

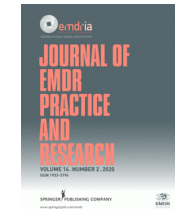
EMDR WITH TINNITUS

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WHAT HAS EMDR TAUGHT US ABOUT THE PSYCHOLOGICAL CHARACTERISTICS OF TINNITUS PATIENTS?

MOORE, PHILLIPS, ERSKINE, NUNNEY & WRIGHT



Norfolk and Norwich University Hospitals 
NHS Foundation Trust

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AIMS OF THIS PRESENTATION

- What is tinnitus?
- Why EMDR for tinnitus?
- The feasibility study
- Details of the tEMDR protocol
- Results
- Reflections, future directions and questions

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TINNITUS

THE PERCEPTION OF SOUND IN THE ABSENCE OF AN EXTERNAL SOURCE.

[VIDEO](#)



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OBJECTIVE OR SUBJECTIVE?

Objective tinnitus has an internal source (eg the hearing of blood flow and muscle contractions)

Subjective tinnitus is a "phantom sound," no external sound source is detectable

The prevalence of subjective tinnitus is estimated between 10%– 15% in the adult population. 8- 20 % of these cases develop chronic subjective tinnitus.

...which can affect one's quality of life to a great extent

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TINNITUS: CAUSES

Complex array of potential causes.

In 1/2 of cases - caused by otologic problems, e.g. hearing loss, Meniere's disease, noise trauma, and more.

However tinnitus might also be caused or made worse by medication, anxiety, depression, or emotional trauma, neurologic, somatic and metabolic conditions,

+ Tinnitus highly co-morbid with sleep deprivation, concentration problems, depression, and anxiety.

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TINNITUS

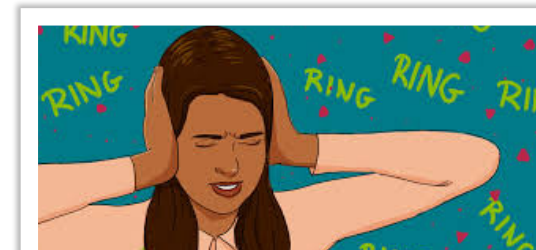
OFTEN, THE DISTRESS ASSOCIATED WITH TINNITUS IS LESS ABOUT THE SOUND, LOUDNESS, PITCH OR FREQUENCY, AND MORE ABOUT THE PSYCHOLOGICAL AND BEHAVIOURAL APPRAISALS AND RESPONSES.



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WHY EMDR – FOR TINNITUS?

- Trauma experiences may play a role in chronic tinnitus
- Similarities with chronic pain & phantom limb pain
- EMDR in the treatment of pain conditions



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THE FEASIBILITY STUDY

2015: the start

Being the EMDR “expert”

A bespoke study protocol, tEMDR

...“to explore the acceptability of EMDR for tinnitus... and whether the protocol is effective”.

Inclusive criteria for participation: 18+, THI score of 38 – 100*, subjective tinnitus 6+ months duration.

1 assessment session & up to 10 EMDR therapy sessions X 60 minutes Weekly/ fortnightly

6 months follow-up with a research nurse

I provided the therapy – learning as I go along

Derek Ferrell - clinical supervision

* THI (Tinnitus Handicap Inventory; Newman, Jacobson, & Spitzer, 1996), a 25 item measure, uses a three-point Likert scale (0=no, 2=sometimes, 4=yes) to measure cognitive, emotional, and social impairments arising from tinnitus. eg “does your tinnitus make it difficult for you to enjoy life?”

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MEANWHILE IN THE NETHERLANDS

A pilot study by Rikkert, Van Rood, De Roos, Ratter, & Van den Hout, 2018.

35 patients with chronic tinnitus

6 EMDR sessions X 90 minutes each

Standard EMDR protocol

Explicit trauma approach

Targeted “disturbing tinnitus-related aversive memories / intrusive images related to other traumatic experiences that directly evoked feelings of powerlessness”

The final session targeted “current tinnitus sensations”

Scores from pre-treatment - end of treatment - 3 months follow-up

!Significant reductions in tinnitus distress

!Improvement in general psychological wellbeing (Symptom Checklist-90).

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THE TREATMENT PROTOCOL

The standard EMDR protocol (Shapiro, 2001)

&

The EMDR for pain protocol (Grant, 2000).

The pain protocol is similar to the SP, but SUDS are not expected to drop below 3, Cognitive Interweaves uniquely suited to a pain target, as well as the omission of body scan.

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THE TREATMENT PROTOCOL

The initial assessment session: stages 1+2

- history taking
- relevant past trauma memories
- current conditions associated with tinnitus distress
- case formulation
- psycho-education about EMDR therapy and AIP
- treatment planning
- RDIs

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TARGETS FOR RE-PROCESSING

Hypothesised trauma may or may not be implicated

Hence the protocol allowed for trauma targets

But also non-trauma ones

(or is this just semantics??)

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TARGETS FOR RE-PROCESSING

1. Trauma targets - a traumatic memory related to the tinnitus (SP)

1. physical re-experience
2. cognitive re-experience
3. emotional re-experience

Once trauma memories had been processed/ if no trauma -
tEMDR

2. A present (distressing) experience of tinnitus/ its consequences
3. A current bodily symptom

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tEMDR

- 1) A description of the tinnitus that includes:
 - An image or a felt sense that represents 'how does the tinnitus feel in the your body', or, to 'draw a picture in your mind of what the tinnitus feels like'
 - NC in relation to the tinnitus experiences, 'When you think about your tinnitus, what negative thoughts go with that'
 - PC & VoC
 - SUDS – "how bad" is the tinnitus now?
 - Emotions associated with the tinnitus
 - Bodily sensations associated with the tinnitus
- 2) BLS with either EMs or hand-held pulsators
- 3) ...until the SUDS associated with the initial target reduced to 3 or less
- 4) If no change after 3 attempts of BLS
 - A change of direction/speed/length of BLS
 - C11: "If the tinnitus could speak, what would it be saying?"
 - C12: "what's stopping the tinnitus from changing"?
- 5) If SUDS >3, session closed with reflections and RDI. The same target memory re-visited the following session
- 6) If SUDS 3 or less, install PC
- 7) BLS with cue word for positive insights & resources
 - "What's come in place of the tinnitus?"
 - "What's there now where the tinnitus was before"?

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RESULTS – WHOLE SAMPLE

As a whole:

9 EMDR sessions (median)

Tinnitus distress (THI) significantly improved at discharge by 20 points (median).

Depression (BDI-II) significantly improved by 7 points (median)

Both were maintained at the 6-month follow-up

Anxiety (BAI) scores were not significantly improved at discharge and at the 6-month follow-up

No adverse events were reported

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PATHWAYS USING PDS SCORES

PATHWAY 1 "PROBABLE PTSD"

N=7 traumatic experience and symptom profile suggestive of PTSD diagnosis

PATHWAY 2 "NO PTSD"

N=4 had a traumatic experience but their symptom profile was not indicative of PTSD

N=3 no traumatic experience

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TINNITUS DISTRESS IN THE 2 PATHWAYS – OUTCOMES ON THI

PATHWAY 1 "PROBABLE PTSD"

THI significantly improved at end of study and at the 6 months f/u

PATHWAY 2 "NO PTSD"

THI significantly improved at end of study

Some improvement at the 6 months f/u but not statistically significant

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THI OUTCOMES – WHAT CAN WE LEARN?

The trauma link:

Tinnitus may trigger unresolved trauma (physical re-experience or cognitive and emotional re-experience).

With EMDR and the AIP model, we can re-formulate the problem.

The resolution of the past trauma enables a change in the experience of the tinnitus in the present?

But also -

Tinnitus distress reduced for participants with no PTSD/ no trauma - the potential for using EMDR on the present experiences of the tinnitus only (present prong)!

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DEPRESSION SYMPTOMS IN THE 2 PATHWAYS – OUTCOMES ON BDI

PATHWAY 1 "PROBABLE PTSD"

Very low depression to begin with ("minimal" range)
Improved but not statistically significant

PATHWAY 2 "NO PTSD"

Very low depression to begin with ("minimal" range)
Improved but not statistically significant

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NEGATIVE COGNITIONS

- Choice & control
- Self-defectiveness
- Responsibility
- Safety

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NEGATIVE COGNITIONS

Choice & control

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PROTOCOL ADAPTATIONS

- Longer assessment
- BLS
- Why stop at SUDS = 3?
- Body Scan
- Future prong
- Do we need a special protocol at all for tinnitus?

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LAST BUT NOT LEAST

Thank you to our participants, who joined us in this new journey.

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ONE PARTICIPANT'S THERAPY JOURNEY

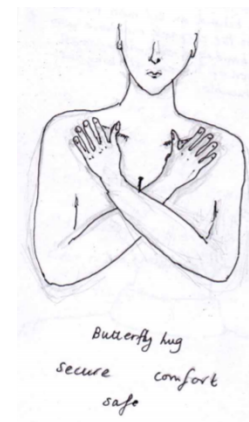
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heard
tinnitus my friend
muffled
lucky
happy
enabled
balanced
empowered
in proportion
settled
comfortable

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Tinnitus is still there but it lost its
anger
It no longer makes me tense up
It's no big deal
I can live with it

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THANK YOU

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