PSYCHOLOGY AND COGNITIVE SCIENCES
ISSN: 3080-1893. eISSN: 3104-4611

IRSTI 15.41.25
Scientific article

https://doi.org/10.32523/3080-1893-2026-155-2-51-68

PSYCHOLOGICAL FOUNDATIONS OF DERADICALIZATION WITHIN THE COGNITIVE-BEHAVIORAL PARADIGM

***N. Nagmanov*[1], *Z. Sadvakassova**[*2], *L. Komekbayeva*[3]

[1,2]*Al-Farabi Kazakh National University, Almaty, Kazakhstan*
[3]*«Q» University, Almaty, Kazakhstan*

*E-mail: [1]nurlan.nagmanov1981@gmail.com, [*2]zuhrasad2@mail.ru, [3]klk62@mail.ru*

Abstract. Radicalization is accompanied by the formation of rigid cognitive attitudes, dichotomous thinking patterns, heightened emotional tension, and persistent destructive behavioral patterns, which significantly complicate the processes of resocialization and social adaptation. In this regard, the cognitive-behavioral paradigm is of particular interest as an effective model of psychological influence on an individual's consciousness and behavior. The relevance of this study is driven by the steady increase in radical and extremist manifestations in modern society, as well as the need to develop scientifically grounded psychological approaches to deradicalization, especially within the penitentiary system.

The purpose of the study is to provide a theoretical substantiation and systematization of the psychological foundations of deradicalization within the cognitive-behavioral approach through the concept of four waves. The paper раскрывает (explores) key ideas underlying the transformation of radical beliefs, thinking, and behavior. Particular attention is given to the staged organization of cognitive-behavioral work with inmates and to the possibilities of integrating modern CBT methods into penitentiary practice.

The scientific significance of the study lies in уточнении (refining) the methodological potential of the cognitive-behavioral paradigm. The practical significance is determined by the applicability of the findings in the work of penitentiary psychologists and specialists involved in preventing radicalization.

The methodological basis of the research includes theoretical analysis of scientific literature, systemic-structural and comparative analysis, as well as generalization of domestic and international experience in psychological deradicalization.

The study substantiates the effectiveness of integrating tools from different waves of the cognitive-behavioral paradigm in the process of deradicalization, identifies key stages of psychological intervention, and systematizes the main methods of influence.

The practical significance of the study lies in the possibility of designing and implementing comprehensive programs of psychological correction, resocialization, and prevention of repeated radicalization.

Received: 17.04.2026; Revised: 13.05.2026; Accepted: 10.06.2026; Available online: 30.06.2026

*Corresponding author

Keywords: radicalization, inmates, cognitive-behavioral approach, CBT waves, CBT tools, CBT structure, CBT methods.

Introduction

In the context of the growing prevalence of radical and extremist manifestations, the development of scientifically grounded psychological approaches to deradicalization becomes particularly important, especially in penitentiary settings. Radical attitudes are characterized by cognitive rigidity, dichotomous thinking patterns, and high emotional intensity, which complicate the processes of inmates' resocialization. Within this framework, the cognitive-behavioral paradigm (CBP) serves as an effective tool for psychological intervention aimed at transforming dysfunctional beliefs and behavioral patterns. The purpose of this article is to provide a theoretical analysis of the potential of the cognitive-behavioral approach, its modern developments, and practical tools for the deradicalization of inmates.

In recent years, issues related to the prevention of radicalization and deradicalization have gained particular relevance in the context of ensuring public safety and maintaining psychological well-being. Understanding the mechanisms underlying the formation and maintenance of radical beliefs, as well as methods of their correction, is essential for professionals working with individuals prone to destructive ideologies.

Methodology

The cognitive-behavioral approach (CBP) represents one of the most effective evidence-based paradigms in psychotherapeutic practice. It enables the identification and modification of dysfunctional beliefs, automatic thoughts, and behavioral patterns underlying radical attitudes, while also fostering the development of constructive coping strategies. The use of CBP in deradicalization ensures a structured and predictable intervention process by combining cognitive and behavioral techniques with principles of mindfulness, acceptance, and personal responsibility (Sadvakassova & Nagmanov, 2026).

Object of the study — the process of psychological deradicalization of individuals within the penitentiary system.

Subject of the study — psychological mechanisms and tools of the cognitive-behavioral paradigm applied in work with inmates exhibiting radical attitudes.

Purpose of the study — to theoretically substantiate and systematize the potential of the cognitive-behavioral paradigm in the process of psychological deradicalization of inmates.

Research objectives:

1. To analyze the theoretical foundations of the cognitive-behavioral paradigm and its evolution within the framework of the four-wave concept.
2. To examine the stages of cognitive-behavioral psychological intervention in the process of deradicalization.
3. To systematize the main tools of the cognitive-behavioral approach used in penitentiary practice.

Research Methods

The study employs methods of theoretical analysis and synthesis of scientific literature, comparative and system-structural analysis, generalization of domestic and international experience in psychological deradicalization, as well as methods of conceptual modeling of the psychocorrectional process.

Research Hypothesis

It is hypothesized that the application of the cognitive-behavioral paradigm, integrating tools from different waves of CBT, contributes to a reduction in cognitive rigidity, dichotomous thinking, and radical attitudes among

inmates, while also increasing the effectiveness of resocialization processes and the prevention of repeated radicalization.

Theoretical and Practical Significance of the Study

The theoretical significance of the study lies in expanding scientific understanding of the psychological mechanisms of personality deradicalization and in clarifying the potential of the cognitive-behavioral paradigm in working with radicalized inmates.

The practical significance of the study is determined by the possibility of applying the obtained findings and systematized tools in the work of penitentiary psychologists, in the development of programs for psychological correction, deradicalization, and prevention of extremist behavior, as well as in educational and methodological materials for specialists.

Results and discussion

In contemporary penitentiary practice across various countries, the cognitive-behavioral approach (CBA) is widely used due to its focus on analyzing personal beliefs and correcting behavioral patterns (Sadvakassova & Nagmanov, 2026). A distinctive feature of this approach is reflected in the idea expressed by psychologist Carl Gustav Jung: "What is brought into awareness cannot return to its previous state" (Ülänchenko, 2021).

Cognitive-behavioral therapy (CBT) is an active, directive, time-limited, and structured approach. It is grounded in the theoretical premise that human emotions and behavior are largely determined by how individuals interpret and structure reality. A person's representations (verbal or imaginal "events" present in consciousness) are shaped by underlying attitudes and cognitive constructs (schemas) formed through past experience (Kovpak, 2024).

CBT is a psychological approach aimed at modifying systems of evaluation, attitudes, and behavioral strategies in order to help individuals overcome emotional and behavioral difficulties.

It is based on the assumption that behavior and emotions are partially determined by cognitions and cognitive processes, which can be recognized and purposefully modified (Alekseeva, 2024).

CBT Methodology (see Fig. 1) (Grisenko, 2024).

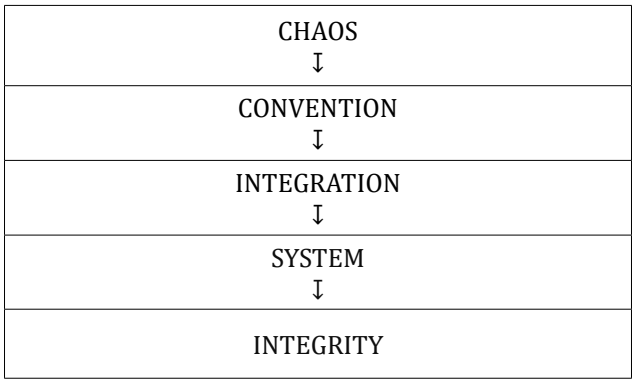

Figure 1. CBT methodology

Cognitive-behavioral therapy (CBT) represents a psychological approach aimed at transforming systems of evaluation, attitudes, and behavioral strategies in order to assist individuals in overcoming emotional and behavioral difficulties. This approach is based on the premise that emotional reactions and behavior are largely determined by cognitions and cognitive processes, which can be consciously recognized, analyzed, and intentionally modified (Alekseeva, 2024).

The fundamental theoretical assumption of CBT is that human emotions and behavior are significantly influenced by the way individuals interpret and structure perceived reality. Individual representations of events (both verbal and imaginal) are formed under the influence of stable attitudes and cognitive schemas developed through prior life experience.

The approach is based on the principle that behavior and emotions are largely determined by cognitions and cognitive processes that can be made conscious and corrected. The core premise of CBT is that emotions and behavior depend on how individuals describe and structure their own reality. Individual representations ("events" in verbal or imaginal form) are shaped by past experiences and determined by stable cognitive schemas and beliefs.

Key principles of the cognitive-behavioral approach:

1. Cognitions (thoughts, beliefs, mental schemas) influence behavior and emotional responses.

2. Individuals are capable of monitoring their own thoughts and working toward their modification.

3. Desired changes in behavior and emotional states can be achieved through intentional changes in thinking (Alekseeva, 2024).

Emotions are temporary mental states arising at a specific moment in time as responses to subjectively significant stimuli. The same event may evoke different emotional reactions and associated thoughts in different individuals. In this regard, particular importance is attached to awareness of the intensity of experienced emotions, as well as the degree of expression and stability of the beliefs that activate them (Klimov et. al., 2024).

The cognitive-behavioral paradigm operates through the development of "awareness" (i.e., understanding, comprehension, insight). It addresses the question: what can be done today to achieve psychological harmony?

The essence of the cognitive-behavioral approach is to help the client:

– become aware of distorted cognitions;

– understand the causes of destructive thoughts and experiences;

– interrupt the flow of negative self-representations;

– replace destructive thoughts with new, constructive, and adaptive ones;

– transform behavior through a revised perception of oneself and one's real-life situation.

At the core of cognitive-behavioral psychotherapy lies the assertion that psychological disorders are caused by false, irrational beliefs or maladaptive behavioral patterns (Albert Ellis and Aaron Beck) (Alekseeva, 2024).

According to Aaron Beck and Judith Beck, cognitive structures—stable beliefs, attitudes, and representations that are not always within conscious awareness—are formed throughout an individual's life. In the process of personal information processing, any incoming information is subject to interpretation and distortion, which is a normal psychological process. However, such distortions become problematic when they generate persistent negative experiences and disrupt adaptive functioning.

Cognitive, emotional, and behavioral disturbances are the result of incorrectly formed conclusions, reinforced by a system of deep-seated beliefs and representations that are repeatedly self-confirmed. As a result, fixed patterns of behavior and stable cognitive schemas are formed, which hinder adequate adaptation (Beck, 2018).

Two Levels of Intervention in Cognitive-Behavioral Therapy

Cognitive-behavioral therapy (CBT) operates on two primary levels:

1. Cognitive level — focused on thoughts and beliefs. During sessions, the client learns to identify such thoughts, evaluate their validity, and develop more realistic patterns of thinking.

2. Behavioral level — focused on actions and habits. The psychologist assists the client in gradually adapting to challenging situations through behavioral experiments (Alekseeva, 2024)

According to J. Beck (2018), the structure of CBT intervention includes three components within each session:

1. Initial phase — restoration of the therapeutic alliance, review of action plans (homework), and agenda setting;

2. Middle phase — discussion of the problem identified in the session agenda;

3. Final phase — formulation of conclusions by the client and collaborative development of further action plans (homework assignments).

In working with clients, the following methods are applied: structured protocols; adherence to guided support; emphasis on skills training; promotion of responsibility and personal autonomy; and clear guidance for resolving problematic situations.

Thus, the application of cognitive-behavioral therapy (CBT) in work with radicalized inmates is particularly important for several reasons:

Correction of dysfunctional cognitive schemas. Radical beliefs are formed on the basis of rigid convictions, distorted interpretations of reality, and negative experiences. CBT enables the identification and modification of these cognitive schemas, thereby reducing the stability of radical beliefs.

Reduction of emotional tension. Radicalized individuals often experience persistent negative emotions such as anger, hostility, and fear. CBT promotes awareness and regulation of emotions, reducing impulsive and aggressive reactions.

Formation of adaptive behavior. Through cognitive restructuring and behavioral experiments, inmates acquire more flexible and socially acceptable behavioral strategies.

Prevention of relapses and enhancement of resocialization. Changes in thinking and behavior reduce the risk of re-engagement in radical or extremist activities, facilitating successful reintegration into society after release (Sadvakassova & Nagmanov, 2026).

CBT serves as an effective tool for deradicalization, as it addresses the core cognitive and emotional mechanisms underlying radicalization, enabling not only suppression of manifestations but transformation of the internal structure of thinking and behavior.

Goals and Objectives of the Cognitive-Behavioral Approach in Working with Destructive and Radical Attitudes

Cognitive-behavioral psychotherapy helps the client to correct maladaptive self-perception. The individual is encouraged to perceive themselves as a person capable of making mistakes but also capable of correcting them. The client learns to identify and regulate automatic thoughts and to develop new ways of relating to emerging situations. This process involves освобождение (liberation) from maladaptive cognitions.

The goal of CBT is to eliminate psychological and social problems arising from destructive cognitions, as well as to prevent triggers that provoke maladaptive states.

To achieve this goal, specialists employ CBT strategies such as collaborative empiricism, Socratic dialogue, and guided discovery.

The therapeutic process is based on a partnership in which the client and specialist jointly work with cognitions: analyzing them, formulating hypotheses regarding their adequacy and usefulness, and selecting evidence to support or refute these hypotheses (Ryzhova, 2024).

The overarching goal of CBT is the development and consolidation of self-management (self-efficacy) skills—competencies that enable individuals to organize their lives, analyze situations, and solve problems in both present and future contexts (Zaikovsky, 2024).

Objectives of CBT in Working with Destructive and Radical Attitudes

1. Self-observation — developing the ability to monitor one's thoughts, emotions, and behavior without excessive self-criticism or rumination.

2. Self-evaluation — fostering constructive and objective self-reflection based on analysis rather than external opinions or subjective distortions.

3. Self-instruction and self-reinforcement — active regulation of one's behavior and motivation instead of reliance on external assistance.

4. Mastery of self-help techniques — the ability to use psychological tools independently to cope with difficulties and regulate emotional states (Zaikovsky, 2024).

The core task of CBT is to identify automatic thoughts ("cognitions") that negatively affect psychological well-being and quality of life, and to replace them with more adaptive, constructive, and life-affirming alternatives (Zaikovsky, 2024).

During sessions, the psychologist teaches the client to:

– identify destructive beliefs and thoughts;

– recognize the relationship between thoughts, emotions, and behavior;

– analyze evidence supporting or contradicting their beliefs;

– construct a more realistic, evidence-based worldview;

– modify maladaptive beliefs that distort personal experience (Pasechnik, 2020).

Core Directions and Waves of Cognitive-Behavioral Intervention

In practice, four waves of the cognitive-behavioral approach have been developed, with numerous researchers contributing to the expansion of its methodological toolkit.

1. First wave (1950s–1960s) — behavioral approaches. **Focus:** observable behavior. Mental disorders are viewed as the result of maladaptive learning.

2. Second wave (1960s–1980s) — cognitive-behavioral approaches. **Focus:** cognition and behavior. Changes in thinking lead to changes in emotions and behavior.

3. Third wave (since the 1990s) — contextual CBT approaches. **Focus:** the relationship to experience rather than its content. The goal is psychological flexibility, acceptance, and mindfulness.

4. Fourth wave — integration with technological innovations, including virtual reality-based CBT.

Key Contributors to the Development of CBT

First wave: I.P. Pavlov (classical conditioning); J.B. Watson (behaviorism); B.F. Skinner and E.L. Thorndike (operant conditioning); Henry Head (schema concepts); Joseph Wolpe (systematic desensitization); Edmund Jacobson (progressive muscle relaxation); Albert Bandura (social learning theory); Jean Piaget (assimilation and accommodation); Egon Brunswik (perceptual constancy); George Kelly (personal construct theory); Edward Tolman (cognitive maps); Frederic Bartlett (schema theory of memory).

Second wave: Aaron T. Beck (classical CBT, 1976); Albert Ellis (REBT, 1962); Arnold Lazarus (multimodal therapy); Donald Meichenbaum (self-instructional training); Michael Mahoney (evolutionary cognitive therapy).

Third wave: Marsha Linehan (DBT, 1993); Francine Shapiro (EMDR); Adrian Wells (metacognitive therapy); Jeffrey Young (schema therapy); Steven Hayes (ACT); Paul Gilbert (compassion-focused therapy); William Glasser (reality therapy); Robert Kohlenberg and Mavis Tsai (functional analytic psychotherapy); among others.

Fourth wave: Attention bias modification (C. MacLeod, M. Mathews); interpretation bias modification (E. Holmes, C. Mathews); virtual reality-based CBT (B.O. Rothbaum, M. Slater, G. Riva).

Step-by-Step Implementation of CBT with Clients

The cognitive-behavioral approach occupies a central place among psychological interventions used in working with destructive, extremist, and radical attitudes. Its theoretical rigor, structured nature, and focus on modifying cognitive schemas and behavioral patterns make it one of the most effective tools for preventing radicalization and supporting deradicalization processes.

Radicalization is typically based on rigid cognitive distortions, dichotomous thinking, overgeneralization, irrational beliefs, and persistent behavioral patterns that reinforce hostility, alienation, and violent responses. Therefore, the staged implementation of CBT is of fundamental importance, as it enables systematic work with deep cognitive structures, emotional responses, and behavioral manifestations underlying radical attitudes.

A phased CBT approach in working with radicalized or at-risk individuals not only reduces cognitive rigidity and aggression but also fosters the development of reflection, self-regulation, and responsibility for personal choices. Each stage performs diagnostic, corrective, and preventive functions simultaneously, ensuring the stability of positive changes and reducing the risk of relapse.

For practical implementation, one may refer to staged CBT models proposed by A.T. Beck, Vasiliev V., Pryanik A.V., Ostapchuk V.S., and Zaikovsky P.A.. A more detailed three-stage model is presented in the work of T.I. Alekseeva (see Table 1). However, prior to intervention, it is essential to establish a psychological contract with the client.

Psychological Contract

The effectiveness of CBT significantly increases when therapeutic goals and rules are agreed upon in advance through a therapeutic contract (Alekseeva, 2024).

A contract represents a system of agreements with the client aimed at creating conditions for change, expanding self-understanding, and enabling behavioral experimentation.

The therapeutic alliance is formed through the following factors:

1. The psychologist's genuine interest in the client's experiences.

2. The use of active listening techniques (verbal and non-verbal).

3. Providing clear information about the structure of sessions, goals, and procedures

4. Emotional support that fosters a sense of safety and trust.

Client responsibility and active participation are expressed through:

– willingness to share thoughts, feelings, and opinions;

– readiness to reflect on complex therapeutic questions;
– openness to receiving and clarifying feedback;
– willingness to change behavioral and cognitive patterns;
– engagement in discussion of emerging issues;
– completion of behavioral experiments and homework assignments.

Following the establishment of the psychological contract, diagnostic procedures are conducted to develop an individualized intervention plan and structure the therapeutic process (see Figures 2–3, Table 1).

Table 1

Stages of CBT process (T.I. Alekseeva)

Stages	Content of Intervention
1. Establishing a Working Alliance	**Goal:** To engage the client's interest in their own psychotherapeutic process. Key steps: 1. To explain the goals and objectives of the intervention, clarifying the purpose of therapy and expected outcomes. 2. To introduce the philosophy of cognitive-behavioral therapy (CBT) in order to establish a foundation for collaborative work. 3. To encourage the client's interest in self-exploration and jointly investigate potential sources of their difficulties.
2.Identification of Deep Dysfunctional Beliefs (Cognitions)	**Goal:** To identify automatic and deep-seated dysfunctional cognitions underlying the client's problems and to develop basic skills of self-observation and analysis. Stages and key actions: 1. Assessment and identification of dysfunctional cognitions. 2. Development of self-monitoring skills (the "exploratory" stage of CBT). 3. Formulation of dysfunctional core beliefs. 4. Homework assignments and feedback (see details*).
3. Transformation into New Evaluations and Cognitions (Cognitive Restructuring)	**Goal:** To develop more adaptive cognitive and behavioral patterns through cognitive restructuring and the enhancement of self-regulation skills. Key stages and actions: 1. Cognitive restructuring. 2. Development of self-instruction and self-help skills. 3. Promotion of cognitive flexibility and adaptability (see details**).

* At the second stage, "Identification of Deep Dysfunctional Beliefs (Cognitions)," accurate psychological assessment is of critical importance (Alekseeva, 2024) (diagnostic phase, case conceptualization, and treatment planning).

Assessment in the Cognitive-Behavioral Approach

Stages and key actions:

1. Assessment and identification of dysfunctional cognitions.

This stage involves defining the client's current problems, their origins, and the factors maintaining them. It includes the analysis of dysfunctional thoughts and beliefs associated with these problems, as well as related emotional, physiological, and behavioral responses. Particular attention is paid to identifying significant life events, experiences, and interactions that contributed to the development of the disorder. In addition, core beliefs about the self, the world, and others are examined, along with intermediate beliefs, rules, expectations, and coping strategies. The influence of automatic thoughts on behavior and the client's vulnerability in various life situations is also analyzed.

2. Development of self-monitoring skills (the "exploratory" phase of CBT).

Following the establishment of a working alliance and the conclusion of a psychological contract, the client is introduced to the principles of CBT. The focus is placed on learning to identify automatic thoughts and intermediate beliefs, and on linking them with emotional, physiological, and behavioral responses. This stage fosters the development of self-awareness, self-analysis, and self-correction skills, including the ability to pause, reconsider, and reformulate thoughts.

3. Formulation of dysfunctional core beliefs.

This involves identifying negative beliefs about the self ("Who am I?"), rigid demands toward oneself and others ("I must…"), and underlying assumptions about the world and other people ("What is the world like? What are people like?"). Precision and conciseness in the formulation of these beliefs are essential.

4. Homework assignments and feedback.

The client is assigned tasks aimed at independent monitoring and recording of cognitions. During subsequent sessions, results are reviewed, clarified, and the identified beliefs are further processed and refined.

The Importance of Assessment in CBT

Effective CBT requires a thorough and ongoing evaluation of the client. To achieve meaningful outcomes, the therapist must:

– conduct a comprehensive assessment;

– accurately formulate the client's problems;

– develop a cognitive case conceptualization;

– design an individualized treatment plan.

Importantly, assessment is not limited to the initial session. Throughout the course of therapy, the therapist continues to collect and analyze information in order to refine the initial evaluation and, if necessary, adjust the diagnosis and overall conceptualization [9].

Essential Client Information

For an adequate assessment, the following information is required:

1. demographic data;
2. primary complaints and current problems;
3. history of the current condition and preceding events;
4. coping strategies (adaptive and maladaptive), both current and past;
5. psychiatric history;
6. history of substance uses and current status;
7. medical history and current health condition;
8. family background and developmental history;
9. educational and occupational history.

To construct a comprehensive diagnostic profile of the client, see Fig. 1.

Diagnostic Instruments:

– Dysfunctional Attitude Scale (DAS) by Weissman and Beck;

– Ellis's Irrational Beliefs Inventory;

– Beck Scales: Depression, Anxiety, Hopelessness, and Suicidal Ideation;

– Zung Self-Rating Anxiety Scale and Zung Depression Scale;

– Hamilton Anxiety and Depression Rating Scales;

– Yale–Brown Obsessive Compulsive Scale (Y-BOCS);

– Symptom Checklist-90 (SCL-90).

Use of Assessment Data: The data obtained during the assessment are used by the therapist to construct an initial cognitive conceptualization, which subsequently serves as the foundation for developing a more detailed treatment plan (Alekseeva, 2024).

Indicators of an Effective Psychotherapeutic Session (T.I. Alekseeva)

1. Client awareness and reflection. The client actively reflects on the issues discussed and becomes more aware of their own thoughts.

Symptoms	WORKING HYPOTHESIS	TREATMENT PLAN
Developmental Influences		
Situations		
Biological / Genetic / Medical Factors		
Resilience / Values		
Typical Thoughts, Beliefs, and Behaviors		
Schemas		

Figure 2. Client Diagnostic Profile (T.I. Alekseeva)

1. Changes in psycho-emotional state.The client demonstrates emerging interest; emotional responses may include mild sadness, confusion, or relief.

2. Active client participation.The client expresses their position, asks questions, and shows engagement in the process.

Readiness to continue therapy. The client demonstrates motivation for further sessions and cooperation with the specialist.

At the third stage « Transformation into New Evaluations and Cognitions (Cognitive Restructuring)», the influence on the client's thinking is implemented through the following steps:

Key stages and actions:

1. Cognitive restructuring

– Conducting disputation, exposure, and behavioral experiments;

– Training the client to identify cognitive distortions and ineffective behavioral patterns and to correct them;

– Influencing cognitions that either facilitate or inhibit change through the development of self-understanding and life-organization skills.

Client Name: _____ **Date:**_____

Diagnosis: axis I _____ **Axis II** _____

IMPORTANT CHILDHOOD INFORMATION *What events contributed to the formation and consolidation of core beliefs?*
CORE BELIEFS *What are the client's fundamental beliefs about themselves?*
CONDITIONAL ASSUMPTIONS / BELIEFS / RULES *What positive assumptions help the client cope with core beliefs?* *What are the negative counterparts of these assumptions?*
COMPENSATORY / COPING STRATEGIES *What behaviors help the client cope with these beliefs?* *What are the maladaptive equivalents of these strategies?*

Situation 1 What is the problematic situation?	**Situation 2**	**Situation 3**
Automatic Thoughts What did the client think?	**Automatic Thoughts**	**Automatic Thoughts**
Meaning of Automatic Thoughts What significance did this thought have for the client?	**Meaning of Automatic Thoughts**	**Meaning of Automatic Thoughts**
Emotions What emotion is associated with this automatic thought?	**Emotions**	**Emotions**
Behavior What did the client do in response?	**Behavior**	**Behavior**

Figure 3. Development of a Client Conceptualization Map
(Alekseeva, 2024)

1. Development of Self-Instruction and Self-Help Skills

– Training in basic self-regulation and self-help strategies;

– Formulation and practice of new adaptive behaviors.

2. Cognitive Flexibility and Adaptability

– Informing the client about the rigidity and flexibility of their perceptions, evaluations, beliefs, and actions;

– Encouraging independent reformulation of cognitions and the search for more flexible, adaptive, and realistic alternatives.

Outcome: The client gradually learns **to recognize, modify, and replace dysfunctional cognitions,** implementing new behavioral patterns in practice and strengthening self-regulation skills.

CBT Toolkit

In practice, CBT tools are selected based on the individual and personal characteristics of the client.

CBT methods include:

– Reciprocal inhibition (J. Wolpe);

– Paradoxical intention (V. Frankl);

– Cognitive self-control techniques ("stop technique," self-control triad);

– ABC model (A. Ellis);

– Disputation method.

CBT employs four groups of techniques aimed at solving specific tasks:

1. Identification of destructive automatic thoughts;
2. Challenging irrational thinking;
3. Activation of imagination;
4. Reduction of resistance (Ryzhova, 2024) (see Table 2,3).

Table 2

Four Groups of CBT Techniques (Ryzhova M., 2024)

Groups / Objectives	*Forms and Techniques*
Group 1 — Identification of destructive automatic thoughts	Forms of work: – Note-taking – Thought diary

Group 2 — Challenging irrational thinking	Techniques for dealing with the patient's unconscious inference: – "Pros and cons" analysis – Experiment – Decatastrophizing
Group 3 — Activation of imagination	The techniques focus on getting rid of frightening images through imaginative activation: – Use of metaphors (parables, quotations) – Imagery modification (replacement of destructive images with neutral or positive ones) – Constructive imagination (structuring possible events by significance)
Group 4 — Reduction of resistance	Techniques: – Targeted repetition (positive affirmations) – Identification of hidden motives

In practice, CBT techniques are further elaborated in methodological manuals for working with inmates holding radical views (Leahy, 2020).

We classified these techniques into thematic blocks, and they are not used as isolated exercises. Instead, they function as components of comprehensive psychological work aimed at changing cognitive, emotional, and behavioral patterns in incarcerated individuals with radicalized beliefs.

Table 3

CBT Techniques in Psychological Work

Domain	Technique	Content and Practical Purpose in Work
COGNITIVE TECHNIQUES	*Identification of Automatic Thoughts*	Developing the ability to notice the "first reaction" of thinking in conflict and stressful situations
	Cognitive Restructuring	Learning to evaluate situations in a more balanced way instead of making impulsive conclusions
	Thought Records	Developing self-monitoring skills and responsibility for one's own reactions
	Cognitive Distortions	Awareness of typical thinking errors associated with aggression and conflict behavior
	Decatastrophizing	Reducing the tendency to exaggerate threats and negative outcomes
	Socratic Dialogue	Developing critical thinking and the ability to question automatic beliefs
	Downward Arrow Technique	Identifying core beliefs underlying automatic thoughts and behaviors
	Cognitive Distancing (Decentering)	Developing the ability to view situations from an external observer's perspective

BEHAVIORAL TECHNIQUES	*Behavioral Activation*	Reducing passivity and increasing constructive, goal-oriented activity
	Exposure	Reducing avoidance and gradually increasing tolerance to stressful situations
	Task Grading	Learning to solve complex tasks through step-by-step progression
	Behavioral Experiments	Testing beliefs through safe real-life experience
	Behavioral Chain Analysis	Understanding the sequence: trigger → reaction → consequences
	Stop–Think–Act Technique	Developing impulse control through a structured pause before action
	Behavioral Contracts	Increasing responsibility through agreements with a specialist
	Token Economy (Reinforcement System)	Reinforcing socially acceptable behavior through a reward system (tokens)
	Social Skills Training	Developing constructive communication and conflict-management skills
	Mindfulness	Developing non-judgmental awareness of internal states without automatic reactions
	Cognitive Defusion	Reducing the impact of thoughts on behavior ("a thought is not a fact")
	Values Work (Values Clarification)	Forming long-term life orientation and value-based behavior
	Schema Therapy	Working with persistent maladaptive beliefs and behavioral patterns
	Imagery Rescripting	Processing emotional and traumatic experiences through guided imagery
EMOTION REGULATION SKILLS	*Emotion Labeling*	Reducing emotional intensity through accurate identification of emotions
	Emotion Scaling	Developing the ability to monitor levels of emotional tension
	STOP Technique	Building self-regulation skills at the moment of impulse
	Self-Compassion	Reducing self-criticism and aggressive internal dialogue
	Self-Monitoring	Developing consistent awareness of behavior, triggers, and reactions
	Impulse Control Strategies	Reducing risky behavior through breathing techniques and attentional redirection
DIGITAL CBT FORMATS	*CBT Applications*	Supporting self-regulation and skill practice outside therapy sessions
	VR Exposure	Safe training of responses to stressors and critical situations through virtual reality

Conclusion

The conducted theoretical analysis demonstrates that the cognitive-behavioral paradigm possesses significant potential in addressing the challenges of psychological deradicalization of individuals with radical beliefs, including within penitentiary settings. Radicalization is associated with persistent cognitive distortions, dichotomous thinking, rigid core beliefs, and maladaptive behavioral strategies, which necessitate a systematic and phased psychological intervention.

The analysis of the evolution of the cognitive-behavioral approach through the framework of four waves has revealed the potential for integrating classical cognitive and behavioral techniques with modern contextual, metacognitive, and value-oriented methods. Such an integrative approach expands the scope of traditional corrective work and contributes to a deeper transformation of beliefs, identity, and life strategies among inmates.

The presented stages of cognitive-behavioral intervention and the systematization of applied tools confirm the relevance of CBT as a methodological foundation for deradicalization programs. These programs are aimed not only at reducing radical beliefs but also at developing self-regulation, critical thinking, and social adaptation skills.

Findings

1. Radical beliefs among inmates have a pronounced cognitive-behavioral structure, including cognitive distortions, emotional rigidity, and stereotypical behavioral patterns.

2. The cognitive-behavioral paradigm represents an evidence-based and practice-oriented approach to psychological deradicalization.

3. Integration of methods from the four waves of CBT enhances the effectiveness of interventions by addressing cognitive, emotional, behavioral, and value-based components of personality.

4. A phased organization of CBT ensures consistency and sustainability of changes in the deradicalization process.

5. The use of CBT tools contributes to the prevention of relapse and improves the effectiveness of resocialization in penitentiary environments.

Conflict of Interest

The authors declare no conflict of interest.

Author Contributions

N. Nagmanov — data collection, analysis, systematization of contemporary materials, joint discussion, and writing of the article.

Z. Sadvakassova — data collection, systematization, structuring, and preparation of the article for publication.

L. Komekbayeva — corresponding author; analysis, systematization, and co-authorship of the article.

References

Алексеева Т. И. (2024). *Диагностический этап, создание концептуализации случая и плана терапии*. https://en.ppt-online.org/1368626

Алексеева Т. И. (2024). *Основные понятия и алгоритмы КПТ*. https://en.ppt-online.org/1368628

Алексеева Т. И. (2024). *Теоретические и методологические основы КПТ, история и современное состояние метода*. https://en.ppt-online.org/1368629

Ассоциация когнитивно-поведенческой психотерапии. (2015). *I Международный съезд Ассоциации когнитивно-поведенческой психотерапии*. СИНЭЛ. https://psy.su/psyche/projects/1636/

Бек А. Б. (2017, 23 февраля). *КПП*. Psychojournal. https://psychojournal.ru/psychologists/1167-aaron-bek-sozdatel-kognitivnoy-psihoterapii.html

Бек Дж. (2018). *Когнитивно-поведенческая терапия: От основ к направлениям*. Питер.

Васильев В. (2025, 22 июля). *Когнитивно-поведенческая терапия (КПТ) в лечении алкоголизма*. B17. https://www.b17.ru/article/kpt_alkogolizm/

Граниса А. (2025). *Интеграция техник второй и третьей волны КПТ*. https://s2.skladchiki.pro/threads/kpt-vtoroj-i-tretej-volny-transformacija-texnik-evgenija-kirillova.427939/

Грисенко Е. В. (2024). *Семинар 1. Основы КПТ: теория и практика*. https://en.ppt-online.org/1628253

Журов А. Д. (2023, 14 мая). *Волны КПТ*. B17. https://www.b17.ru/blog/368003/

Зайковский П. А. (2020, 20 апреля). *Инструменты когнитивно-поведенческой психотерапии: практическое руководство*. https://www.psycholog-rus.com/2017/04/20/tools-of-cognitive-behavioral-psychotherapy/

Климов А. А., Вахрамеева Т., Макарова М., Соловьева А. (2024). *Практическое занятие «Рейтинг силы эмоции и поиск вариаций одного убеждения»*. https://en.ppt-online.org/1295622

Ковпак Д. В. (2024). *Когнитивно-поведенческая терапия: Волны в КПТ* [Лекционные материалы]. https://en.ppt-online.org/137919

Когнитивно-поведенческая терапия: эффективные техники и методы. (2023, 24 апреля). https://urgaps.ru/news/1549

Лихи Р. (2020). *Техники когнитивной психотерапии*. Питер.

Метод диспута в КПТ. (2023). https://thepresentation.ru/medetsina/kognitivno-povedencheskaya-psihoterapiya-1

Методы когнитивно-поведенческого подхода. (2011). http://psy-dv.org/forum/15-174-1

Методы поведенческой терапии. (2023). http://psyfactor.org/lib/behavior_therapy.htm

Михальски А. (2019, 7 сентября). *Школы психотерапии. 8. Третья волна когнитивно-поведенческой терапии*. B17. https://www.b17.ru/article/153042/

Остапчук В. С. (2025, 18 февраля). *Как работает когнитивно-поведенческая терапия*. B17. https://www.b17.ru/article/623071/

Пасечник Е. (2020). *Когнитивно-поведенческая терапия vs гештальт: выбираем правильный подход*. Goodo Blog. https://blog.goodo.pro/kpt-vs-ghieshtalt-kak-vybrat-pravilnyi-podkhod/

Перекрестова Е. (2023, 11 июня). *Три волны КПТ: основные отличия и принципы*. B17. https://www.b17.ru/article/volnycbt/

Пряник А. В. (2025, 4 февраля). *Эволюция подхода: три волны когнитивно-поведенческой терапии*. IPPSS. https://ippss.ru/blog/gid-po-kognitivno-povedencheskoj-terapii-istoriya-effektivnost-i-ogranicheniya-kpt

Пряник А. В. (2025, 6 февраля). *5 техник из КПТ на разные случаи: с инструкциями и примерами*. IPPSS. https://ippss.ru/blog/5-tehnik-iz-kpt-na-raznye-sluchai-s-instrukciyami-i-primerami

Рыжова М. (2024, 14 марта). *Методы когнитивно-поведенческой терапии: практическое руководство*. MIP Institute. https://mip.institute/journal/effektivnye-tehniki-i-metody-kognitivno-povedencheskoj-terapii

Садвакасова З. М., Нагманов Н. Ж. (2026). *Психологическая дерадикализация осужденных: международный опыт пенитенциарных практик*. Монография.

Садвакасова З. М., Нагманов Н. Ж. (2026). *Тренинговая программа «Меняем мысли — меняем жизненные стратегии»*. Алматы.

Улянченко А. (2021, 28 сентября). *«Что осознано – не вернется обратно в виде судьбы или проклятия» – Карл Густав Юнг*. B17. https://www.b17.ru/article/341565/

Хрулев О. (2024, 26 октября). *КПТ четвертой волны*. https://xn--c1ajbkobdq1b.xn--p1ai

Мэннинг Дж., Риджуэй Н. (2020) *Практика когнитивно-поведенческой терапии: рабочие листы и раздаточные материалы*. Киев. URL: https://www.klex.ru/1545

Рего С. Фейдер С. (2022) *Когнитивно-поведенческая терапия для психического здоровья: рабочая тетрадь. Киев: Диалектика*

Хатт Р. Л. (2019) *Когнитивно-поведенческая терапия для подростков: рабочая тетрад*ь. — URL: https://www.klex.ru/1ypa

Добсон Д., Добсон К. (2018) *Научно-обоснованная практика в когнитивно-поведенческой терапии*.

— URL: https://www.klex.ru/1ut4

Н.Ж. Нагманов [1] , З.М. Садвакасова[*2]**, Л.К. Комекбаева[3]**

[1,2] *Казахский национальный университет им. аль-Фараби, Алматы, Казахстан,*

[3] *«Q» University, Алматы, Казахстан*

Психологические основы дерадикализации в когнитивно-поведенческой парадигме

Аннотация. Радикализация сопровождается формированием ригидных когнитивных установок, дихотомического мышления, высокой эмоциональной напряженности и устойчивых деструктивных поведенческих паттернов, что существенно осложняет процессы ресоциализации и социальной адаптации человека. В этой связи особый интерес представляет когнитивно-поведенческая парадигма как эффективная модель психологического воздействия на сознание и поведение личности. Актуальность исследования обусловлена устойчивым ростом радикальных и экстремистских проявлений в современном обществе, а также необходимостью разработки научно обоснованных психологических подходов к дерадикализации личности, особенно в условиях пенитенциарной системы.

Целью исследования является теоретическое обоснование и систематизация психологических основ дерадикализации в рамках когнитивно-поведенческого подхода через концепцию четырех волн, раскрытие ключевых идей, лежащих в основе трансформации радикалистских убеждений, мышления и поведения. Особое внимание уделяется поэтапной организации когнитивно-поведенческой работы с осужденными и возможностям интеграции современных методов КПП (когнитивно-поведенческий подход) и системе проведения работы с заключенными в пенитенциарном учреждении.

Научная значимость исследования заключается в уточнении методологического потенциала когнитивно-поведенческой парадигмы. Практическая значимость исследования определяется возможностью применения полученных выводов в деятельности психологов пенитенциарных учреждениях и специалистов, осуществляющих профилактику радикализации.

Методологической основой исследования послужили методы теоретического анализа научных источников, системно-структурный и сравнительный анализ, а также обобщение отечественного и зарубежного опыта психологической дерадикализации.

В результате исследования обоснована эффективность интеграции инструментов различных волн когнитивно-поведенческой парадигмы в процессе дерадикализации, выделены ключевые этапы психологической работы и систематизированы основные методы воздействия. Сделан вывод о целесообразности использования КПТ как базовой методологической основы программ дерадикализации.

Практическое значение исследования состоит в возможности разработки и внедрения комплексных программ психологической коррекции, ресоциализации и профилактики повторной радикализации.

Ключевые слова: радикализация, заключенные, когнитивно-поведенческий подход, волны КПП, инструменты КПП, структура КПТ, методы КПТ.

Н.Ж. Нагманов[1], З.М. Садвакасова[*2], Л.К. Көмекбаева[3]

[1,2] *әл-Фараби атындағы Қазақ ұлттық университеті, Алматы, Қазақстан*

[3] *«Q» University, Алматы, Қазақстан*

Когнитивтік мінез-құлықтық парадигмасындағы дерадикализацияның психологиялық негіздері

Аңдатпа. Радикализация қатаң когнитивтік бағыт-бағдарлардың, дихотомиялық ойлаудың, жоғары эмоциялық шиеленістің және тұрақты деструктивтік мінез-құлық үлгілерінің қалыптасуымен қатар жүреді, бұл қайта әлеуметтеу және әлеуметтік бейімделу үрдістерін едәуір қиындатады. Осыдан когнитивтік мінез-құлықтық парадигма психологиялық әсердің тиімділігінің үлгісі ретінде ерекше қызығушылық тудырады. Осыған орай зерттеудің өзектілігі қазіргі қоғамдағы радикалдық және экстремистік көріністердің айқын

өсуіне, сондай-ақ жеке тұлғаны дерадикализациялануын, әсіресе пенитенциарлық жүйе жағдайында, ғылыми негізделген психологиялық тәсілдерін әзірлеу қажеттілігіне байланысты.

Зерттеудің мақсаты – когнитивтік мінез-құлықтық парадигмасы (КМҚП) шеңберіндегі дерадикализацияның психологиялық негіздерін теориялық дәлелдеу және жүйелеу. Бұл жұмыста төрт толқын тұжырымдамасы арқылы когнитивтік мінез-құлықтық тәсілін дамытудың негізгі бағыттары қарастырылады, радикалистік сенімдердің, ойлау мен мінез-құлықтың өзгеруіне негізделген басты идеялар ашылады. Сотталғандармен танымдық мінез-құлық жұмысын кезең-кезеңімен ұйымдастыруға және КМҚП-ның қазіргі заманға әдістерін интергациялау мүмкіндіктеріне ерекше назар аударылады.

Зерттеудің ғылыми маңыздылығы когнитивтік мінез-құлықтық парадигмасының әдіснамалық әлеуетін нақтылау болып табылады. Практикалық маңыздылығы – алынған тұжырымдарды пенитенциарлық мекемелердің психологтары мен радикализацияның алдын алуды жүзеге асыратын мамандардың қызметінде қолдану мүмкіндігімен анықталады.

Зерттеудің әдіснамалық негізі ғылыми дереккөздерді теориялық талдау және синтездеу, жүйелік-құрылымдық және салыстырмалы талдау әдістері, сондай-ақ психологиялық дерадикализацияның отандық және шетелдік тәжірибесін жалпылау болмақ.

Зерттеу нәтижесінде дерадикализация үрдісінде когнитивтік мінез-құлықтық парадигмасының әртүрлі толқындарының құралдарын біріктірудің тиімділігі негізделіп, психологиялық жұмыстың негізгі кезеңдері айқындалып, әрі әсер етудің негізгі әдістері жүйеленеді. Дерадикализация бағдарламаларының базалық әдіснамалық негізі ретінде КМҚП қолданудың орындылығы туралы қорытынды жасалды.

Зерттеудің практикалық маңыздылығы психологиялық түзетудің, қайта әлеуметтендірудің және қайта радикалданудың алдын алудың кешенді бағдарламаларын әзірлеу және енгізу мүмкіндігінен тұрады.

Түйін сөздер: радикалдану, тұтқындар, когнитивтік мінез-құлықтық тәсілі, КМҚП толқындары, КМҚП құралдары, КМҚП құрылымы, КМҚП әдістері.

References

Alekseeva, T. I. (2024). *Diagnosticheski etap, sozdanie konseptualizasii sluchaia i plana terapii [The diagnostic stage, the creation of a conceptualization of the case and a treatment plan]*. https://en.ppt-online.org/1368626

Alekseeva, T. I. (2024). *Osnovnye ponätia i algoritmy KPT*. *[Basic concepts and algorithms of CBT.]* https://en.ppt-online.org/1368628

Alekseeva, T. I. (2024). *Teoreticheskie i metodologicheskie osnovy KPT, istoria i sovremennoe sostoianie metoda*. *[The theoretical and methodological foundations of CBT, the history and current state of the method]* https://en.ppt-online.org/1368629

Association of Cognitive-Behavioral Psychotherapy. (2015). *I Mejdunarodnyi sezd Asosiasii kognitivno-povedencheskoi psihoterapii*. *[I International Congress of the Association of Cognitive Behavioral Psychotherapy.]* SINEL. https://psy.su/psyche/projects/1636/

Beck, J. (2018). *Kognitivno-povedencheskaia terapia: Ot osnov k napravleniam. [Cognitive behavioral therapy: From basics to directions.].* Piter.

Bek, A. B. (2017, February 23). *KPP*. Psychojournal. https://psychojournal.ru/psychologists/1167-aaron-bek-sozdatel-kognitivnoy-psihoterapii.html

Granisa, A. (2025). *İntegrasia tehnik «Vtoroi i tretei volny KPT» [Integration of the techniques of the second and third waves of CBT.]* . https://s2.skladchiki.pro/threads/kpt-vtoroj-i-tretej-volny-transformacija-texnik-evgenija-kirillova.427939/

Grisenko, E. V. (2024). *Seminar 1. Osnovy KPT: Teoria i praktika*. [*Seminar 1. Fundamentals of CBT: theory and practice.]* https://en.ppt-online.org/1628253

Hrulev, O. (2024, October 26). *KPT chetvertoi volny*. *[CBT of the fourth wave.]* https://xn--c1ajbkobdq1b.xn--p1ai

Jeurov, A. D. (2023, May 14). *Volny KPT*. *[KPT waves.]* URL: https://www.b17.ru/blog/368003/

Klimov, A. A., Vahrameeva, T., Makarova, M., & Soloveva, A. (2024). *Prakticheskoe zanätie: «Reitiñ sily emosii i poisk variasii odnogo ubejdenia»*. *[Practical lesson "Rating the power of emotion and searching for variations of one belief."]* https://en.ppt-online.org/1295622

Kognitivno-povedencheskaia terapia: Effektivnye tehniki i metody. *[Cognitive behavioral therapy: effective techniques and methods.]* (2023, April 24). https://urgaps.ru/news/1549

Kovpak, D. V. (2024). *Kognitivno-povedencheskaia terapia: Volny v KPT [Cognitive behavioral therapy: Waves in CBT]* [Lecture materials]. https://en.ppt-online.org/137919

Lihi, R. (2020). *Tehniki kognitivnoi psihoterapii*. [Techniques of cognitive psychotherapy] Piter.

Metod disputa v KPT. [The metric of the dispute in the CBT] (2023). https://thepresentation.ru/medetsina/kognitivno-povedencheskaya-psihoterapiya-1

Metody kognitivno-povedencheskogo podhoda. [Methods of the cognitive-behavioral approach.] (2011). http://psy-dv.org/forum/15-174-1

Metody povedencheskoi terapii. [Methods of behavioral therapy.] (2023). http://psyfactor.org/lib/behavior_therapy.htm

Mihälski, A. (2019, September 7). *Şkoly psihoterapii. 8. 3-ia volna kognitivno-povedencheskoi terapii*. *[Schools of psychotherapy. 8. The third wave of cognitive behavioral therapy.]* B17. https://www.b17.ru/article/153042/

Ostapchuk, V. S. (2025, February 18). *Kak rabotaet kognitivno-povedencheskaia terapia*. *[How cognitive behavioral therapy works.]* B17. https://www.b17.ru/article/623071/

Pasechnik, E. (2020). *Kognitivno-povedencheskaia terapia vs geştält: Vybiraem pravilnyi podhod*. *[Cognitive behavioral therapy vs Gestalt: choosing the right approach.]* Goodo Blog. https://blog.goodo.pro/kpt-vs-ghieshtalt-kak-vybrat-pravilnyi-podkhod/

Perekrestova, E. (2023, June 11). *Tri volny KPT: Osnovnye otlichia i prinsipy*. *[Three waves of CBT: the main differences and principles.]* B17. https://www.b17.ru/article/volnycbt/

Pränik, A. V. (2025, February 4). *Evolüsia podhoda: Tri volny kognitivno-povedencheskoi terapii. [The evolution of the approach: three waves of cognitive behavioral therapy.]* IPPSS. https://ippss.ru/blog/gid-po-kognitivno-povedencheskoj-terapii-istoriya-effektivnost-i-ogranicheniya-kpt

Pränik, A. V. (2025, February 6). *5 tehnik iz KPT na raznye sluchai: S instruksiami i primerami*. *[5 techniques from CBT for different cases: with instructions and examples.]* IPPSS. https://ippss.ru/blog/5-tehnik-iz-kpt-na-raznye-sluchai-s-instrukciyami-i-primerami

Ryjova, M. (2024, March 14). *Metody kognitivno-povedencheskoi terapii: Prakticheskoe rukovodstvo*. *[Methods of cognitive behavioral therapy: a practical guide.]* MIP Institute. https://mip.institute/journal/effektivnye-tehniki-i-metody-kognitivno-povedencheskoj-terapii

Sadvakassova, Z. M., & Nagmanov, N. J. (2026). *Psihologicheskaia deradikalizasia osujdennyh: Mejdunarodnyi opyt penitensiarnyh praktik [Psychological deradicalization of convicts: international experience of penitentiary practices.]* [Monograph].

Sadvakassova, Z. M., & Nagmanov, N. J. (2026). *Treniñovaia programa «Menäem mysli — menäem jiznennye strategii» [Training program "Changing thoughts — changing life strategies"]. [Methodological manual].* Almaty.

Ülänchenko, A. (2021, September 28). *«Chto osoznano – ne vernetsä obratno v vide südby ili proklätia» – Karl Gustav İung*. *["What is realized will not come back in the form of fate or a curse" – Carl Gustav Jung.]* B17. https://www.b17.ru/article/341565/

Vasilev, V. (2025, July 22). *Kognitivno-povedencheskaia terapia (KPT) v lechenii alkogolizma*. *[Cognitive behavioral therapy (CBT) in the treatment of alcoholism.]* B17. https://www.b17.ru/article/kpt_alkogolizm/

Zaikovski, P. A. (2020, April 20). *İnstrumenty kognitivno-povedencheskoi psihoterapii: Prakticheskoe rukovodstvo (seli, zadachi, strategii KPT)*. *[Tools of cognitive behavioral therapy: a practical guide.]* https://www.psycholog-rus.com/2017/04/20/tools-of-cognitive-behavioral-psychotherapy/

Dobson, D., & Dobson, K. (2018). Nauchno-obosnovannaja praktika v kognitivno-povedencheskoj terapii. [*Evidence-based practice in cognitive behavioral therapy*.] https://www.klex.ru/1ut4

Hatt, R. L. (2019). *Kognitivno-povedencheskaja terapija dlja podrostkov: rabochaja tetrad'.* [*Cognitive behavioral therapy for adolescents: A workbook*.] https://www.klex.ru/1ypa

Manning, J., & Ridgway, N. (2020). Praktika kognitivno-povedencheskoj terapii: rabochie listy i razdatochnye materialy. [*Practice of cognitive behavioral therapy: Worksheets and handouts*.] Kyiv. https://www.klex.ru/1545

Rego, S., & Feider, S. (2022). Kognitivno-povedencheskaja terapija dlja psihicheskogo zdorov'ja: rabochaja tetrad'. [*Cognitive behavioral therapy for mental health: A workbook*.] Kiev: Dialektika

Information about the authors:

Nagmanov N. – Doctoral Candidate, Department of General and Applied Psychology, Al-Farabi Kazakh National University, 050040, Almaty, Kazakhstan. E-mail: nurlan.nagmanov1981@gmail.com

Sadvakassova Z. – corresponding author, Candidate of Pedagogical Sciences, Associate Professor, Department of General and Applied Psychology, Faculty of Philosophy and Political Science, Al-Farabi Kazakh National University, 71 Al-Farabi Avenue, 050040, Almaty, Kazakhstan. E-mail: zuhrasad2@mail.ru

Komekbaeva L. – Candidate of Psychological Sciences, Associate Professor, «Q» University, Almaty, Kazakhstan, 125 Bayzakov Street, 050040, Almaty, Kazakhstan. E-mail: klk62@mail.ru

Авторлар туралы мәлімет:

Нагманов Н.Ж. – әл-Фараби атындағы Қазақ ұлттық университетінің жалпы және қолданбалы психология кафедрасының докторанты, 050040, Алматы, Қазақстан. E-mail: nurlan.nagmanov1981@gmail.com

Садвакасова З.М. – хат-хабар авторы, педагогика ғылымдарының кандидаты, доцент әл-Фараби атындағы Қазақ ұлттық университетінің Философия және саясаттану факультетінің жалпы және қолданбалы психология кафедрасының доценті, Алматы, 050040, әл-Фараби даңғылы, 71. E-mail: zuhrasad2@mail.ru

Көмекбаева Л.К. – психология ғылымдарының кандидаты, қауымдастырылған профессор, «Q» University, 050040, Алматы, Қазақстан, Байзақов көшесі, 125, Алматы. E-mail: klk62@mail.ru

Сведения об авторах:

Нагманов Н.Ж.– докторант кафедры общей и прикладной психологии КазНУ им.аль-Фараби, 050040, Алматы, Казахстан. E-mail: nurlan.nagmanov1981@gmail.com

Садвакасова З.М. – автор для корреспонденции, кандидат педагогических наук, доцент кафедры общей и прикладной психологии факультета философии и политологии КазНУ им.аль-Фараби, проспект аль-Фараби, 71, 050040, Алматы, Казахстан. E-mail: zuhrasad2@mail.ru

Комекбаева Л.К. – кандидат психологических наук, ассоциированный профессор, «Q» University, 050040, Алматы, Казахстан г. Алматы, ул. Байзакова, 125. E-mail: klk62@mail.ru