



**CBT-
Hear**

Certified Practitioner



**CBT-Hear Norway
2026 Prospectus**

Welcome from the Course Director

Supporting Better Outcomes Through Specialist Training and Supervision

Dear Colleague,

Thank you for your interest in CBT-Hear Norway 2026. CBT-Hear Norway is an advanced clinical training and professional development programme designed for audiologists, audiopedagogues, psychologists, counsellors, hearing therapists, and other qualified health and social care professionals involved in the management of tinnitus, hyperacusis, and misophonia.

“CBT-HEAR CERTIFIED PRACTITIONERS ARE TRAINED TO ASSESS, FORMULATE, AND DELIVER STRUCTURED CBT-HEAR REHABILITATION FOR TINNITUS, HYPERACUSIS, AND MISOPHONIA-RELATED DISTRESS WITHIN THEIR PROFESSIONAL SCOPE OF PRACTICE.”

The programme was developed in response to a growing need for clinicians who can combine expertise in hearing disorders with structured cognitive behavioural approaches to rehabilitation. Many patients experience significant distress associated with tinnitus and sound intolerance, yet relatively few professionals receive formal training in the assessment, formulation, and management of these difficulties.

CBT-Hear aims to address this gap by providing a structured framework for understanding and managing tinnitus, hyperacusis, and misophonia-related distress. The programme integrates hearing science, psycho-audiological assessment, counselling skills, cognitive behavioural therapy principles, clinical supervision, and reflective practice within a coherent professional training pathway.

Participants undertake a two-day face-to-face masterclass in Norway followed by twelve months of online learning, supervision, mentorship, case discussion, and professional development. Throughout the programme, learners are supported in applying new knowledge and skills within their own clinical settings while receiving feedback and guidance from experienced supervisors and peers.

Successful participants are awarded **CBT-Hear Certified Practitioner** status and are trained to deliver structured CBT-Hear rehabilitation programmes for patients experiencing tinnitus, hyperacusis, and misophonia-related distress who do not present with significant psychiatric comorbidity, while working within their professional scope of practice.

The programme also forms part of a broader professional certification pathway. Following certification, practitioners may progress to CBT-Hear Certified Advanced Clinician, which focuses on the management of more complex presentations involving multidisciplinary collaboration. Further progression to CBT-Hear Fellowship is available for clinicians who demonstrate ongoing professional development, clinical achievement, and contributions to the field.

The CBT-Hear Certification Programme is supported by a professional registration framework. Clinicians who meet the relevant certification and registration requirements may be included on the CBT-Hear Public Register and authorised to use CBT-Hear professional titles at their recorded certification level. Registration reflects a commitment to practising in accordance with the CBT-Hear Code of Ethics, Scope of Practice, governance standards, and ongoing professional development requirements.

Whether you are seeking to develop a specialist clinical service, expand your existing skills, or improve outcomes for the patients you support, CBT-Hear Norway 2026 provides a structured and practical pathway for professional growth.

I look forward to welcoming you to Norway and to the growing international CBT-Hear community.

- DR HASHIR AAZH, PHD

*Course Director
CBT-Hear International
Hashir International Institute
www.cbthehear.com*



Programme Overview

CBT-Hear Certified Practitioner

Total CPD	145 Hours
Format	2-day face-to-face masterclass plus 12 months of online learning and professional development
Delivery	Hashir International Research Institute (UK)
Prerequisite	Applicants must hold a degree at BSc, MSc, or doctorate level, or possess qualifications of an equivalent professional standard in a relevant discipline.
Previous Experience	No prior experience in tinnitus, hyperacusis, or misophonia management is required.
Suitable Professional Backgrounds	Audiology, audiopedagogy (audiopedagogues/audiopedagogs), hearing therapy, audiometry, hearing aid dispensing, psychology, psychiatry, otology, neurology, speech and language therapy, occupational therapy, nursing, teaching of the deaf, social work, general medicine, and other health and social care professions of an equivalent standard.
Certification Awarded	CBT-Hear Certified Practitioner
Progression Pathway	Required for progression to CBT-Hear Certified Advanced Clinician
Programme Fee	£2800



CPD Structure

Component	Hours	Description
Face-to-Face Masterclass	10	Intensive face-to-face teaching and practical training in Norway.
Online Recorded Lectures	23	Self-paced online lectures and learning activities.
Online Live Clinical Supervision & Case Study Discussions	18	Live supervision, mentorship, and case-based learning.
Directed Self-Study	82	Reading and reviewing recommended clinical, research, and theoretical materials. Completing structured case studies, treatment plans, and written assignments. Clinical reflection following each therapy session (18 sessions across 3 patients, with a minimum of 6 sessions per patient).
Self-Directed Study	12	Independent reading around tinnitus, hyperacusis, and misophonia. Participation in online peer discussions and/or reflective journaling.
Total CPD Awarded	145	Total learning, supervision, study, and reflective practice hours.

Clinical Practice and Supervision

A core component of the programme is supervised clinical practice. Participants are required to complete a minimum of 27 hours of clinical work through the delivery of CBT-Hear rehabilitation to at least three patients experiencing tinnitus, hyperacusis, or misophonia-related distress who do not present with significant psychological comorbidity. Each patient must receive a minimum of six therapy sessions, with sessions typically lasting approximately 90 minutes.

To support safe and effective clinical practice, participants must also complete a minimum of 18 hours of clinical supervision, based on a ratio of one hour of supervision for each therapy session delivered. Supervision is delivered remotely via Zoom and is primarily conducted in a group format.

Prior to supervision sessions, participants submit a brief reflection on their clinical work together with relevant case materials, such as formulations, treatment plans, behavioural experiments, worksheets, diaries, outcome measures, or other documentation related to the cases they wish to discuss. These materials allow supervisors to review clinical progress and provide structured feedback.

During supervision, participants present and discuss their cases with the course instructor and fellow participants. Discussions focus on assessment, formulation, clinical decision-making, application of CBT-Hear techniques, treatment planning, patient progress, and challenges encountered during therapy. Participants receive feedback from both supervisors and peers, helping to strengthen clinical reasoning, therapeutic skills, and confidence in practice.

An important feature of the programme is collaborative learning. Participants are encouraged to learn not only from feedback on their own cases but also from observing discussions of other participants' clinical work. This broadens clinical experience, promotes reflective practice, and supports the development of evidence-informed decision-making.

Following each supervision session, participants complete a structured reflection identifying key learning points, clinical insights, intended changes to practice, and professional development goals. Together, clinical practice, supervision, case discussion, and reflective learning provide a structured framework for competency development, professional growth, and clinical governance throughout the programme.

Scope of Practice

CBT-Hear Certified Practitioner



Can confidently screen psychological comorbidities, perform psycho-audiological assessment, CBT-based patient education, and appropriate referral, applying these skills fluently in a clinical context with supervision.



Distinguish distress directly linked to tinnitus/sound-related conditions from distress arising due to underlying psychological, medical, or social factors.



Can deliver structured CBT-Hear rehabilitation for tinnitus, hyperacusis, and misophonia-related distress in patients who do not present with formal psychiatric comorbidities.



Cannot deliver CBT-Hear to patients with formal psychiatric comorbidities unless working under appropriate multidisciplinary supervision.



Cannot provide CBT for issues unrelated to tinnitus, hyperacusis, or misophonia unless otherwise qualified.



Cannot practise independently without regular clinical supervision, as defined by CBT-Hear registration requirements.



Curriculum Overview

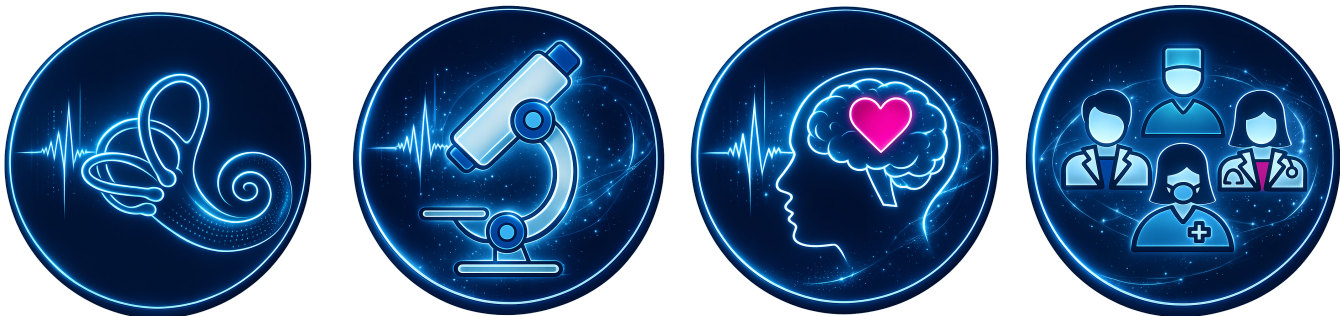
The CBT-Hear Norway programme begins with a two-day intensive face-to-face masterclass introducing the key concepts, clinical frameworks, and practical skills used in specialised rehabilitation programmes for tinnitus, hyperacusis, and misophonia-related distress. Through teaching, discussion, demonstrations, and practical exercises, participants develop a foundation in the CBT-Hear approach and begin applying core assessment and intervention techniques.

The online component then builds progressively on this foundation over a 12-month period. The programme begins by exploring tinnitus, hyperacusis, and misophonia, including current research, assessment approaches, psychological factors, and referral pathways. Participants are then introduced to the principles of cognitive behavioural therapy and how CBT can be applied to auditory distress.

The curriculum subsequently focuses on psycho-audiological assessment, before guiding participants through the six-session CBT-Hear rehabilitation framework. This includes assessment and formulation, behavioural experiments, challenging unhelpful thoughts, addressing core beliefs, modifying rules of life, and supporting long-term maintenance of treatment gains.

The later modules explore adaptations of CBT-Hear for children and young people, service development, and the integration of specialist care pathways. An optional module introduces internet-based CBT (iCBT) and its role within contemporary tinnitus care.

Throughout the programme, learning is reinforced through clinical supervision, case discussion, reflective practice, and the application of CBT-Hear principles within participants' own clinical settings. Together, these components are designed to help participants develop the knowledge, skills, and professional judgement required to deliver structured CBT-Hear rehabilitation safely and effectively within their professional scope of practice.



MODULE 1

INTRODUCTION TO TINNITUS AND RELATED FACTORS

Aim: To review the latest clinical research on tinnitus and equip clinicians with knowledge to manage and refer patients appropriately.

By the end of this module, students will be able to:

- *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*

MODULE 2

INTRODUCTION TO HYPERACUSIS AND MISOPHONIA

Aim: To examine theoretical models and evidence-based assessment tools for hyperacusis and misophonia.

By the end of this module, students will be able to:

- *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*

MODULE 3

INTRODUCTION TO CBT FOR TINNITUS, HYPERACUSIS AND MISOPHONIA

Aim: To introduce core CBT theory and its application in auditory distress.

By the end of this module, students will be able to:

- *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*
- *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*

MODULE 4

PSYCHO-AUDIOLOGICAL ASSESSMENT

Aim: To develop clinical skills in structured assessment and data-informed referral.

By the end of this module, students will be able to:

- *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*

MODULE 5

CBT SESSION 1: ASSESSMENT & FORMULATION

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.

Key Outcomes:

- *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*

MODULE 6

CBT SESSION 2: BEHAVIOURAL EXPERIMENTS

Aim: To equip students with the skills to design and evaluate behavioural experiments that address avoidance behaviours, safety behaviours, and unhelpful beliefs associated with tinnitus and sound intolerance, while strengthening their use of counselling and motivational interviewing techniques.

Key Outcomes:

- *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*

MODULE 7

CBT SESSION 3: CHALLENGING THOUGHTS

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.

Key Outcomes:

- *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*
- *Teach common cognitive errors and how to identify and modify them.*

MODULE 8

CBT SESSION 4: HOT THOUGHTS & CORE BELIEFS

Aim: To help learners identify and address hot thoughts and core beliefs associated with tinnitus, hyperacusis, and misophonia, using advanced CBT techniques to promote lasting cognitive, emotional, and behavioural change.

Key Outcomes:

- *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*

MODULE 9

CBT SESSION 5: RULES OF LIFE & SKILLS INTEGRATION

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.

Key Outcomes:

- *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*

MODULE 10

CBT SESSION 6: ENDING TREATMENT & MAINTENANCE

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, and supporting patients to maintain progress by integrating CBT principles into everyday life.

Key Outcomes:

- *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*

MODULE 11

CBT FOR CHILDREN

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.

Key Outcomes:

- *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*

MODULE 12

SERVICE DEVELOPMENT

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.

Key Outcomes:

- *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*

MODULE 13

INTRODUCTION TO INTERNET-BASED CBT (iCBT) FOR TINNITUS

Aim: To equip learners with the knowledge and confidence to guide patients through iCBT programmes in accordance with NICE guidance.

By the end of this module, students will be able to:

- *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*

Assessment and Certification Requirements

Assessment within the CBT-Hear Certified Practitioner programme is competency-based and designed to evaluate participants' ability to apply CBT-Hear principles safely, ethically, and effectively in clinical practice. Certification is awarded on the basis of demonstrated knowledge, supervised clinical experience, reflective practice, professional conduct, and successful completion of programme requirements.

Participants are required to complete a minimum of 27 hours of supervised clinical practice through the delivery of CBT-Hear rehabilitation to at least three patients experiencing tinnitus, hyperacusis, or misophonia-related distress. Each patient must receive a minimum of six therapy sessions. Participants must also complete a minimum of 18 hours of clinical supervision, delivered through live supervision and case discussion activities.

Reflective practice forms an important component of the programme. Participants are expected to reflect on their clinical work, supervision experiences, and professional development throughout the training while demonstrating progression across the core competencies of the CBT-Hear framework.

Assessment includes clinical case presentations, participation in supervision and case discussions, completion of a multiple-choice knowledge assessment, maintenance of a CPD record, and submission of a final assessment portfolio. The portfolio provides evidence of clinical practice, case formulation, treatment planning, supervision, reflective learning, competency development, and outcome evaluation.

All participants are required to adhere to the CBT-Hear Code of Ethics throughout training and clinical practice. Professional conduct, ethical practice, and patient safety are considered alongside academic and clinical performance when determining successful completion of the programme.

Successful completion of all educational, clinical, supervisory, assessment, and ethical requirements leads to the award of CBT-Hear Certified Practitioner status and eligibility to apply for inclusion on the CBT-Hear Public Register, subject to meeting the relevant registration requirements.

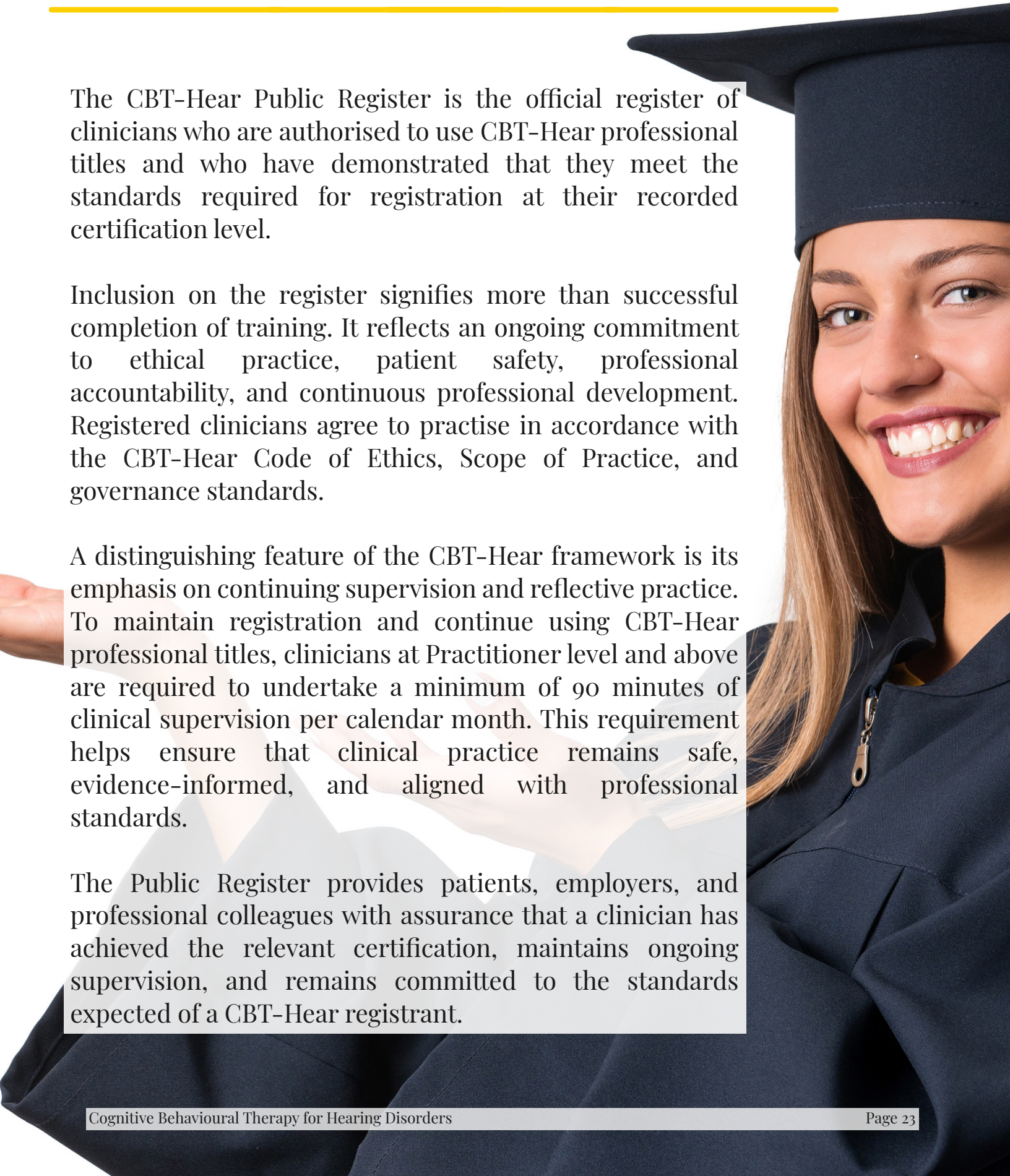
CBT-Hear Public Register

The CBT-Hear Public Register is the official register of clinicians who are authorised to use CBT-Hear professional titles and who have demonstrated that they meet the standards required for registration at their recorded certification level.

Inclusion on the register signifies more than successful completion of training. It reflects an ongoing commitment to ethical practice, patient safety, professional accountability, and continuous professional development. Registered clinicians agree to practise in accordance with the CBT-Hear Code of Ethics, Scope of Practice, and governance standards.

A distinguishing feature of the CBT-Hear framework is its emphasis on continuing supervision and reflective practice. To maintain registration and continue using CBT-Hear professional titles, clinicians at Practitioner level and above are required to undertake a minimum of 90 minutes of clinical supervision per calendar month. This requirement helps ensure that clinical practice remains safe, evidence-informed, and aligned with professional standards.

The Public Register provides patients, employers, and professional colleagues with assurance that a clinician has achieved the relevant certification, maintains ongoing supervision, and remains committed to the standards expected of a CBT-Hear registrant.



Certification Pathway



“Delivers full CBT-Hear interventions for tinnitus, hyperacusis, and misophonia without significant psychological comorbidity.”



“Distinguishes primary sound-related distress from psychological comorbidity; applies CBT-Hear to the former, coordinates care for the latter.”



“Recognised for advanced clinical experience and meaningful contributions to service delivery, innovation, or complex casework.”



“Awarded for excellence in supervision, training, research, or curriculum development within the CBT-Hear framework.”

The 4th World Tinnitus Congress and XV International Tinnitus Seminar

From Mechanism to Meaning
— The ABC of Tinnitus

30 June to 2 July 2027, London
www.wtc2027.co.uk