


















CBT-Hear Training and Certification Programme

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Summary

CBT-Hear is a comprehensive, multi-stage training and certification programme designed to equip clinicians with the specialist skills needed to deliver Cognitive Behavioural Therapy (CBT) for tinnitus, hyperacusis, and misophonia. The pathway begins with *CBT-Hear Certified*, an entry-level stage offering 63 hours of training in foundational CBT principles, structured assessment, and psychologically informed counselling. Clinicians then progress to the intermediate level, *CBT-Hear Certified Practitioner*, which includes 125 hours of advanced training and 60 hours of supervised clinical work, enabling them to deliver full CBT-Hear interventions for patients without significant psychological comorbidities. The final clinical level, *CBT-Hear Certified Advanced Clinician*, adds 50 hours of case reflection and 60 further hours of supervision, preparing clinicians to differentiate primary tinnitus/sound-related distress from underlying mental health conditions and to apply CBT-Hear to the former, and facilitate psychiatric or psychological interventions within a multidisciplinary team for the latter. Graduates may go on to become *CBT-Hear Certified Supervisors* by completing additional training in clinical supervision, or apply for recognition through the *CBT-Hear Fellowship Pathway*, which includes the titles of *Clinical Fellow*, *Faculty Fellow*, and *Honorary Fellow*, in acknowledgement of significant contributions to clinical practice, supervision, or public engagement. To retain the CBT-Hear title at any level, clinicians must engage in at least 90 minutes of clinical supervision each month, ensuring a strong emphasis on ethical, reflective, and safe practice throughout the programme.



Introduction to the CBT-Hear Training and Certification Programme

CBT-Hear is an integrated clinical and training framework designed to improve access to evidence-based care for individuals experiencing tinnitus, hyperacusis, or misophonia. By combining cognitive behavioural therapy with audiological expertise and holistic support strategies, it offers a person-centred, ethically grounded, and scalable approach to managing sound-related distress. This model recognises that distress is not caused by sound alone but by how these internal sensations are interpreted, managed, and embedded in a person's wider emotional, physical, and social context. Many patients present with complex needs, including coexisting otological, medical, somatic, or psychological conditions. Addressing these needs effectively requires interdisciplinary insight, structured intervention, and clear professional boundaries. CBT-Hear is built around three core clinical components: (1) Assessment – establishing an accurate and comprehensive understanding of the individual's needs; (2) Patient Education and Holistic & Multidisciplinary Support – empowering patients through neurophysiological/psychologically-informed education and integrative care; (3) Targeted CBT – reducing sound-related distress while ensuring broader mental health needs are identified and appropriately addressed. Together, these elements form a flexible and robust care pathway that can be adapted by clinicians working in audiology, mental health, or interdisciplinary settings. In what follows, these three core clinical components are described in more details.

1. Assessment: The Foundation for Targeted Care

Effective care for tinnitus and sound intolerance begins with a comprehensive, multidimensional assessment. This stage is essential for understanding the nature and impact of a person's difficulties and for distinguishing distress directly related to tinnitus or sound intolerance from distress arising due to coexisting psychological, medical, or neurological conditions. The CBT-Hear approach equips clinicians—including audiologists, psychologists, medics, and other professionals—with the skills to conduct or coordinate thorough, evidence-based assessments. This includes:

- **Audiological evaluation**, incorporating hearing tests and sound sensitivity measures, based on national and international guidelines and adapted as needed to meet the specific clinical needs of this population;
- **Screening for comorbidities**, including otological, psychological, neurological, and medical conditions, using clinical red flags, structured investigations, and referral pathways grounded in research and best practice;
- **Differential formulation**, using psychometric tools and in-depth clinical interviews to determine whether the primary source of distress is auditory or rooted in broader emotional or neurological factors;
- **Use of standardised outcome measures** to assess the emotional, functional, and social impact of tinnitus, hyperacusis, or misophonia, guiding treatment planning and tracking clinical change over time.

By the end of this stage, clinicians should have a shared formulation and a clear plan for either initiating targeted intervention or referring the patient onward. This ensures care that is accurate, ethically sound, and tailored to the individual's profile.



2. Patient Education and Holistic & Multidisciplinary Support

In the CBT-Hear model, patient education is a therapeutic tool in itself. Evidence shows that even brief educational interventions—whether in person or online—can significantly reduce distress associated with tinnitus and sound intolerance. Neurophysiological and psychologically informed education helps patients understand their symptoms, reduce threat perception, and regain a sense of control. Holistic strategies complement this by addressing somatic and behavioural contributors to distress.

Education draws on contemporary models of auditory processing, central gain, and limbic–autonomic interaction to explain tinnitus and sound intolerance as dynamic, modifiable experiences. Clinicians use structured approaches, such as the “ask–inform–ask” method, to help patients reframe internal sounds as benign rather than threatening. Misconceptions—such as fears of permanent harm, avoidance of sound, or overprotection—are explored and addressed through accessible explanation, guided reflection, and tools like internet-based CBT programmes. Patients are introduced to key concepts such as habituation, emotional regulation, and sound enrichment, enabling realistic expectations and flexible coping. Holistic strategies are integrated into care to support physiological regulation and body–mind awareness. Clinicians are introduced to osteopathic and physiotherapeutic approaches for managing somatic tinnitus related to jaw, neck, or posture, including referral and self-management strategies. Breathwork techniques (e.g., diaphragmatic and coherent breathing) are taught to support autonomic regulation, while progressive relaxation, guided imagery, and mindfulness-based acceptance techniques enhance resilience and emotional self-management. Together, these elements create a strong therapeutic foundation that empowers patients and prepares them for targeted Cognitive Behavioural Therapy. Where needed, multidisciplinary collaboration ensures that physical, emotional, and lifestyle factors are all addressed in a coherent care plan.

3. Targeted CBT: Addressing the Distress, Not Just the Sound

Cognitive Behavioural Therapy (CBT) is the most established psychological treatment for tinnitus and sound intolerance. In the CBT-Hear model, CBT is delivered in a focused and structured way to reduce the distress caused by these conditions—not by eliminating the sound itself, but by helping patients change how they respond to it emotionally, cognitively, and behaviourally.

Emerging research shows that CBT for tinnitus and sound intolerance can be safely and effectively delivered by audiologists when its focus remains on symptom-specific distress. This distinction is critical: while audiologist-delivered CBT addresses the impact of auditory symptoms, broader psychiatric comorbidities—such as depression, trauma, or complex anxiety—must be managed by mental health professionals using appropriate psychological or pharmacological approaches.

CBT-Hear provides clinicians with the tools, competencies, and ethical guidance needed to operate within these boundaries. This ensures that patients benefit from early, focused intervention for auditory distress while more complex needs are identified and addressed in collaboration with mental health services. The result is a stepped-care model that expands access to CBT without compromising clinical safety or integrity.



CBT-Hear Training

CBT-Hear is also a structured training and certification programme that supports clinicians in developing and maintaining the skills required to deliver CBT for tinnitus, hyperacusis, and misophonia. Rooted in evidence-based practice and supported by clinical supervision, the programme provides a multi-level, flexible route to competency and professional development. The training consists of three progressive stages:

CBT-Hear Certified (*entry-level*)

Designed for clinicians new to psychological approaches in tinnitus care, this level requires completion of either the full online course or the intensive 3-day Flanders masterclass, amounting to 63 hours of structured training.

This stage introduces psychologically informed counselling, somatic and holistic strategies, structured assessment for tinnitus, hyperacusis and misophonia, foundational CBT principles, and guidance for supporting patients through internet-based self-help CBT for tinnitus.

CBT-Hear Certified Practitioner (*intermediate*)

Open to CBT-Hear Certified clinicians, this level requires a further 125 hours of online training and supervision, alongside 60 hours of supervised clinical practice.

This stage equips clinicians to deliver structured, session-by-session CBT using the CBT-Hear protocol, with a focus on identifying and modifying thoughts and behaviours directly linked to tinnitus and sound intolerance in patients without underlying psychological disorders.

CBT-Hear Certified Advanced Clinician (*advanced*)

Available to CBT-Hear Certified Practitioners, this stage includes 50 hours of case reflection and advanced supervision, and 60 additional hours of supervised clinical practice.

This stage builds on the previous level by developing competencies to distinguish distress directly linked to tinnitus and sound intolerance from underlying psychopathology, apply CBT-Hear to the former, and facilitate psychiatric or psychological interventions within a multidisciplinary team for the latter.

Each level builds upon the last, combining theoretical knowledge, practical application, and ongoing clinical supervision. Training is delivered flexibly through online platforms or face-to-face masterclasses, designed to accommodate the demands of working professionals. To use the CBT-Hear title at any level, clinicians must maintain registration by committing to a minimum of 90 minutes of clinical supervision per calendar month. This requirement supports ethical practice, patient safety, and reflective learning.

CBT-Hear Certified Supervisor

Clinicians who have completed the Advanced Clinician level can become CBT-Hear Certified Supervisors by completing an approved external course in clinical supervision. The training must cover psychological models (e.g., Kolb, Parallel Process), supervision frameworks (e.g., Proctor, Hawkins & Shohet), and practical skills in session structure, feedback, record-keeping, and managing supervision dilemmas. The course must also address distinctions



between supervision, mentoring, and consultancy. This qualification enables supervisors to support CBT-Hear clinicians with competence and confidence.

CBT-Hear Fellowship Pathway

The Fellowship levels recognise outstanding clinical, supervisory, and leadership contributions within the CBT-Hear community.

CBT-Hear Clinical Fellow

For clinicians who have completed the CBT-Hear Certified Advanced Clinician level and have at least one year of post-certification experience, with a minimum of ten patients having completed full therapy. Applicants must submit a reflective statement and demonstrate one substantial contribution—for example, a clinical audit, complex case innovation, or pathway redesign.


CBT-Hear Faculty Fellow

Open to CBT-Hear Certified Supervisors with over one year of supervisory experience, having treated at least ten patients and supervised ten or more therapists. Candidates must provide two significant contributions to the field, which may include supervision system development, research outputs, or curriculum innovation.

CBT-Hear Honorary Fellow


This is not a clinical certification but an honorary title awarded by nomination. It recognises individuals—researchers, advocates, or public contributors—who have made exceptional contributions to the understanding, dissemination, or accessibility of care for tinnitus, hyperacusis, and misophonia.

CBT-Hear Certified – 3-Day In-Person Masterclass (Stage 1)

Summary	<p>Total CPD: 63 hours</p> <p>Format: Face-to-face in Flanders</p> <p>Delivery: Jointly taught by ON-GEHOORD faculty and Hashir International Institute</p> <p>Prerequisite: Applicants must hold a degree at BSc, MSc, or doctorate level, or possess qualifications of an equivalent professional standard in a relevant discipline. No prior experience in tinnitus, hyperacusis, or misophonia management is required. The course is designed to accommodate both newcomers to the field and experienced clinicians seeking a structured CBT-informed approach. Suitable applicants typically come from backgrounds such as audiology, hearing therapy, hearing aid dispensing, psychology, psychiatry, otology, neurology, speech and language therapy, occupational therapy, nursing, teaching of the deaf, social work, general medicine, or other health and social care professions of an equivalent standard.</p> <p>Certification: <i>CBT-Hear Certified (CBT for hearing disorders)</i></p> <p>Progression Pathway: Required for Stage 2 – <i>CBT-Hear Certified Practitioner</i></p>
✓ CPD Structure	<p>1) Structured Teaching and Practice: 20 hours</p> <p>Modules 1–5 delivered during the 3-day Masterclass: 18 hours</p> <p>Live group supervision session (via Zoom): 2 hours</p>
	<p>2) Directed Self-Study: 35 hours</p> <p>Reading and working through the provided/recommended course materials and completing structured case studies and written assignments.</p>
	<p>3) Self-Directed Study: 8 hours</p> <p>General reading around the subject and contributing to the online discussion forum.</p>
	<p> Total CPD Awarded: 63 hours</p> <ul style="list-style-type: none"> • Certification Outcome: <i>CBT-Hear Certified</i> • Progression Eligibility: Stage 2 – <i>CBT-Hear Certified Practitioner</i>



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<p> Learning Objectives and Module Breakdown</p>	<p>♦ Module 1: Patient Education & Counselling in Auditory Disorders Delivered by: ON-GEHOORD Faculty Aim: To provide participants with psychologically informed strategies to educate and counsel patients experiencing tinnitus, hyperacusis, and misophonia. By the end of this module, participants will be able to:</p> <ul style="list-style-type: none"> • Explain tinnitus, hyperacusis, and misophonia in accessible, non-alarming language • Deliver structured psychoeducational content using the “ask–inform–ask” method • Address common misconceptions around hearing protection and overprotection • Encourage the appropriate use of sound enrichment strategies • Help patients reframe tinnitus from a threatening signal to a neutral internal sound • Set realistic therapy expectations using evidence-informed messages
	<p>♦ Module 2: Somatic and Holistic Interventions Delivered by: ON-GEHOORD Faculty Includes four components:</p> <p>a) Osteopathy & Tinnitus</p> <ul style="list-style-type: none"> • Understand somatic tinnitus (jaw, neck, posture) • Observe manual techniques and self-management strategies • Identify when osteopathic referral is appropriate <p>b) Physiotherapy for Tinnitus and Hyperacusis</p> <ul style="list-style-type: none"> • Learn exercises to reduce muscle tension and TMJ-related symptoms • Apply movement/posture strategies that complement CBT-Hear™ <p>c) Breathwork for Stress Regulation</p> <ul style="list-style-type: none"> • Practice diaphragmatic and coherent breathing • Integrate calming strategies into therapy/homework <p>d) Relaxation & Mindfulness Techniques</p> <ul style="list-style-type: none"> • Use progressive relaxation, body scan, and guided imagery • Apply mindfulness-based acceptance to auditory distress • Facilitate short relaxation exercises within sessions
	<p>♦ Module 3: Introduction to CBT for Tinnitus, Hyperacusis and Misophonia Delivered by: Hashir International Institute Aim: To introduce core CBT theory and its structured application in auditory distress. By the end of this module, participants will be able to:</p>



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	<ul style="list-style-type: none"> • Explain the ABC cognitive model • Identify how automatic thoughts and rules of life sustain distress • Distinguish patients appropriate for brief vs. full CBT • Use evidence to support triage decisions • Set realistic CBT expectations • Recognise factors contributing to dropout/non-adherence
	<p>♦ Module 4: Psycho-Audiological Assessment</p> <p>Delivered by: Hashir International Institute & ON-GEHOORD Faculty</p> <p>Aim: To build confidence in structured assessment and clinical data interpretation.</p> <p>By the end of this module, participants will be able to:</p> <ul style="list-style-type: none"> • Administer and interpret THI, HQ, IHS, ISI, TIQ, MIQ, SSS, SAD-T • Screen for psychological comorbidities and escalate when needed • Take structured clinical histories using tools like ESIT-SQ • Modify PTA and ULL procedures • Calculate ULLmin and interpret for diagnostic use • Prepare assessment reports with CBT-Hear™-aligned care plans
	<p>♦ Module 5: Introduction to Internet-Based CBT (iCBT) for Tinnitus</p> <p>Delivered by: ON-GEHOORD Faculty</p> <p>Aim: To enable participants to confidently support patients through guided or unguided iCBT interventions.</p> <p>By the end of this module, participants will be able to:</p> <ul style="list-style-type: none"> • Differentiate between guided and unguided iCBT pathways • Understand each iCBT module's structure and goals • Guide patients in using iCBT tools • Identify when to step up care based on iCBT responses • Use iCBT as a tool in stepped-care service delivery
<p>✓ Can Do</p>	<p>🎓 Knowledge-Based Capabilities</p> <ul style="list-style-type: none"> ✓ Explain tinnitus, hyperacusis, and misophonia using research-informed, psychologically supportive language ✓ Describe psychological, somatic, neurological, and audiological contributors to distress ✓ Reframe tinnitus as a neutral internal sound rather than a threat ✓ Communicate distress maintenance using CBT frameworks (e.g. ABC model, thought-feeling-behaviour cycles)




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	<ul style="list-style-type: none">✔ Educate patients on: Sound enrichment, sound tolerance, Appropriate hearing protection and risks of overprotection, Realistic expectations for recovery and stepped-care options✔ Demonstrate awareness of somatic and physiological contributors (e.g. TMJ, posture, tension)✔ Introduce breathwork and relaxation concepts as supportive techniques (not as therapy unless qualified)
	<p>🔗 Clinical Practice Skills</p> <ul style="list-style-type: none">✔ Use validated tools to screen and triage tinnitus-related distress (THI, HQ, ISI, SAD-T, TIQ, HIQ, MIQ, SSS)✔ Take structured case histories using validated frameworks (e.g. ESIT-SQ)✔ Interpret psycho-audiological screening data and identify the need for referral✔ Modify PTA and ULL procedures for sound-sensitive patients✔ Calculate and interpret ULLmin✔ Guide patients through iCBT for tinnitus (guided or unguided formats)✔ Prepare structured reports summarising symptoms, impact, and referral needs
	<p>🌟 Referral and Scope Awareness</p> <ul style="list-style-type: none">✔ Recognise and refer cases at risk of self-harm, suicidality, or psychiatric complexity✔ Refer patients appropriately to ENT, audiology, psychology, osteopathy, or physiotherapy when indicated
✗ Cannot Do	<ul style="list-style-type: none">✗ Cannot deliver structured CBT-Hear rehabilitation for tinnitus and sound intolerance✗ Cannot perform CBT or any other forms of psychological therapies (unless otherwise qualified)
Register	<p>To use the CBT-Hear title at any level, clinicians must maintain registration by committing to a minimum of 90 minutes of clinical supervision per calendar month. This requirement supports ethical practice, patient safety, and reflective learning.</p>

CBT-Hear Certified – 3-Day In-Person Masterclass (Stage 1)

Summary	<p>Total CPD: 63 hours Format: Online (self-paced) Delivery: Hashir International Institute Prerequisite: Applicants must hold a degree at BSc, MSc, or doctorate level, or possess qualifications of an equivalent professional standard in a relevant discipline. No prior experience in tinnitus, hyperacusis, or misophonia management is required. The course is designed to accommodate both newcomers to the field and experienced clinicians seeking a structured CBT-informed approach. Suitable applicants typically come from backgrounds such as audiology, hearing therapy, hearing aid dispensing, psychology, psychiatry, otology, neurology, speech and language therapy, occupational therapy, nursing, teaching of the deaf, social work, general medicine, or other health and social care professions of an equivalent standard. Certification: <i>CBT-Hear Certified (CBT for hearing disorders)</i> Progression Pathway: Required for Stage 2 – <i>CBT-Hear Certified Practitioner</i></p>
✓ CPD Structure	<p>1) Structured Teaching and Practice: 20 hours Modules 1–4 (lectures, discussion, demonstration) 10 hours iCBT Training (theoretical modules) 3 hours Working through iCBT as a “patient” 4 hours Live group supervision session (via Zoom) 3 hours</p>
	<p>2) Directed Self-Study: 35 hours Reading and working through the provided/recommended course materials and completing structured case studies and written assignments.</p>
	<p>3) Self-Directed Study: 8 hours General reading around the subject and contributing to the online discussion forum.</p>
	<p> Total CPD Awarded: 63 hours</p> <ul style="list-style-type: none"> Formal Certification Outcome: <i>CBT-Hear Certified</i> Progression Eligibility: Stage 2 – <i>CBT-Hear Certified Practitioner</i>



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 Learning Objectives and Module Breakdown	<p>◆ Module 1: Introduction to Tinnitus and Related Factors</p> <p>Aim: To review the latest clinical research on tinnitus and equip clinicians with knowledge to manage and refer patients appropriately.</p> <p>By the end of this module, students will be able to:</p> <ul style="list-style-type: none">• Categorise types of tinnitus, including distressing and non-distressing forms• Differentiate tinnitus-related distress from other auditory or psychological conditions• Appraise the relationship between hearing loss and tinnitus• Predict risk of comorbidities including sleep disturbance, anxiety, depression, and suicidality• Refer appropriately to ENT, audiology, or mental health services• Apply physiological and clinical research evidence in patient education• Evaluate psychological screening tools and select those most appropriate to context
	<p>◆ Module 2: Introduction to Hyperacusis and Misophonia</p> <p>Aim: To examine theoretical models and evidence-based assessment tools for hyperacusis and misophonia.</p> <p>By the end of this module, students will be able to:</p> <ul style="list-style-type: none">• Differentiate hyperacusis, misophonia, and loudness recruitment• Interpret ULLs and apply HQ and IHS criteria• Contrast neurophysiological and psychological models of sound intolerance• Develop generic case formulations based on cognitive-behavioural principles• Evaluate diagnostic methods for adults and children• Identify pain hyperacusis and comorbid psychological presentations• Use validated questionnaires and critique their strengths and limitations
	<p>◆ Module 3: Introduction to CBT for Tinnitus, Hyperacusis and Misophonia</p> <p>Aim: To introduce core CBT theory and its application in auditory distress.</p> <p>By the end of this module, students will be able to:</p> <ul style="list-style-type: none">• Explain the ABC cognitive model in relation to tinnitus/hyperacusis/misophonia• Identify the role of automatic thoughts and rules of life in distress maintenance• Use evidence to guide initial triage and referral decisions



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	<ul style="list-style-type: none"> • Set realistic expectations with patients about the role and limits of CBT • Identify patients suitable for brief CBT-based support versus full CBT referral • Understand predictors of treatment non-adherence and dropout
	<p>♦ Module 4: Psycho-Audiological Assessment</p> <p>Aim: To develop clinical skills in structured assessment and data-informed referral.</p> <p>By the end of this module, students will be able to:</p> <ul style="list-style-type: none"> • Administer and interpret THI, HQ, ISI, IHS, TIQ, HIQ, MIQ, SSS, and SAD-T • Screen for psychological comorbidities and refer when needed • Gather structured clinical history using validated frameworks (e.g. ESIT-SQ) • Modify PTA and ULL procedures for sound-sensitive patients • Calculate ULLmin and assess against diagnostic criteria • Prepare structured assessment reports integrating CBT-Hear™ recommendations and referral pathways
	<p>♦ Module 5: Introduction to Internet-Based CBT (iCBT) for Tinnitus</p> <p>Aim: To equip learners with the knowledge and confidence to guide patients through iCBT programmes in accordance with NICE guidance.</p> <p>By the end of this module, students will be able to:</p> <ul style="list-style-type: none"> • Differentiate guided vs. unguided iCBT • Explain the purpose and content of each iCBT module (4C assessment, CBT intro, behavioural experiments, thought challenges, etc.) • Support patients in applying CBT tools online • Interpret automated iCBT reports and recognise when further support is required • Anticipate adherence challenges and tailor guidance accordingly • Reinforce therapeutic progress and use iCBT as a triage step in stepped-care pathways
<p>✓ Can Do</p>	<p>🎓 Knowledge-Based Capabilities</p> <ul style="list-style-type: none"> ✓ Explain tinnitus, hyperacusis, and misophonia using research-informed, psychologically supportive language ✓ Describe psychological, neurological, and audiological contributors to distress ✓ Reframe tinnitus as a neutral internal sound rather than a threat ✓ Communicate distress maintenance using CBT frameworks (e.g. ABC model, thought-feeling-behaviour cycles)







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	<ul style="list-style-type: none">✓ Educate patients on: Sound enrichment, sound tolerance, Appropriate hearing protection and risks of overprotection, Realistic expectations for recovery and stepped-care options✓ Describe medical causes of tinnitus and somatosounds✓ Educate patient about the relationship between tinnitus, hearing loss and sleep disorders.
	<p>🔗 Clinical Practice Skills</p> <ul style="list-style-type: none">✓ Use validated tools to screen and triage tinnitus-related distress (THI, HQ, ISI, SAD-T, TIQ, HIQ, MIQ, SSS)✓ Take structured case histories using validated frameworks (e.g. ESIT-SQ)✓ Interpret psycho-audiological screening data and identify the need for referral✓ Modify PTA and ULL procedures for sound-sensitive patients✓ Calculate and interpret ULLmin✓ Guide patients through iCBT for tinnitus (guided or unguided formats)✓ Prepare structured reports summarising symptoms, impact, and referral needs
	<p>🌟 Referral and Scope Awareness</p> <ul style="list-style-type: none">✓ Recognise and refer cases at risk of self-harm, suicidality, or psychiatric complexity✓ Refer patients appropriately to ENT, audiology, or psychology when indicated
✗ Cannot Do	<ul style="list-style-type: none">✗ Cannot deliver structured CBT-Hear rehabilitation for tinnitus and sound intolerance✗ Cannot perform CBT or any other forms of psychological therapies (unless otherwise qualified)
Register	To use the CBT-Hear title at any level, clinicians must maintain registration by committing to a minimum of 90 minutes of clinical supervision per calendar month. This requirement supports ethical practice, patient safety, and reflective learning.

CBT-Hear Certified Practitioner (Stage 2)

Summary	Total CPD: 125 hours Format: Online (self-paced) Delivery: Hashir International Institute Prerequisite: CBT-Hear Certified (Stage 1) Certification: <i>CBT-Hear Certified Practitioner</i> Progression Pathway: Required for Stage 3 – <i>CBT-Hear Certified Advanced Clinician</i>				
 CPD Structure	<p>1) Structured Learning & Practical Training: 33 hours</p> <table> <tr> <td>Online recorded lectures</td><td>13 hours</td></tr> <tr> <td>Online live clinical supervision & case study discussions</td><td>20 hours</td></tr> </table> <hr/> <p>2) Directed Self-Study: 80 hours</p> <p>Reading and reviewing recommended clinical, research, and theoretical materials. Completing structured case studies, treatment plans, and written assignments. Clinical reflection after each session (60 sessions/10 patients and each patient 6 sessions)</p> <hr/> <p>3) Self-Directed Study: 12 hours</p> <p>Independent reading around tinnitus, hyperacusis, and misophonia. Participating in online peer discussions or reflective journaling</p> <hr/> <p> Total CPD Awarded: 125 Hours</p> <ul style="list-style-type: none"> • Certification Outcome: CBT-Hear Certified Practitioner • Eligibility for Progression: Stage 3 – CBT-Hear Certified Advanced Clinician 	Online recorded lectures	13 hours	Online live clinical supervision & case study discussions	20 hours
Online recorded lectures	13 hours				
Online live clinical supervision & case study discussions	20 hours				
 Clinical Requirement:	A minimum of 60 hours of supervised clinical practice, achieved by delivering CBT-Hear therapy to at least 10 patients experiencing tinnitus or sound intolerance-related distress <i>without psychological comorbidity</i> . Each patient must be seen for a minimum of 6 sessions. Supervision must total 20 hours, based on a ratio of 1 hour of supervision for every 3 therapy sessions, delivered via individual or group format.				
 Learning Objectives and Module Breakdown	<p>◆ Module 1 – CBT Session 1: Assessment & Formulation</p> <p>Aim: To equip learners to conduct the first CBT session with a focus on rapport-building, differentiation of distress, and collaborative formulation using CBT-Hear templates for tinnitus- and sound intolerance-related distress.</p>				



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	<p>Key Outcomes:</p> <ul style="list-style-type: none"> • Apply counselling skills to build rapport and establish psychological safety • Use the “typical day” strategy and guided discovery techniques • Distinguish tinnitus-/sound intolerance-related distress from other psychosocial issues • Develop and explain a case formulation using the CBT-Hear template, collaboratively with the patient. • Introduce the 4C methodology and motivational interviewing to support treatment engagement
	<p>♦ Module 2 – CBT Session 2: Behavioural Experiments</p> <p>Aim: To guide students in designing behavioural experiments that target avoidance and ritualistic behaviours, as well as maladaptive thoughts directly associated with the experience of tinnitus and sound intolerance. This includes exploring the perceived sources of tinnitus and trigger sounds, and testing predictions about their role in symptom escalation and their emotional, functional, and social impact. The module also aims to deepen students’ use of counselling and motivational interviewing techniques within this context.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Use affirmations, reflections, and open questions to support engagement • Clarify the differences between behavioural experiments and the SEL (Stop-Expose-Learn) method • Collaboratively identify target thoughts, hidden assumptions, rituals and safety behaviours • Introduce behavioural experiments in a structured, motivational way • Apply the 4C tool to reinforce meaning and commitment
	<p>♦ Module 3 – CBT Session 3: Challenging Thoughts</p> <p>Aim: To teach students how to evaluate behavioural experiments and the use of SEL (Stop-Expose-Learn), and to help patients challenge unhelpful thoughts while increasing their tolerance of the uncomfortable feelings that may arise from perceiving tinnitus or exposure to trigger sounds.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Review experimental or SEL results and support critical thinking • Use Socratic dialogue to explore irrational thoughts • Guide patients in generating and applying effective counter-statements

	<ul style="list-style-type: none"> • Teach common cognitive errors and how to identify and modify them.
	<p>♦ Module 4 – CBT Session 4: Hot Thoughts & Core Beliefs</p> <p>Aim: To guide learners in deepening the therapeutic process by helping patients identify and work through ‘hot’ thoughts and core beliefs specific to tinnitus, hyperacusis, and misophonia. This includes catastrophic interpretations of tinnitus, beliefs about permanent damage or loss of control, hypervigilance to sound, negative predictions about coping, pain-related fear in hyperacusis, reactive tinnitus linked to avoidance, and misophonia-related thoughts such as perceived threat or intentionality. The module introduces advanced CBT techniques to restructure these patterns and support long-term emotional and behavioural change.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Review the patient’s diary of thoughts, errors, and counter-statements • Use Socratic questioning, downward arrow, and continuum techniques • Introduce new rational core beliefs • Set meaningful between-session tasks
	<p>♦ Module 5 – CBT Session 5: Rules of Life & Skills Integration</p> <p>Aim: This module aims to equip learners to help patients challenge dysfunctional rules and apply CBT skills in daily life. It focuses on strengthening cognitive change by linking counter-statements to deeper beliefs, using metaphors and structured techniques, and supporting patients to embed new strategies through practical, real-world application.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none"> • Strengthen counter-statements by linking them to deeper rules of life • Introduce metaphors and teach the patient how to use “Dark cloud and Sunshine” worksheet • Teach KKIS (Know-Keep-Identify-Substitute) and “Who is your opponent” techniques • Assign practical tasks to embed CBT tools into everyday coping
	<p>♦ Module 6 – CBT Session 6: Ending Treatment & Maintenance</p> <p>Aim: This module guides learners in safely and meaningfully concluding therapy, with an emphasis on preparing patients for future challenges. It covers structured review, evaluating outcomes,</p>







CBT-Hear

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	<p>and supporting patients to maintain progress by integrating CBT principles into everyday life.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none">• Conduct self-assessment and treatment review• Interpret psychometric outcomes• Assess readiness for maintenance and potential further support• Introduce “CBStyle”: embedding CBT into daily life• Write a structured end-of-treatment summary and relapse prevention plan
	<p>♦ Module 7 – CBT for Children</p> <p>Aim: This module focuses on adapting the CBT-Hear approach for children by using developmentally appropriate tools and actively involving parents. It supports learners in tailoring interventions to cognitive age, integrating play-based methods, and designing family-inclusive treatment plans.</p> <p>Key Outcomes:</p> <ul style="list-style-type: none">• Select and adapt materials based on cognitive age• Use play-based tools to convey CBT principles• Apply SEL and modified worksheets (e.g. “Who is your opponent?”)• Design family-inclusive CBT-Hear plans• Engage parents using collaborative counselling skills
	<p>♦ Module 8 – Service Development</p> <p>Aim: This module supports learners in developing and embedding specialist services for tinnitus, hyperacusis, and misophonia. It focuses on building robust clinical pathways, service protocols, and quality frameworks to ensure effective, sustainable, and integrated care delivery..</p> <p>Key Outcomes:</p> <ul style="list-style-type: none">• Develop clinical protocols and referral pathways• Plan staff training, supervision, and quality assurance• Conduct audits and service evaluations• Create consent and confidentiality protocols• Integrate basic iCBT into care pathways• Navigate access to mental health and remote support services
<p>✓ Can Do</p>	<p>✓ Can confidently demonstrate all Stage 1 capabilities, including foundational knowledge, screening, psycho-audiological assessment, CBT-based patient education, and appropriate referral, applying these skills fluently in a clinical context with supervision.</p>


	<p>✓ Distinguish distress directly linked to tinnitus/sound-related conditions from distress arising due to underlying psychological, medical, or social factors.</p> <p>✓ Can deliver structured CBT-Hear rehabilitation for tinnitus, hyperacusis, and misophonia-related distress in patients who do not present with formal psychiatric comorbidities.</p>
✗ Cannot Do	<p>✗ Cannot deliver CBT-Hear to patients with formal psychiatric comorbidities unless working under appropriate multidisciplinary supervision.</p> <p>✗ Cannot provide CBT for issues unrelated to tinnitus, hyperacusis, or misophonia unless otherwise qualified.</p> <p>✗ Cannot practise independently without regular clinical supervision, as defined by CBT-Hear registration requirements.</p>
Register	<p>To use the CBT-Hear title at any level, clinicians must maintain registration by committing to a minimum of 90 minutes of clinical supervision per calendar month. This requirement supports ethical practice, patient safety, and reflective learning.</p>

CBT-Hear Certified Advanced Clinician (Stage 3)

Summary	<p>Total CPD: 50 hours Format: Online (self-paced) Delivery: Hashir International Institute Prerequisite: CBT-Hear Certified Practitioner (Stage 2) Certification: <i>CBT-Hear Certified Advanced Clinician</i> Progression Pathway: Required for CBT-Hear Certified Supervisor, CBT-Hear Clinical Fellow, and CBT-Hear Faculty Fellow</p>
 CPD Structure	<p>1. Structured Reflection: 30 hours</p> <ul style="list-style-type: none"> Based on 10 patients × 6 sessions = 60 therapy sessions Required: 30 minutes of structured reflection per session Activities: learning logs, case write-ups, outcome evaluations <p>2. Supervision: 20 hours</p> <ul style="list-style-type: none"> Minimum of 20 supervision sessions Ratio: 1 hour of supervision per 3 hours of therapy Format: Individual or group supervision with CBT-Hear certified supervisor or equivalent <p> Total CPD Hours: 50</p>
 Clinical Requirement:	<p>Deliver CBT-Hear therapy to a minimum of 10 patients, including a mix of cases with and without psychological comorbidities, with each patient seen for at least six sessions. Complete 20 clinical supervision sessions, maintaining a ratio of one hour of supervision for every three hours of patient contact. Supervision may be conducted in group or one-to-one format and must be led by a qualified CBT-Hear supervisor or equivalent.</p>
 Learning Objectives and Module Breakdown	<ul style="list-style-type: none"> By the end of Stage 3, clinicians will be able to: <ul style="list-style-type: none"> Deliver CBT-Hear therapy to complex cases, including those with coexisting psychological conditions Adapt CBT-Hear tools to accommodate slower therapeutic progress, heightened distress sensitivity, and emerging clinical risk Identify distress specifically related to tinnitus and sound intolerance, distinguish it from distress linked to comorbid psychological conditions, and design therapy to target the former while ensuring the latter is managed by qualified mental health professionals Support patients while maintaining therapeutic boundaries and upholding ethical standards Collaborate effectively with psychologists, psychiatrists, and GPs to ensure coordinated, multidisciplinary care

	<ul style="list-style-type: none"> • Provide clinical insight into how psychiatric treatments may impact tinnitus and sound intolerance symptoms • Support treatment adherence, helping patients stay engaged with both CBT-Hear and broader mental health care • Document and present advanced clinical cases for supervision, peer learning, or audit with professionalism and reflective insight
✓ Can Do	<p>✓ Can confidently demonstrate all Stage 1 and Stage 2 capabilities, including foundational knowledge, assessment, psychoeducation, and structured CBT-Hear delivery for patients without psychiatric comorbidity.</p> <p>✓ Can deliver and adapt the full CBT-Hear protocol as a rehabilitative intervention for patients with tinnitus- and sound intolerance-related distress, including those with co-existing psychological conditions, while maintaining a focused scope of practice.</p> <p>✓ Can collaborate with mental health professionals to support integrated care, contribute to shared treatment planning, and educate colleagues on the interaction between psychiatric conditions and auditory distress.</p>
✗ Cannot Do	<p>✗ Cannot deliver CBT-Hear as a replacement for formal psychological therapy in patients with primary psychiatric disorders—collaborative care and appropriate referral remain essential.</p> <p>✗ Cannot provide CBT for issues unrelated to tinnitus, hyperacusis, or misophonia unless otherwise qualified.</p> <p>✗ Cannot practise independently without regular clinical supervision, as defined by CBT-Hear registration requirements.</p>
Register	To use the CBT-Hear title at any level, clinicians must maintain registration by committing to a minimum of 90 minutes of clinical supervision per calendar month. This requirement supports ethical practice, patient safety, and reflective learning.

 CBT-Hear Supervisor and Fellowship Pathway	
 CBT-Hear Certified Supervisor	<p>Prerequisite: CBT-Hear Certified Advanced Clinician</p> <p>Clinicians who have completed the Advanced Clinician level can become CBT-Hear Certified Supervisors by completing an approved external supervision course covering psychological models, supervision frameworks, and core skills such as session structure, feedback, and managing dilemmas. This qualification equips them to supervise CBT-Hear clinicians with competence and confidence.</p> <p>In addition, they must have at least one year of post-qualification experience, during which they have delivered CBT-Hear therapy to a minimum of five patients.</p>
 CBT-Hear Clinical Fellow	<p>Awarded to clinicians who have completed the CBT-Hear Certified Advanced Clinician level and have delivered full CBT-Hear therapy to a minimum of ten patients following certification, regardless of the time taken to reach this number.</p> <p>Applicants must submit a reflective statement demonstrating professional insight and development. They must also provide evidence of one substantial contribution to the field—such as a clinical audit, complex case innovation, or service/pathway redesign aimed at enhancing care for tinnitus, hyperacusis, or misophonia.</p> <p>This Fellowship recognises sustained clinical competence, reflective growth, and meaningful contribution to the advancement of CBT-Hear practice.</p>
 CBT-Hear Faculty Fellow	<p>Awarded to senior professionals who have completed the CBT-Hear Certified Supervisor level and have accrued at least one year of supervisory experience. Candidates must have delivered CBT-Hear therapy to a minimum of ten patients and have supervised ten or more clinicians within the CBT-Hear training or service delivery pathway. To be eligible, applicants must submit evidence of two significant contributions that demonstrate leadership, innovation, or scholarly impact in the field. These contributions may include, but are not limited to:</p> <ul style="list-style-type: none"> • Development of a structured supervision system within a clinical or training setting • Authorship or co-authorship of research publications, service evaluations, or clinical guidelines

	<ul style="list-style-type: none"> Curriculum innovation or teaching materials that have enhanced CBT-Hear training or dissemination <p>The Faculty Fellow designation recognises not only clinical and supervisory excellence but also a commitment to advancing the CBT-Hear model through education, research, and systems-level development.</p>
 CBT-Hear Honorary Fellow	<p>This is not a clinical certification, but an honorary title awarded by nomination. It recognises individuals—such as researchers, advocates, educators, or public contributors—who have made exceptional contributions to the advancement of understanding, accessibility, or dissemination of care for tinnitus, hyperacusis, or misophonia. Nominees may include those who have:</p> <ul style="list-style-type: none"> Conducted impactful research that has influenced clinical practice or policy Led awareness campaigns, advocacy efforts, or patient support initiatives Enhanced public understanding of sound-related distress through writing, media, or education Contributed as expert patients or public voices to the shaping of services, training, or research <p>This title honours those whose work has extended the reach and relevance of CBT-Hear principles, promoted collaborative dialogue, and inspired progress in the wider field—even if they do not provide clinical care directly.</p>