

TINNITUS STEPPED-CARE: A STANDARDIZED FRAMEWORK FOR CLINICAL PRACTICE

Book Foreword

By M. Patrick Feeney, PhD

After having over 20 years of clinical practice as an audiologist, I attended a talk by Dr. Jim Henry about Progressive Tinnitus Management (PTM). It was a true revelation for me as he laid out an organizational structure for helping patients cope with tinnitus. During his talk he was extremely generous in his willingness to share the tools and methods he had developed over the years with his colleagues starting with Drs. Jack Vernon and Mary Meikle at the Oregon Health & Science University (OHSU) in the world's first clinic dedicated to providing tinnitus services exclusively. Later at the National Center for Rehabilitative Auditory Research (NCRAR) at the Veterans Affairs Medical Center in Portland, Oregon, he formed a team dedicated to tinnitus research. Many years following that talk on PTM, I had the incredible opportunity to work with Jim at the NCRAR when I joined the Center in 2011 as its Director. This afforded me the chance to observe his dedicated work ethic and prolific intellectual output for the benefits of Veterans and others with tinnitus and hearing loss.

In this book, Dr. Henry brings the same logic, skill and knowledge he brought to the development of PTM to Tinnitus Stepped-Care: A Standardized Framework for Clinical Practice. As Dr. Henry describes, Tinnitus Stepped-Care is a framework for providing tinnitus services while keeping any specific procedures to a minimum. Tinnitus Stepped-Care provides for increasingly higher levels of care as needed by the patient in a framework that is time-efficient for the patient and clinician. Very few patients require the entire six-step process. Step 1 Triage and step 2 Audiology Services will meet the needs of the majority of patients with bothersome tinnitus. A portion will advance to Step 3 Tinnitus Education with some desiring to move to Step 4 Tinnitus Counseling. Few of these patients will need more intensive services offered in Steps 5 and 6. Step 5 involves comprehensive assessment by an audiologist and psychologist, both of whom have specialized tinnitus expertise. At that point the patient may exit the stepped process or, if needed, move to additional treatment in Step 6 with any of the evidence-based counseling methods or complementary methods described. The beauty of this book is that it provides evidence-based guidance for the clinician literally every step of the way.

After an exploration of training limitations for audiologists on tinnitus and the lack of national certification in tinnitus in Chapter 1, the book lays the groundwork for studying the area in Chapter 2 on Tinnitus Terminology and Definitions. This chapter answers the question of what tinnitus is and explores the myriad causes of the disorder. The book focuses on primary tinnitus, which is idiopathic and may or may not be associated with sensorineural hearing loss (SNHL). Chapter 3 explores the effects of tinnitus, which vary from non-bothersome for most individuals to extremely bothersome for the unfortunate few and can be influenced by a number of factors as shown in Figure 3-1. Chapter 4 provides an overview of PTM, which is the basis for the stepped approach. The chapter includes a fascinating introduction to the research endeavors that led from the OHSU Tinnitus Clinic to the birth of PTM years later. Chapter 5 provides an overview of the steps in Tinnitus Stepped-Care followed by detailed chapters on each step. I consider Chapter 8 Addressing Sound Hypersensitivity Disorders as a bonus chapter on an area closely associated and sometimes co-existing with tinnitus. As the study of hypersensitivity disorders develops, the chapter's focus on terminology and definitions, a description of disorders and underlying mechanisms is foundational.

This book could be used as the basis for a graduate course on tinnitus. Moreover, as Dr. Henry

explains in Chapter 1, many university audiology curricula provide limited training in tinnitus management. Thus, the text could also serve as a guidebook for the practicing clinician who may have been ill-prepared to provide care for their tinnitus patients. Chapter 6 provides sufficient guidance in the triage of tinnitus patients that any non-auditory health-care provider (e.g., dentists, nurses, physical therapists, opticians) would find beneficial.

Having worked closely with Dr. Henry over the past decade at the NCRAR, I retain the sense of awe I experienced during his lecture that introduced me to PTM over 25 years ago. I expect readers of Tinnitus Stepped-Care: A Standardized Framework for Clinical Practice will be relieved to find they have discovered a comprehensive plan for managing their patients with tinnitus.

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