

# Chapter 27

## Cognitive Behavioral Therapy in Russia



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### The Russian Federation Country Overview

The Russian Federation is the largest country in Eurasia. It is also the largest country in the world by area, covering more than one-eighth of the Earth's inhabited land area, and the ninth most populous, with over 144 million people (Rogatchevski & Steinholt, 2017). Russia's capital, Moscow, is one of the largest cities in the world (Central Intelligence Agency, n.d.). It is also home to major urban centers such as Saint Petersburg, Novosibirsk, Yekaterinburg, Chelyabinsk, Nizhny Novgorod, Ufa, and Kazan. There are eleven time zones in the Russian Federation. It has a wide range of environments and landforms.

According to the Constitution, Russia is a semi-presidential republic (Central Intelligence Agency, n.d.). The president is the head of state and the prime minister is the head of government. The president is elected by popular vote for a 6-year term (eligible for a second term, but not for a third consecutive term). The ministries of the government are comprised of the prime minister and his deputies, ministers, and selected other individuals; all are appointed by the president on the recommendation of the prime minister (Central Intelligence Agency, n.d.).

Economically, Russia is considered to be an upper-middle income mixed economy with enormous natural resources, particularly oil and natural gas. It has the 12th largest economy in the world by nominal GDP and the sixth largest by purchasing power parity (PPP) (Central Intelligence Agency, n.d.). The country has the world's largest natural gas reserves, the eighth largest oil reserves, and the second

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largest coal reserves. Russia is the world's leading natural gas exporter and second largest natural gas producer, while also the largest oil exporter and the largest oil producer (Central Intelligence Agency, [n.d.](#)). Russia is the third largest electricity producer in the world and the fifth largest renewable energy producer, the latter because of the well-developed hydroelectricity production in the country.

Russia is quite diverse with over 160 different ethnic groups and indigenous peoples in Russia. The country's vast cultural diversity spans ethnic Russians with their Slavic Orthodox traditions, Tatars and Bashkirs with their Turkic Muslim culture, Buddhist nomadic Buryats and Kalmyks, Shamanistic peoples of the Extreme North and Siberia, highlanders of the Northern Caucasus, and Finno-Ugric peoples of the Russian North West and Volga Region (Braden, [2020](#); Bulayeva, [2006](#); Hartley, [2014](#); Holland, [2014](#); Imamutdinova, [2017](#)).

Russian philosophy is considered to be unique, and its uniqueness is based on the originality of the philosophical ideas, concepts, and issues characteristic of the many phenomena of Russian culture. The key issues of Russian philosophy were those of human spirituality, faith, life and its meaning, death, freedom, responsibility, good and evil, Russia's fate, etc. Russian religious philosophy provides individual spiritual anchorage by giving attention to the world of spirit. Russian religious and philosophical anthropology had developed the idea of searching the meaning of life long before ordinary people could see the timely character of such studies. These patterns of focus may be seen within the development of psychology and psychotherapy within the country.

## History of Psychotherapy in Russia

Psychotherapy, like any other branch of medicine, has its own history – as a science and practice of medicine. The history of psychotherapy in Russia can be broken down into two large (basic) periods. The first is pre-scientific, covering millennia, and the second, only the last two centuries are considered to be the scientific period of psychotherapy. The history of Russian psychotherapy is included as an integral part in the development of world psychotherapy. Description of the history of psychotherapy in Russia is based on two main criteria – the internal logic of the development of science and the impact of external socioeconomic, cultural factors (the historical background) on the development of psychotherapy as an aspect of psychiatry and, in a broad sense, on medicine, psychology, pedagogy, sociology, and philosophy.

For the beginning of psychotherapy in Russia, we start with the end of the nineteenth century, when the term “psychotherapy” appeared in the world practice of treatment of nervous diseases and came into use. The first period, when Russia was the origins and development of the practice of psychological assistance, free from political pressure and based on the entire previous experience of the development of the domestic and global scientific, cultural, and spiritual thoughts started in the 1870s. Over the next three decades, psychotherapy has been part of the psychiatry, and the neuropathology, determined in the areas of application, acquired its own

name; institutions specializing in the provision of psychotherapeutic assistance began to appear, the number of specialized publications and publications increased, and in particular, the journal *Psychotherapy* was first published in 1910.

In Russia, the study of hypnosis was examined by many prominent scientists of the time, and in the 1870s, the enhanced scientific development of hypnosis as a therapeutic method emerged. This, in turn, is a great influence on the clarification of the etiological role of psychogenic factors in the development of neuroses. It is our opinion that hypnosis was the beginning of all scientific psychotherapy, in all its variety of methods.

In Russia, interest in psychoanalysis was mediated by clinical testing of Freud's hypotheses and had both his supporters and critics. The internal logic of the development of Russian psychotherapy was consistent with the theoretical studies of such leading world scientists as academicians Bekhterev and Pavlov. Experimental study of higher nervous activity in Pavlov's laboratories, selection of types of nervous activity (physiological equivalent of temperament), and interrelations between the first and the second signal systems led to theoretical justification of experimental neuroses, which Pavlov transferred to the clinic of nervous diseases. This was the methodological basis of pathophysiological theories of neurosis and psychotherapy and was called Pavlovskaya psychotherapy.

As the first psychoanalytic movement spread globally, after the revolution of 1917, there was a rise of psychoanalysis in the Soviet Union with receipt of state support in the 1920s. In 1922, the Russian psychoanalytic society was formed in Moscow. In the 1930s, Birman developed the deep analytical and dialectical psychotherapy, assigning a leading role to remedy perverse targeted socio-reflex installation of neurotic personality by socio-reflexology.

In the 1930s–1940s, pathogenetic psychotherapy was developed in Leningrad, the theoretical basis of which was the psychology of relations. Myasishcheva (1893–1973) a pupil of Bekhterev, Lazursky, Basova, and Myasishchev developed theoretical ideas about the relationship of the individual and the environment of his teachers and developed the concept of psychology of the individual as a system of individual relations to reality, in contrast to the usual understanding, considering the individual as a system of functions. On the basis of psychology of relations, in 1939 Myasishchev formulated the clinical and pathogenetic concept of neuroses. Here, the main pathogenic link in the emergence of neurotic disorders are contradictions in the trends and possibilities of the individual with the requirements and opportunities provided by the environment and perceived by the individual as insoluble. Theoretical principles of V. N. Myasishchev was developed by his associates, disciples, and followers of E. S. Averbuch, E. K. Yakovleva, T. Y. Chilibeck, R. A. Shchepetkin, and A. J. Strumica. These were the origins of the Leningrad (St. Petersburg) school of personality-oriented psychotherapy. Another important figure was S. I., Kanstoroom (1890–1950) who developed an original approach, called activating psychotherapy. The purpose of this approach was restructuring inadequately experiencing and reacting psyche not only and not so much by verbal appeal to the intellect and emotions of the patient, to his perception of the world and world-view, but through the change and correction of his relationship.

In the history of the country, these years (late 1960s–mid-1980s of the twentieth century) are the era of Khrushchev’s thaw and Brezhnev’s political stagnation. For the development of psychology and psychotherapeutic practice, it became a time of revival and loosening of the dogmatism of Pavlovsky ideas.

In the mid-1960s, the rise of interest in psychology was reflected in the opening of the psychological faculties at Moscow State University and some other universities in the country. At the base of the Institute of Psychology in the system of Academy of Sciences (1971), the introduction in the universities the specialization in medical psychology, called the Moscow psychoanalytic society. In 1990, Belkin founded the Russian psychoanalytic Association.

In the late 1980s Gestalt therapy, psychodrama (1996), neuro-linguistic programming (1989), existentially humanistic psychotherapy (1993, the first Russian-American conference, which marked the beginning of a long-term educational program), systemic family psychotherapy (1998, the emergence of a society of family consultants and psychotherapists), cognitive-behavioral therapy, and classical and modern psychoanalysis came to Russia.

Today, psychotherapy has a rapid development, as the demand for effective methods of psychotherapy, and not only in the health-care system, has increased significantly. Today there is an increase in the quality of psychotherapeutic assistance offered in Russia. More intensive use of psychotherapy also puts pressure on the scientific arm of psychology to conduct research to evaluate the effectiveness of psychotherapeutic methods.

## **Regulation of Work of Psychologist and Psychotherapist**

Russian legislation stipulates that psychotherapy can only be conducted by medical doctors who have received additional specializations in psychiatry and psychotherapy (“Mental Health in Russia,” 2021). Every 5 years specialists are required to reapply for their specialization certification through participating in continuous professional education. Psychotherapy can only be officially practiced in official medical settings or by private licensed therapists. Psychologists can practice psychological counseling after receiving a university degree in psychology or clinical psychology. No licensing is necessary for practicing psychological counseling. Additional training in certain psychotherapeutic modalities (i.e., CBT, family therapy) is strongly encouraged but is not required. A list of the current law regulating the work of psychologists and psychotherapists is available in the link [http://www.psy.msu.ru/science/public/psy\\_prof/lows.html](http://www.psy.msu.ru/science/public/psy_prof/lows.html) (“List of Normative,” n.d.).

## Beginning of CBT in Russia

The first presentation of cognitive-behavioral therapy (CBT) to the Russian professional community took place in 1996 when two leading specialists from the Moscow Research Institute of Psychiatry, Professor Alla Kholmogorova and Doctor Natalia Garanian, prepared a special edition of the Moscow Psychotherapeutic Journal dedicated especially to CBT. Doctor Aaron Beck kindly agreed to write the forward this remarkable edition as well as giving his permission to publish a translation of two chapters from his well-known book *Cognitive Therapy and Emotional Disorders*. The chapters described the main principles and basic techniques of CBT as well as its practical application for the treatment of depression and were translated by Dr. Garanian and for the first time presented to a Russian professional audience. Further, the issue included several reviews of international literature on CBT as well as an interview with a leading Russian therapists where they discussed their views on future of CBT in Russia and possibility of its integration into local psychotherapeutic practice (Beck, 1996). Interestingly, some specialists strongly believed that CBT will find its place in Russian psychotherapy, but some were skeptical about its future.

Since 1996, the interest in cognitive-behavioral therapy continued to grow, and in 1998 Professor Kholmogorova and Doctor Garanian started training at the Beck Institute in Philadelphia, USA. By 1998, the first regular training program for Russian mental health providers was established by these specialists in Moscow.

The first chapter dedicated to cognitive-behavioral therapy in the Russian language was published in 2000 in the Handbook of Modern Approaches in Psychotherapy (Kholmogorova & Garanian, 2000). Ten years later in 2011, the first manual on CBT for depression and anxiety became available for Russian mental health providers (Kholmogorova & Garanian, 2011). Both of these publications represented significant milestones in popularizing CBT among Russian specialists.

In 2001, the second special edition of the Moscow Psychotherapeutic Journal dedicated to cognitive therapy was published. At that time, it already included articles with results of scientific work by Russian psychologists and cognitive therapists in the area of psychological treatment of s, as well as psychological work with perfectionism (Kholmogorova, 2001a; Garanian et al., 2001). Moreover, in this issue Prof. Kholmogorova presented her unique work where she compares the theoretical framework of Beck's Cognitive Psychotherapy, L.S. Vygotsky's Cultural Historical Psychology, and other Russian "schools" of psychology (Kholmogorova, 2001b). This article by Prof. Kholmogorova became recently available for English speaking readers when it was published at *Revue Internationale Du CRIRES: Innover Dans La Tradition De Vygotsky* (Kholmogorova, 2017). Since 2001 publications dedicated to CBT became more common and started to appear in major Russian scientific journals. During the last decade, several major publications presented discussed developments on CBT in Russia, and the process of integration of Russian therapists and researchers into the international community was made in the English language (Kholmogorova & Garanian, 2010; Kholmogorova et al., 2012; Kholmogorova & Volikova, 2015).

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## **Professional and Cognitive-Behavioral Therapy Organizations**

Currently, there are three active CBT associations in Russia. All three associations provide training programs and are involved in research and the popularization of CBT in Russia.

### ***Association of Cognitive-Behavioral Psychotherapy (Saint-Petersburg)***

The association of cognitive-behavioral psychotherapy was established in 1999 in St. Petersburg. The current leaders of the Association are Dr. Dmitry Kovpak, Dr. Andrey Kamenyukin, Dr. Yulia Yerukhimovich, Dr. Alexandr Fedorov, Dr. Snezhana Zamalieva, and other specialists. The honorary members are Dr. Aaron Back, Dr. John Viterito, and Dr. Robert Leahy. It has more than 750 members and 16 branches in the regions of Russia, as well as abroad, and unites professionals in the field of mental health: psychiatrists, psychotherapists, and psychologists. Individual members of the Association were trained at the Beck Institute in Philadelphia (USA), the Ellis Institute in New York (USA), the Oxford Center CPT (Great Britain), Center for Mindfulness (Massachusetts Medical School), and other international centers for teaching cognitive and behavioral therapy.

The Association conducts training programs of various levels – basic, advanced, and supervisory, each of which includes more than 200 hours of theory, practice, and supervision. Those educational programs have been conducted since 1999 in more than 23 cities of Russia, Belarus, Estonia, Ukraine, and other countries. In 2012–2013, the Association, together with the Positive Wave Foundation,

conducted work on the prevention of AIDS and the correction of psycho-emotional disorders in HIV-infected citizens in Russia and Estonia within the framework of the EU-Russia cross-border cooperation project. In November 2018, the annual International Suicide Survival Day took place in Russia.

### ***Association of Cognitive-Behavioral Therapists (Moscow)***

This association was established in 2014 through the initiative of clinical psychologist, director of the Center of Cognitive Therapy in Moscow, Doctor Yakov Kochetkov (current president of Association), and a group of young and active cognitive therapists. The main goal of the Association is to provide CBT training that matches international standards. In 2016, the Association became a full member of European Association of Behavioral and Cognitive Therapies (EABCT) and initiated an international education program for Russian specialists. This program includes regular training with famous CBT therapists in Moscow (Dr. Stefan Hofmann, Dr. Jurgen Margraf, Dr. Tomas Kalpakoglou, Dr. David Clark, Dr. Helen Macdonald and other outstanding specialists). Association members receive international supervision on a regular basis as well.

Membership in the Association is at two levels: a) simple, available for all mental health providers that have received at least basic training in CBT, and b) accredited members, available for CBT therapists who received training in CBT in accordance with European standards and have passed the qualification exam (“Training, Supervision,” n.d.). The Association includes several regional branches located in different parts of Russian Federation (Voronezh, Vladivostok, Orenburg, Perm, Ufa, Saint-Petersburg, Nizhny Novgorod, and others). Regional branches provide training programs for local specialists in line with international standards. Moreover, the Association includes several sections that provide training in developing special branches of cognitive-behavioral therapy: a) Section of Schema Therapy (chair: Dr. Aleksandra Yaltonskaya); b) Section of Dialectical-Behavioral Therapy (chair: Dr. Dmitrii Pushkarev); c) Section of Sexology (chair: Dr. Amina Nazaralieva); d) Section of Metacognitive Therapy (chair: Dr. Denis Moskovchenko); e) Section of Acceptance and Commitment Therapy (chair: Nikita Chernov); and f) Section of CBT for Psychosis (chair: Dr. Alexandr Elichev). Biannually the Association organizes all Russian conference with active international participation on CBT.

### ***Society of Cognitive Therapists and Counselors (Moscow)***

The Society was established in 2012 by Prof. Kholmogorova and Dr. Garanian, the first Russians certified by the Academy of Cognitive Therapy (USA) CBT therapists (“Kholmogorova Alla Borisovna,” n.d.; “Garanian Natalia Georgievna,” n.d.). The main goals of the Society are to provide high-quality training for specialists,

conduct research, support therapists, and spread knowledge about CBT in their local communities. The Association provides a regular two-year program for cognitive-behavioral therapy for affective and personality disorders, as well as regular group supervision. The association closely collaborates with Faculty of Clinical Psychology at the Moscow State University of Psychology and Education that allows active involvement into research in the area of CBT. On top of that the association conducts activities to analyze, develop, and monitor ethical aspects of CBT therapists working in Russia.

Web-site: <http://cognit-therapy.ru/>

## **CBT with Specific Clinical Populations**

Patients with all types of mental disorders or psychological difficulties can receive CBT in different regions of Russia. Different approaches connected to CBT such as DBT, schema therapy, mindfulness, acceptance, and commitment therapy are also available for patients. These treatments are available mostly in Moscow, Saint Petersburg, and few other large Russian cities. During the last 3–5 years, the number of specialists trained in CBT has significantly increased, and more and more people from different regions of the country can receive evidence-based psychological help. This happened mostly due to intensive educational activity of abovementioned associations. Unfortunately, there is practically no insurance coverage for CBT treatment in Russia, which means that patients must financially cover the treatment by themselves.

### ***Dialectical Behavioral Therapy (DBT) in Russia***

Several DBT teams offer their help in Moscow and Saint Petersburg for patients with high suicide risks, borderline-personality disorder, addiction, and eating disorders. This training in DBT for professionals has been available since 2015 by Drs. Dmitrii Pushkarev and Amina Nazaralieva at the Mental Health Center with the support of Linehan Institute (USA) (“Ambassadors,” n.d.).

### ***Schema Therapy in Russia***

Patients with different types of personality disorders can receive schema therapy in Moscow, Saint Petersburg, and Voronezh. The training of specialists in this area is available by the Schema Therapy Institute of Saint Petersburg which was established by Dr. Paul Kasyannik and his team and at the Schema Therapy Institute of Moscow established by Dr. Aleksandra Yaltonskaya, Dr. Joan Farrell, and Ida Shaw



from the Schema Therapy Institute of the Midwest (USA) and International Society of Schema Therapy (ISST) made significant contributions to the establishment of these training programs in Russia.

### ***Acceptance and Commitment Therapy (ACT) in Russia***

ACT and other types of contextual behavioral therapies are available for patients suffering depression, anxiety disorders, psychosis, and other disorders. The Center of Contextual Behavioral Therapy organized by Nikita Chernov and Nikolai Pavlov provides training and practical help in this area.

### ***Mindfulness-Based Interventions in Russia***

Mindfulness programs are available for patients suffering from anxiety disorders and depression and for those who are experiencing a high level of distress. Special programs are also developed for organizations to train the employees how to manage stress and develop emotional intelligence. The Mindfulness Studio #1 was developed by Dr.Snezhana Zamalieva as an online platform and offline studio as well.

### **Research on CBT in Russia**

Current scientific activity in the area of psychotherapy in general and in cognitive-behavioral therapy in particular is limited in Russia (“Mental Health in Russia,” 2021). However, there are several research groups that concentrate their efforts of studying cognitive and behavioral aspects of certain disorders and the application of different forms of CBT to its treatment. The pioneers in this area are the group headed by Prof. Kholmogorova and Dr. Garanian. Their scientific work is dedicated to affective disorders, anxiety disorders, and psychosomatic disorders and their psychotherapeutic treatment. The researchers developed a multifactorial model of affective disorders that includes macro-social, familial, individual, and interpersonal components. When problems arise related to macro-social, familial, individual, and interpersonal issues, this can lead to the development of depression and/or anxiety. Treatment can then be targeted to address the particular level of the problem (Kholmogorova & Garanian, 1998a; Kholmogorova, 2011b). The research group shows that integrative psychotherapy is particularly effective for the treatment of chronic affective disorders; this includes a combination of CBT and systemic family therapy (Kholmogorova & Garanian, 1998b; Garanian & Kholmogorova, 2013). Other groups of researchers led by Prof. Natalia Sirota and

Prof. Vladimir Yaltonsky from Faculty of Clinical Psychology at the Moscow State University of Medicine and Dentistry, named after A.I. Evdokimov, concentrate their scientific efforts on understanding psychological aspects including factors of cognitive vulnerability and coping behavior among people with substance abuse problems and chronic somatic illnesses (i.e., cancer survivors, cystic fibrosis, etc.). The research group develops and assesses the effectiveness of short-term cognitive-behavioral interventions for the abovementioned population of patients. Doctor Denis Moskovchenko conducts research of effectiveness of cognitive-behavioral interventions for cancer patients in different stages of treatment (Buizman et al., 2007; Sirota et al., 2016).

The first research into the effectiveness of group cognitive-behavioral therapy for the treatment of depression among a Russian inpatient group was conducted by Dr. Alexandra Yaltonskaya. The research showed that brief CBT applied in a group format in combination with treatment as usual (mostly pharmacological) for inpatients with non-psychotic depression can significantly improve the long-term prognosis for patients and reduce their chances of relapses during a 1-year follow-up. The application of CBT in a group format significantly increases patient access to this evidence-based psychological treatment. This fact is particular important for Russia when taking into account the presence of a universal health care system that covers predominantly psychopharmacological treatment for all forms of mental disorders (Yaltonskaya, 2013).

The research group headed by Prof. Kholmogorova from the Federal Research Center of Psychiatry and Addiction named after V.P. Serbsky (Moscow) and the group chaired by Dr. Aleksandr Elichev from the Scientific Psychoneurologic Institute named after V.M. Bekhterev (Saint-Petersburg) independently developed and assessed effectiveness of protocols of cognitive-behavioral therapy for psychotic disorders among a Russian population (Kholmogorova, 2011a; Turkington, 2007).

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