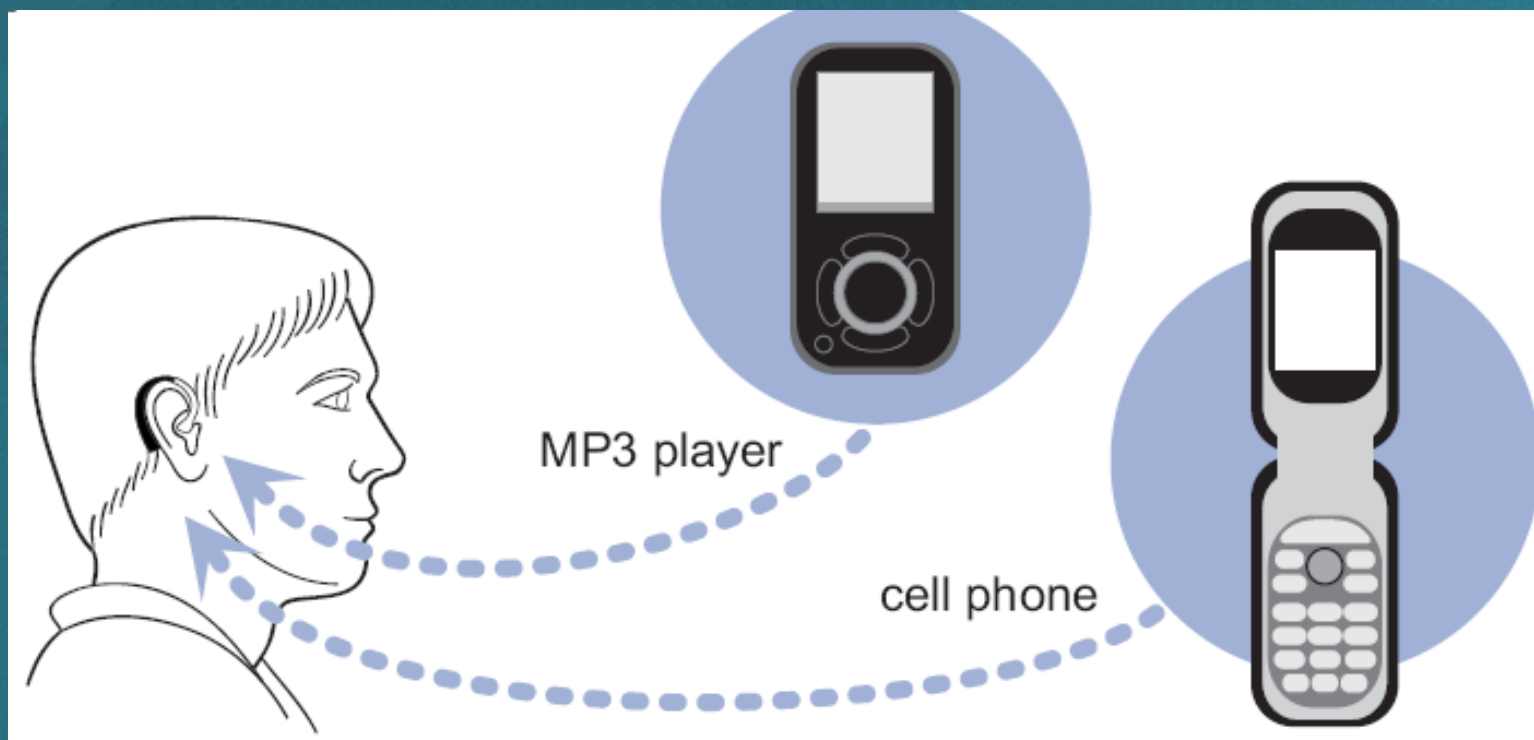
# Bluetooth

- Short-range radio technology
- Normally used with cell phones
- Available with some MP3 players



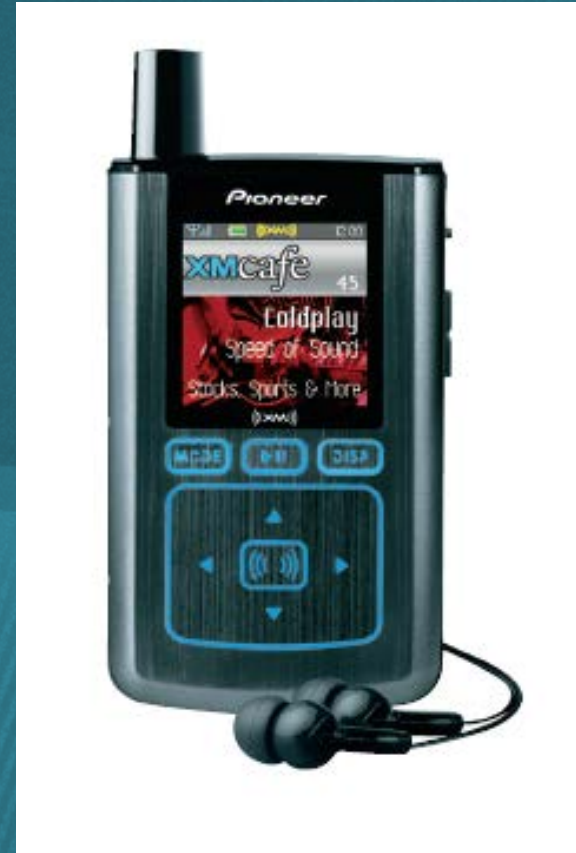
# Bluetooth with Hearing Aids

- Available with some behind-the-ear hearing aids
- Hearing aids can receive signal from MP3 player
- Also works with some cell phones



# Satellite Radio

- Huge number of listening choices
  - ~160 channels



# Hearing Aids with T-coils

- Many hearing aids have a T-coil—sometimes called a telephone program
- Tiny coil of wire in a hearing aid that can pick up electromagnetic signals



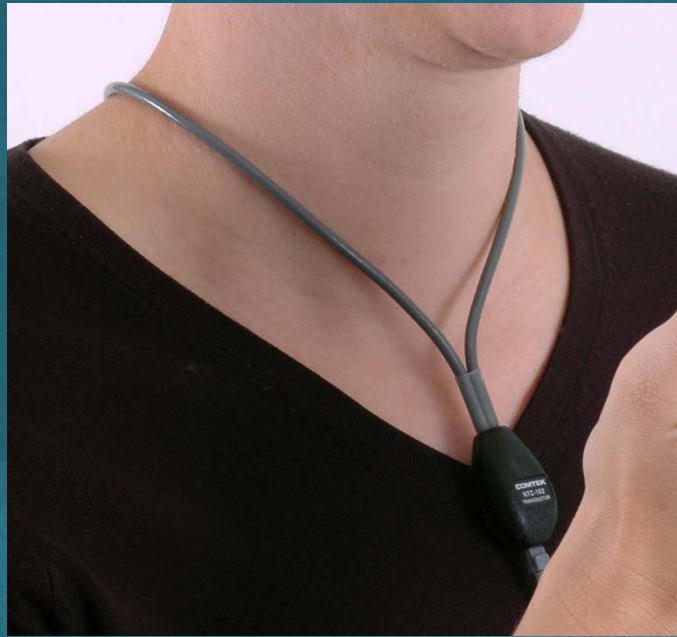
# Hearing Aids with T-coils

- This is a satellite radio
- Instead of headphones, a neckloop is plugged into it



# Hearing Aids with T-coils

- The neckloop sends a wireless signal up to the hearing aid
- You can plug a neckloop into anything with a standard headphone jack—including cell phones, radios, and MP3 players



# Tabletop Devices: Examples



# Tabletop Water Fountain



# Tabletop Sound Generators



# Docking Station for an MP3 Player



# Electric Fan

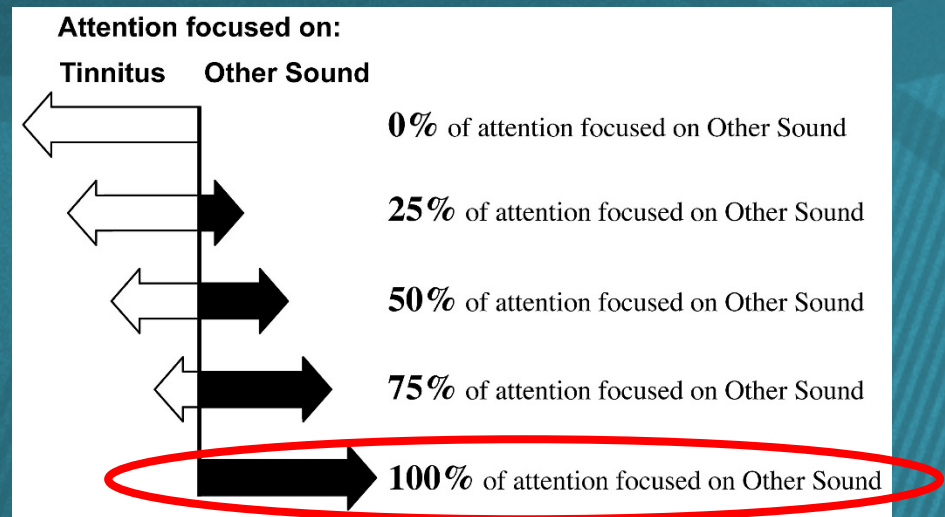


# Adding Sight to Sound

- So far, we have talked about using only sound for managing reactions to tinnitus
- Listening and watching together can sometimes be more helpful



**I am 100% focused  
on this football game!**



# More Ideas for Using Both Sight and Sound

- Going out to a movie
- Watching a DVD or a TV show
- Going to a play, a concert, or a comedy club
- The content should be meaningful and interesting—to do a better job of keeping your attention
- Special DVDs are designed to show peaceful scenes with relaxing music in the background – makes soothing sound both visual and auditory (see workbook)

# Some Ideas for Using Sound at Night



# “Sound Pillow”

- Has a cord that can plug into anything with a standard headphone jack—CD player, MP3 player, radio, TV, etc.
- Sound from device comes through speakers in pillow
- Only you hear the sound
- Disadvantage: sound is usually only heard in one ear



# Fleece Headband with Embedded Speakers

- Originally made for skiers, but can be used comfortably in bed
- Plugs into any device with standard headphone jack
- Only you hear the sound
- Sound is heard in both ears



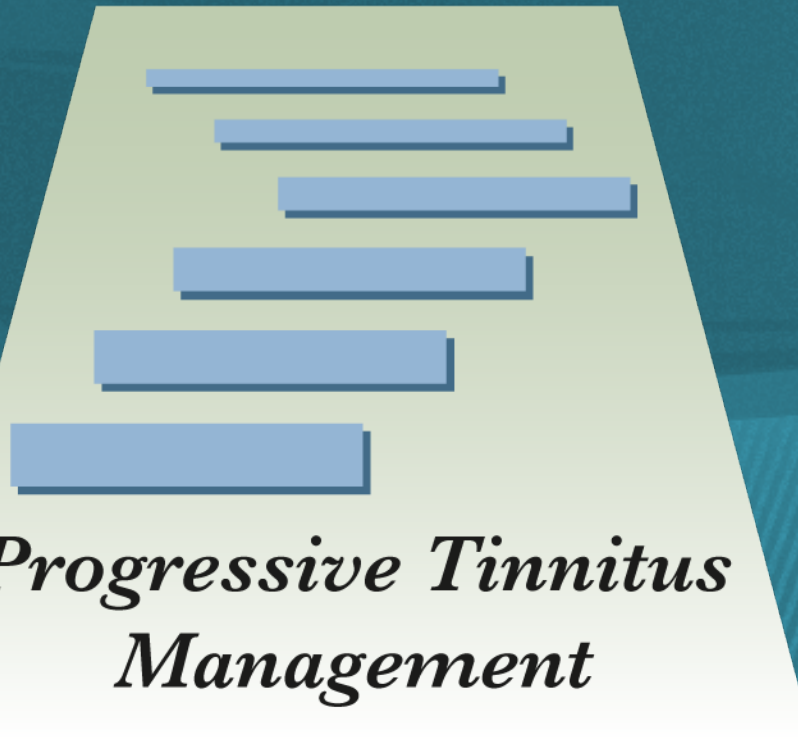
# Neck Pillows

- Sometimes used for sleeping on an airplane
- This idea came from a Veteran who had tinnitus who wanted to wear standard earphones at night – he arranges the pillow so that when he lays his head on it, there's no pressure on the earphones



# Part 3: Update Your “Sound Plan”

# PTM



# Are You Satisfied with How Well Your Tinnitus is Managed?

- If so, then keep doing what you're doing
- If not, update the Worksheet
- Most people need to try several Sound Plans before they are satisfied

# Updating Your Worksheet: *What You Will Need*

- Your Worksheet from the last session
- A blank Worksheet
  - You can revise the Worksheet you have been using or you can use a blank Worksheet to write a new Sound Plan
- Stop here until everyone has what they need to update the Worksheet



# Updating Your Worksheet:

## *What We Will Do*




- Review #5 from your completed Worksheet
- Revise the Sound Plan to build on the ideas that were most helpful

# Which *Types of Sound* Were Most Helpful for You?

- Look at #5 on the Worksheet
- Was one of the three types of sound especially helpful for you over the last 2 weeks?
  - Soothing Sound?
  - Background Sound?
  - Interesting Sound?
- Are you seeing any *patterns*?
  - (Make sure you write them down)

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_

2. Check one or more of the three ways to use sound to manage the situation	3. Write down the sounds that you will try	4. Write down the devices you will use	5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?	6. Comments
<input type="checkbox"/> Soothing sound 	_____	_____	Not at all    A little    Moderately    Very much    Extremely <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.
<input type="checkbox"/> Background sound 	_____	_____	Not at all    A little    Moderately    Very much    Extremely <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Interesting sound 	_____	_____	Not at all    A little    Moderately    Very much    Extremely <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

# Which *Sounds* Were Most Helpful for You?

- Look at #5 on the Worksheet
- Were some sounds especially helpful for you over the last 2 weeks?
  - Environmental sound?
  - Music?
  - Speech?
- Are you seeing any *patterns*?
  - (Make sure you write them down)

**Sound Plan Worksheet**

1. Write down one bothersome tinnitus situation \_\_\_\_\_




2. Check one or more of the three ways to use sound to manage the situation

3. Write down the sounds that you will try

4. Write down the devices you will use

5. Use your sound plan over the next week. How helpful was each sound after using it for 1 week?

6. Comments When you find something that works well (or not so well) please comment. You do not need to wait 1 week to write your comments.

	Not at all	A little	Moderately	Very much	Extremely
<input type="checkbox"/> Soothing sound 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Background sound 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interesting sound 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Becoming Aware of Sounds That Are Helpful for You

- It's OK if you didn't notice any patterns for what was most helpful
- This can take *time*

# Update Your Worksheet Now (to Try to Get Better Results)

- Write on your completed Worksheet
  - Cross out ideas that weren't helpful
  - Add new ideas that you haven't tried yet
- (You can start a new Worksheet if you would prefer that)
- While you're updating your worksheet... (go to next slide)

# While You're Updating Your Worksheet:

- Think about what worked best for you during the last 2 weeks
- Remember that background sound does not always feel helpful right away, but can help over time
- Feel free to ask questions about modifying your plan
- (Stop here until all Worksheets are updated)



# Ongoing Use of the Sound Plan Worksheet

- For every tinnitus-problem situation, make a new Sound Plan
- It takes trial and error to learn what works best in each situation
- Revise your Sound Plans as needed

# Part 4: How Does PTM Compare to Other Sound-based Methods of Tinnitus Management?

# PTM



*Progressive Tinnitus  
Management*

- Tinnitus Masking

	Environmental	Music	Speech
Soothing	✓		
Background			
Interesting			

- Tinnitus Retraining Therapy

	Environmental	Music	Speech
Soothing			
Background		✓	
Interesting			

- Neuromonics Tinnitus Treatment

STAGE 1			
	Environmental	Music	Speech
Soothing	✓	✓	
Background			
Interesting			

STAGE 2			
	Environmental	Music	Speech
Soothing		✓	
Background		✓	
Interesting			

- Progressive Tinnitus Management

	Environmental	Music	Speech
Soothing	✓	✓	✓
Background	✓	✓	✓
Interesting	✓	✓	✓

## Part 5: Other Things You Can Do

# PTM



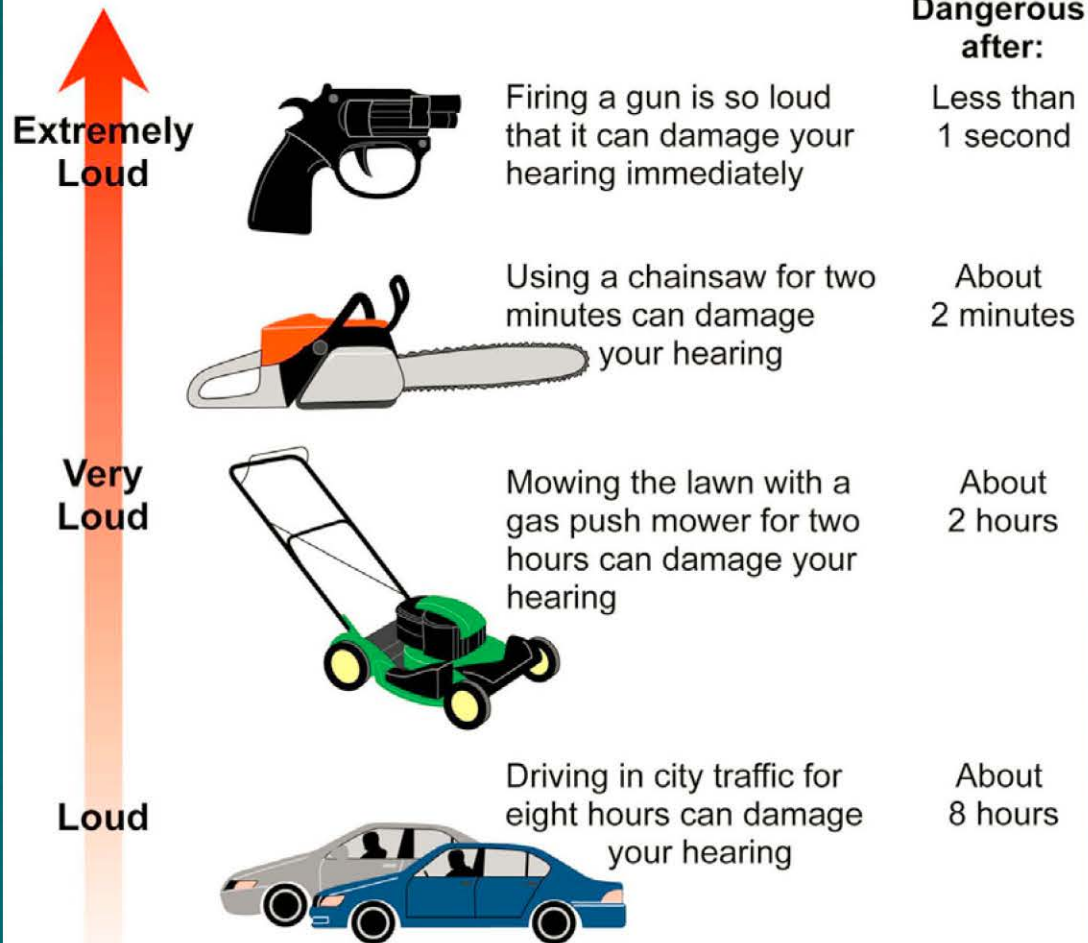
# Changing Thoughts and Feelings to Manage Tinnitus

- Part 3 of the Workbook “How to Manage Your Tinnitus: A Step-by-Step Workbook”
  - Describes ways to change your thoughts and feelings about tinnitus
- These can be done in addition to using sound to manage tinnitus

# Avoid Loud Noise



## The Louder a Sound is, the Faster it Can Damage Your Hearing



# Standard earplugs





Correct use



Incorrect use

# Custom earplugs



# Hi-fi earplugs



# Electronic earplugs



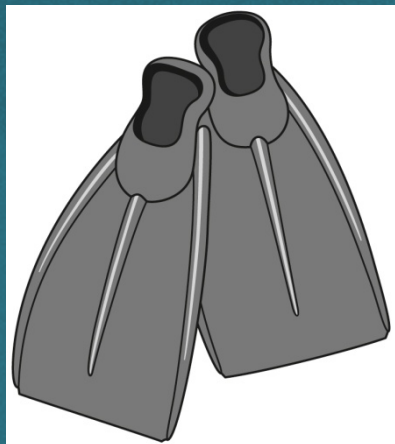
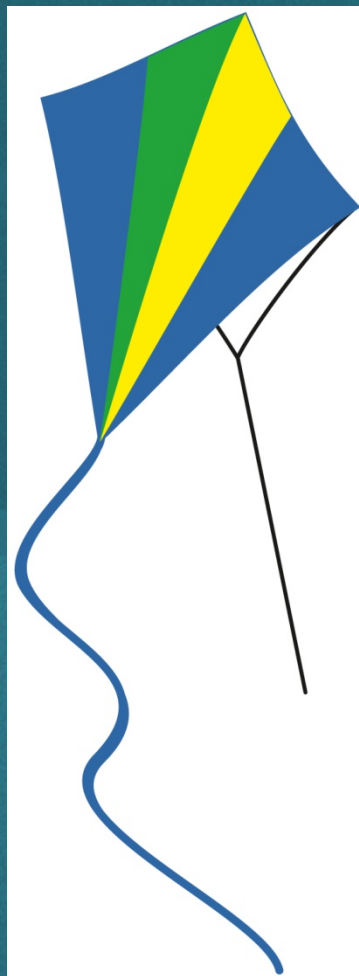
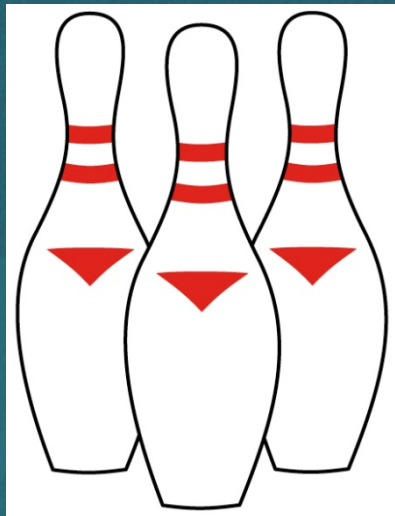
# Earmuffs



# Take Good Care of Yourself



# Keep Your Mind and Body Active



# Learn All You Can About Tinnitus



# Questions?

- [www.ncrar.research.va.gov](http://www.ncrar.research.va.gov)

