

Are You Using Old Cognitive Behavioral Therapy Methods for Tinnitus?

It's Time to Embrace Today's Best Practices



By Bruce Hubbard, PhD, ABPP

Cognitive behavioral therapy (CBT)

for tinnitus has become increasingly popular following the publication of U.S. and European clinical guidelines, which both designate CBT as the only recommended treatment for tinnitus.¹⁻³ As an experienced board-certified cognitive behavioral psychologist who has tinnitus, I am heartened by this trend. However, I have concerns about how CBT is understood and applied in the tinnitus community. In this article, I critique an older, still popular version of CBT for tinnitus and describe a newer version of CBT that is arguably more suitable for tinnitus.

What Is Cognitive Behavioral Therapy?

Cognitive behavior therapy is a form of psychological treatment, or psychotherapy, provided by psychologists and other behavioral health professionals. The title “cognitive behavioral therapy” refers

not to a single theory or approach but to a *family of cognitive and behavioral approaches* united by a common set of principles: they are *science based, evidence based, skills based, and short term* (see ABCT.org).⁴ Development of CBT over the past 60 years has reflected developments in biopsychosocial science. We can think of CBT as physical therapy for our brains, a set of exercises or *skills* we learn and apply to help live full, valued lives, unburdened by problems like tinnitus.

There is a strong rationale for using CBT to treat tinnitus. Research suggests it is not necessarily the volume, pattern, and pitch of tinnitus that causes distress^{5,6} but how we respond to tinnitus psychologically.⁷⁻¹⁰ It is natural to have a strong emotional reaction when tinnitus first starts. How we respond psychologically, that is, how we *think, act, and pay attention* in relation to tinnitus, determines the future course of this reaction.

Gaining control over our psychological response is how we take control back from tinnitus. *We take the lead, and our alarm brains follow.*⁷ Responses that place great importance on tinnitus, that treat tinnitus as a threat, fuel the alarm brain’s defensive reaction and reinforce the vicious cycle I call the “tinnitus trap.” Respond in a manner that reduces the importance of tinnitus (trust me, it is possible!) and our alarm brains should gradually follow our lead and reduce the intensity of the automatic defensive reaction. The objective is to reduce tinnitus importance to promote *neuroplasticity and retrain/rewire* our alarm brains to adapt to tinnitus.

The effectiveness of CBT for tinnitus has been well documented.^{3,11} When done correctly, CBT skills are uniquely suited to the task of changing our psychological response to unwanted, problematic situations and sensations like tinnitus. The important question is: *Which CBT approach or combination of approaches is best for tinnitus?*

Traditional, Second-Wave CBT for Tinnitus

The version of CBT typically offered to the tinnitus community^{4,12,13} is one that was popular in the 1990s, when CBT for tinnitus was first conceived, but has not passed the test of time.^{4,12,13} Originally called “cognitive therapy,” now called “traditional” or “second-wave” CBT, it can be easily identified by its adherence to the “cognitive model.”

The cognitive model assumes that *thoughts cause feelings and behavior, so we can reduce strong emotions and behaviors by changing our thoughts.* The primary skill is *cognitive restructuring*, intended to change our “beliefs about tinnitus” through a time-consuming process of tracking “automatic negative thoughts,” identifying “distortions,” and replacing them with accurate, more positive thoughts. Behavioral skills, relaxation, and engaging in pleasurable events were included as “behavioral experiments” to test beliefs about tinnitus.

Despite its intuitive appeal, the cognitive model was never more than a guiding theory, and considerable subsequent research has cast doubt on its validity. Evidence shows: Feelings are just as apt to cause thoughts as thoughts are to cause feelings; automatic negative thoughts often persist despite our efforts to change them; if automatic negative thoughts persist, it’s okay, we can still get better; and most important, the behavioral skills associated with traditional CBT, specifically, *behavioral activation and therapeutic exposure*, are better than cognitive

restructuring at reducing depression and anxiety.^{4,13,14}

There is no justification for change in thinking to form the foundation of CBT.^{4,12} Cognitive change can be helpful (*flexible thinking*, below), but it is just one of many psychological processes that work together to resolve problems like tinnitus.

Acceptance-Based, Third-Wave CBT for Tinnitus

Limitations of traditional CBT and other developments led to *third-wave* CBT. Third-wave versions of CBT emphasize *acceptance, mindfulness, and values-directed action.* We can think of third-wave CBT as a set of tools for accepting and diminishing the negative impact of unwanted realities like tinnitus and redirecting attention to living full, valued lives. *Acceptance and Commitment Therapy* and *Mindfulness-Based Cognitive Therapy* are third-wave CBT approaches that have been shown to significantly reduce tinnitus distress.^{15,16}

Best Practice CBT for Tinnitus Distress

Here are my recommendations for a best practice version of CBT for tinnitus that incorporate third-wave CBT advances not available in traditional, second-wave CBT.

Cope Better Now and Promote Habituation Over Time

How is it that someone can have the same tinnitus that brought me to my knees and not be bothered? People who aren’t bothered by their tinnitus have achieved a high level of habituation—the natural, neurological process through which the brain gradually reduces its emotional reaction and attention to tinnitus.^{7,17,18}

Habituation makes it easier—*typically a lot easier*—to live with tinnitus. When done correctly, CBT is designed to do more than just “manage” and “cope” with tinnitus. CBT is intended to break the vicious cycle of distress and promote tinnitus habituation.

Acceptance Versus Change

Third-wave CBT begins with a careful assessment of which problem aspects can be controlled and changed, reduced and removed, and which aspects are best addressed through acceptance.¹⁹ Anyone who has lost a loved one understands the importance of acceptance. Through grieving, we come to terms with unwanted, unchangeable realities like tinnitus and redirect our focus to what we can do to adjust and move on.

Tinnitus is commonly described as an experience of loss—loss of a prior quality of hearing, the loss

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of silence—yet many people in the tinnitus community object to the idea of tinnitus acceptance. By *tinnitus acceptance*, we don't mean embracing tinnitus, making friends with tinnitus, resigning to a future of suffering with tinnitus. We are simply acknowledging the fact that we probably cannot, as our physicians said, gain control over the sound of tinnitus, and we instead commit our efforts to adapting, coexisting, and moving on. Tinnitus acceptance, then, is a practical decision that helps us move forward with recovery.

Therapeutic Exposure to Promote Confidence and Habituation

Therapeutic exposure has replaced cognitive restructuring as the backbone of modern CBT.¹² Tinnitus researcher Relena Cima and others have made the case for bringing more therapeutic exposure into tinnitus treatment.²⁰ Exposure is used to reverse patterns of avoidance that commonly drive tinnitus distress and to promote functioning and habituation.

The exposure strategy in CBT is based on age-old wisdom: *Face your fears to overcome them; lean into a challenge; turn avoidance into*

approach. As awful as tinnitus feels, we can be grateful that tinnitus is rarely dangerous, is not physically painful, and is subject to habituation. It may be emotionally uncomfortable, but it is not dangerous to hear our tinnitus. Rather than hiding from tinnitus and letting tinnitus control our lives, we can practice *allowing* tinnitus to exist, moving *toward* avoided areas, *accepting* uncomfortable feelings, while keeping our attention connected to what is important in the present moment (mindfulness), taking courageous action to fully rejoin our lives.

In CBT, we generally practice exposure in a gradual or “graded” manner, facing challenges a little at a time and building on our successes. Through consistent exposure, our brains will develop the emotional muscle to better handle tinnitus, which increases our confidence that we can handle hearing our tinnitus, can handle the strong emotions that accompany hearing tinnitus. Therapeutic exposure helps us function, gets us closer to being ourselves again. For many patients, it is the best way to *promote tinnitus habituation*.

Exposure is practiced through exercises in which we deliberately

approach avoided experiences, during mindfulness of sound (below), and when we hear tinnitus while taking *courageous, values-directed action* (page 8).

Mindfulness of Sound: The Practice of Tinnitus Acceptance

Mindfulness is an ancient meditation technique that has become an integral part of modern, third-wave CBT.^{21,22} Many people are now familiar with app versions of mindfulness, where it is promoted as a method to relax, calm down, and get some space. In the health sciences, mindfulness serves a dual purpose: It can help us calm down, but more important, mindfulness is used to *accept and coexist* with aspects of our experience that are *desperately unwanted but that cannot be changed*.^{23,24} Examples include chronic pain, recurrent illness, strong emotion. Several studies have found that mindfulness significantly reduces distress caused by tinnitus.¹⁶

In mindfulness, we practice allowing our experience to be exactly as it is without trying to change it—and here's the catch—*even if we don't like how it feels!* We accomplish this feat by developing the skill of paying attention to our experience in the



present moment, but without being driven by thoughts and judgments.²³ The process has been described as “stepping back” from, “observing,” or “witnessing” our experience, without giving in to the ongoing inner commentary (automatic negative thoughts) and urges to change, fix, control what we don’t like. In this way, mindfulness is the very practice of tinnitus acceptance. Through mindfulness, we can get better at experiencing unwanted, unavoidable aspects of life, such as tinnitus and uncomfortable emotions, *without freaking out!*

To get the most out of mindfulness for tinnitus, practice *mindfulness of sound*. For those of you familiar with mindfulness, this is equivalent to the “body scan” used to help accept and adapt to physical pain. Listening to our tinnitus in this manner promotes therapeutic exposure and, thus, habituation. Through mindfulness of sound, we come to hear our tinnitus as a neutral sound, without making it the center of attention, and without getting pulled into gloom-and-doom thinking. Tinnitus becomes less threatening, more familiar, easier to ignore.

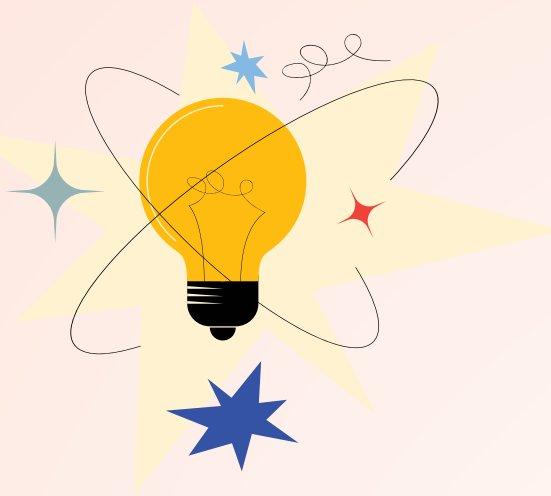
“Rather than hiding from tinnitus and letting tinnitus control our lives, we can practice allowing tinnitus to exist, moving toward avoided areas, accepting uncomfortable feelings, while keeping our attention connected to what is important in the present moment (mindfulness), taking courageous action to fully rejoin our lives.”

Through regular practice of mindfulness, we develop a valuable skill that can be applied during the challenging times when we hear our tinnitus, such as during concentration, leisure, and sleep. Third-wave CBT programs, such as Acceptance and Commitment Therapy (ACT) and the Unified Protocol (UP), incorporate mindfulness as an integral part of treatment.^{14,19,25} For the fully committed, intensive 20-hour programs for tinnitus derived from Mindfulness-Based Stress Reduction are also available.

Flexible Thinking

In third-wave CBT, flexible thinking has replaced cognitive restructuring as the primary cognitive skill.¹² In flexible thinking, we are not “correcting distortions.” We practice viewing problems from different perspectives and choosing the one that best fits. With tinnitus, there are two main perspectives: *control and recovery*.

The *control perspective* views tinnitus as the problem, so the only way to feel better is to reduce or remove tinnitus. This keeps us focused on tinnitus, fuels distress, and blocks habituation.



The *recovery perspective* views our distress reaction to tinnitus as the problem, so even if tinnitus doesn't go away, we can be okay because we can learn to reduce tinnitus *distress* by coping and promoting habituation. The recovery perspective redirects our focus from controlling tinnitus to adapting and moving on.

The goal of cognitive change, then, should be to develop and maintain a recovery perspective on tinnitus. It can be helpful to write out your new perspective, like a mission statement for a business, to remind you of your better thinking, to guide and motivate your new response to tinnitus.

Cognitive Defusion: Learn to Ignore Negative Thoughts About Tinnitus

Second- and third-wave CBT agree on the destructive impact of automatic negative thoughts, rumination, and worry, but disagree on the solution. Rather than analyze and change these thoughts as in traditional CBT, third-wave CBT employs *cognitive defusion* techniques to nullify the damage. This is how negative thoughts can remain unchanged and we can still get better.

Through cognitive defusion, we learn to accept and ignore unhelpful thoughts and shift our attention back to the present moment and to our mission to recover from tinnitus

distress. This cuts the “fuel supply” to negative rumination and worry. Unhelpful, damaging thoughts gradually become less intrusive and fade into the background. So, once you have your habituation perspective, you no longer need to “track and challenge” automatic negative thoughts. You will not want to give them that much attention.

Mindfulness is the primary strategy for defusing from negative thoughts. A list of additional defusion techniques can be found through an internet search and in *ACT made simple* by Russ Harris.¹⁹

Self-Guided, As-Needed Sound Enrichment

Adding external sound to soften tinnitus perception and help redirect attention is the oldest, most intuitive strategy for tinnitus relief. While this strategy forms the core of audiology-based treatments, in CBT it is viewed as just one coping skill. Overuse of sound enrichment (masking) reduces exposure and, theoretically, can slow habituation and recovery.²⁰

When used as needed, sound enrichment is typically applied during periods of concentration, relaxation, and sleep. As the psychological skills become fluent and effective and habituation progresses, sound enrichment is gradually turned down and off.

Values-Directed (Committed) Action (Behavior)

Values-directed committed action is the heart of modern, third-wave CBT for tinnitus.^{12,19} Values-directed action has replaced relaxation and pleasurable activities (e.g., massage, yoga, movies) as the primary

behavioral component of CBT. Here's where we apply our new skills—mindful acceptance, flexible thinking, cognitive defusion, as-needed sound enrichment—and promote therapeutic exposure by *leaning into our new lives with tinnitus*.


In taking action to change your response to tinnitus, I recommend you first clarify your *values*. What's most important to you in life? What brings you the most meaning? As you begin the process of reengaging in life, you will choose behaviors that are meaningful but that may not be *pleasurable* and, in fact, *may at times be uncomfortable*. But here is where you'll get the most bang for your buck!

A father, for example, may gain greater long-term relief from attending his daughter's middle-school concert, facing the uncomfortable feeling that his tinnitus may get louder, than by taking a walk through a favored park. A woman may choose to work late instead of getting a massage so that she is better prepared for an important presentation the next day. Behaviors like these may not feel pleasurable, are likely to be emotionally uncomfortable in the moment, but pay us back in dividends over time. These people with tinnitus are living fully, behaving like themselves again. And by consistently pushing themselves to get back into life, they are reducing tinnitus importance and promoting habituation.

By accepting some discomfort in service of the greater goal, tinnitus takes a back seat, loses its importance. Tinnitus no longer controls our decisions and actions, we do. And through consistently taking

these courageous steps, we gradually rebuild our lives.

Conclusion

CBT for tinnitus must be updated to incorporate important advances made over the last 25 years. In modern, third-wave CBT for tinnitus, there is less emphasis on changing our thinking, relaxing, and engaging in pleasurable events. There is greater emphasis on developing a recovery perspective on tinnitus, ignoring unhelpful thoughts, mindfully accepting tinnitus, and committing to the courageous, values-directed action necessary to feel like ourselves again. CBT for tinnitus must address dual goals of helping us cope and function better now and promoting habituation over time. When done correctly, cognitive behavioral therapy for tinnitus is an effective, efficient method for getting *out of our ears and back into our lives!* 



For more than 20 years, Bruce Hubbard, PhD, ABBP, has helped people improve their lives with cognitive behavioral therapy. After establishing one of the first

CBT practices in New York City, he went on to found the Cognitive Health Group in 1999, where he pioneered the integration of CBT and mindfulness.

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Building a CBT and Mindfulness Self-Care Practice

- CBT and mindfulness are essentially self-help approaches. The therapist or teacher shows you what to do and helps you get started. What you do on your own is ultimately more important than what happens in session or in class.
- You can learn what to do and get started on your own by educating yourself about CBT and mindfulness. The resource section on page 10 offers some direction.
- To learn to meditate with tinnitus, practice “mindfulness of sound.” This is a traditional meditation practice of centering nonjudgmental attention on any sound arising in the present moment, including tinnitus. Mindfulness exercises designed for persistent pain may also help.
- Most local CBT therapists and mindfulness teachers will be unfamiliar with tinnitus. You can ask them to learn about tinnitus and direct them to the resources in this article. You can also seek a CBT therapist or mindfulness teacher who specializes in pain management, because many of the same principles apply to tinnitus.
- While it can be challenging to find Mindfulness-Based Cognitive Therapy for tinnitus, Mindfulness-Based Stress Reduction (MBSR) courses are much more common. Palouse Mindfulness offers an eight-week online course for free. See palousemindfulness.com for more information. MBSR instructors are generally familiar with chronic pain. Many of the same mindfulness principles apply to tinnitus.



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Resources for Accessing CBT, iCBT, and Mindfulness for Tinnitus

Given the effectiveness of CBT for tinnitus, it's disheartening to learn that tinnitus is not part of standard CBT training, so most cognitive behavioral therapists have never heard of tinnitus. Some audiologists familiar with tinnitus seek CBT training, but audiologists are not trained counselors and may never achieve the depth and breadth of experience necessary to effectively treat moderate to severe tinnitus distress with CBT. So, what can you do?

1 CBT is essentially a self-help approach. The therapist teaches you what to do and gets you started. But you can also get started on your own by educating yourself about CBT for tinnitus. My website, webinar, and resources page offer open access information for this purpose, which can be found at:

www.CBTforTinnitus.com

www.CBTforTinnitus.com/cbt-tinnitus-webinars

www.CBTforTinnitus.com/Resources

2 The online Mindfulness-Based Tinnitus Stress Reduction program, developed by psychologist Jennifer Gans, can be found at <https://mindfultinnitusrelief.com>

3 If you feel the need for a guide, then find a qualified cognitive behavioral therapist and have them

review the relevant information on CBT for tinnitus. Cognitive behavioral therapists who specialize in CBT for pain management may be best suited to help with tinnitus. You can find CBT therapists at www.ABCT.org and www.ADAA.org

4 Acceptance and Commitment Therapy (ACT, pronounced like the word "act") is a form of CBT that emphasizes mindfulness and taking courageous action to reverse avoidance. ACT therapists can be found at: <https://contextualscience.org/>

5 There are many excellent courses and apps that teach general mindfulness. These programs offer mindfulness for anxiety and pain, but they won't teach you how to meditate with tinnitus. You can learn general mindfulness and apply it to your tinnitus through specific focus on mindfulness of sound, a traditional meditation practice that dates back thousands of years. There are numerous smartphone apps that teach mindfulness, including Calm, Headspace, Insight Timer, Ten Percent Happier. Mindfulness teachers can be found at: <https://www.mbct.com/> <https://www.umassmemorialhealthcare.org/umass-memorial-medical-center/services-treatments/center-for>

[mindfulness/mindfulness-programs/mbct-8-week-online-live](#)

6 Cognitive Behavioral Therapy for Tinnitus

by Eldre Beukes, Gerhard Andersson, Vinaya Manchaiah, and Viktor Kaldo is an excellent resource to draw on (see book review on page 38).

While the authors don't use the term "acceptance" and rarely refer to exposure, these third-wave CBT concepts appear throughout their book. In the "Being Mindful" chapter, the authors implicitly advocate for accepting what is occurring in the present moment. In "Listening to Tinnitus" they encourage the reader to reduce avoidance of quiet settings, reduce reliance on sound enrichment, and instead lean into their tinnitus, a little at a time, to promote confidence and habituation. Similarly, they advocate for reducing overreliance on hearing protection for sound sensitivity, and practicing graded exposure to avoided trigger sounds. These third-wave CBT strategies set the book apart from other CBT for tinnitus guides, which are confined to the older, second-wave CBT approach.

