



**Provisional programme**  
**2-Day Workshop on Introduction to CBT for  
Tinnitus, Hyperacusis and Misophonia**

**When and where**  
Amman, Jordan (14-15 December 2023)

**Course tutor:** Dr Hashir Aazh, BSc, MSc, PhD

*This workshop has 12 CPD points. Certified by the UK CPD Certification Service as compatible with global continuing professional development principles.*



	<i>Day 1</i>
<b>Time</b>	<b>Topic</b> <i>“Synopsis”</i>
<b>9:00-10:30</b>	<b>Introduction to the Cognitive Behavioural Therapy (CBT) for Tinnitus, Hyperacusis, and Misophonia</b> <i>“Theoretical underpinnings, research evidence and practical implications.”</i>
<b>10:30-11:00</b>	<b>Break</b>
<b>11:00- 13:00</b>	<b>Differential Diagnosis: Tinnitus Disorder, Hyperacusis, Loudness Recruitment, Misophonia and Noise Sensitivity</b> <i>“By the end of this session, participants should be able to distinguish between tinnitus disorder which requires CBT intervention and non-distressing tinnitus. They also should be able to distinguish between hyperacusis and misophonia using audiological tests, self-report questionnaires and clinical interview.”</i>
<b>13:00-14:00</b>	<b>Lunch</b>
<b>14:00-15:00</b>	<b>Audiological Investigations in Patients with Tinnitus, Hyperacusis and Misophonia</b> <i>“By the end of this session participants will be able to (1) explain the audiological characteristics of tinnitus, hyperacusis and misophonia in an ENT/Audiology clinical population and (2) perform and interpret pure-tone audiometry and uncomfortable loudness levels tests using evidence-based methodology which reduces the risk of discomfort among patients with tinnitus and/or hyperacusis.”</i>
<b>15:00-15:30</b>	<b>Break</b>
<b>15:30-17:00</b>	<b>Psychometric Assessment for Tinnitus, Hyperacusis, Misophonia and Other Psychological Comorbidity</b> <i>“This talk focuses on reviewing the clinical application of a wide range of self-report questionnaires for assessment of severity of symptoms and the disability related to tinnitus, hyperacusis and misophonia. In addition, by the end of this session, participants should be able to select and apply a wide range of specialist self-report tools for screening of underlying panic disorder, phobia, obsessive compulsive disorder, generalised anxiety, suicidal ideations, health anxiety, insomnia and depression and make appropriate onward referral to mental health services for further investigations and treatment.”</i>

	<b>Day 2</b>
<b>Time</b>	<b>Topic</b> “Synopsis”
<b>9:00-10:00</b>	<b>Case Conceptualization (Formulation) And Treatment Plan</b> “By the end of this session, participants should be able to develop a CBT formulation explaining the development and maintenance of troublesome tinnitus or hyperacusis distress.”
<b>10:00-11:00</b>	<b>Establish Relationship Using Client-Centred Counselling Skill</b> “By the end of this session participants should be able to demonstrate an understanding of the theoretical and empirical underpinnings of client-centred counselling model of Carl Rogers.”
<b>11:00-11:30</b>	<b>Break</b>
<b>11:30-12:30</b>	<b>Explore and Enhance Patient’s Motivation for CBT</b> “This practical session provides an opportunity for participants to practice principles of motivational interviewing (MI) in the context of tinnitus and hyperacusis rehabilitation. MI is “a collaborative conversation style for strengthening a person’s own motivation and commitment to change”
<b>12:30-13:30</b>	<b>Lunch</b>
<b>13:30-15:00</b>	<b>10 Steps of CBT For Tinnitus, Hyperacusis and Misophonia Rehabilitation</b> “In this talk, a programme of CBT comprising 14 therapy sessions will be introduced. This is a specialised therapy for tinnitus, hyperacusis and misophonia rehabilitation and comprises four stages: I) Assessment, II) Preparation, III) Active treatment, and IV) Maintenance stage. The content of the therapy briefly comprises (1) education about tinnitus, hyperacusis and misophonia and relevance of CBT, (2) enhancing patient’s motivation to engage with the therapy process, (3) setting goals, (4) formulation, (5) identifying troublesome thoughts, (6) identifying avoidance behaviours and rituals, (7) SEL (Stop Avoidance, Exposure, & Learn from it), (8) KKIS (Know, Keep on, Identify, Substitute), (9) identify and challenge deeper thoughts and beliefs, and (10) integrating CBT into lifestyle (CBStyle).”
<b>15:00-15:30</b>	<b>Break</b>
<b>15:30-17:00</b>	<b>What to Expect From CBT: Reflections on Clinical Practice</b> “By the end of this session participants will be able to describe the expected outcomes for CBT focused on tinnitus, hyperacusis and misophonia. They should be able to predict the treatment success based on patient’s characteristics. The data for consecutive patients enrolled and completed CBT will be reviewed. Prior to start of the therapy, 65% of patients had at least one psychological symptom that met the “caseness” criteria of the UK mental health services. This reduced to 37% after the therapy. The mean Tinnitus Impact Questionnaire (TIQ), Hyperacusis Impact Questionnaire (HIQ), and Misophonia Impact Questionnaire (MIQ) reduced from 14.2 (SD=36), 12 (SD=9.2), 16 (SD=8.1), respectively, before treatment to 5.4 (SD=4.8), 4.5 (SD=5.2), and 8.3 (SD=7.2), respectively, after treatment. In this talk, we will explore the characteristics of patients who did not benefit from the treatment compared to those who did. For example, do patients who were receiving psychological/psychiatric care (medication or psychotherapy) in addition to their tinnitus/hyperacusis/misophonia-focused CBT show better outcomes compared to those who did not.”