

# Cognitive Behavioral Therapy: Recent Advances and Effectiveness

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## Abstract

All throughout the world, people use cognitive behaviour therapy (CBT), an evidence-based treatment, with similar behavioural and cognitive integrity. A diverse array of emotional challenges and mental health conditions can be effectively addressed and managed through cognitive behavioural therapy. Throughout this article, we will examine a variety of literature that has investigated the efficacy and recent advancements of cognitive behavioural therapy. This review highlights that Cognitive Behavioral Therapy (CBT), including its third-wave approaches emphasizing mindfulness and acceptance, is effective in reducing psychological distress, anxiety, and depressive symptoms across diverse populations. Group-based CBT shows strong outcomes for anxiety reduction, while CBT-ED demonstrates promise for treating eating disorders, particularly in youth. The integration of digital and traditional CBT delivery models enhances accessibility and patient comfort but must ensure treatment fidelity. Though benefits are statistically significant, they often reflect modest effect sizes, emphasizing the need for individualized treatment dosing and sustained practice. Long-term efficacy and booster sessions warrant further investigation for lasting outcomes.

*Keywords: Cognitive Behavior Therapy (CBT), Cognitive and Behavioral Fidelity, Psychological Distress, Anxiety, Depression, Psychiatric Disorders.*

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## 1 Introduction

A organised, scientific, and evidence-based psychotherapy, cognitive behaviour therapy (CBT) aims to change dysfunctional (inaccurate/unhelpful) thought and behaviour that is a feature of some mental

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illnesses. CBT is not exclusively cognitive modification, despite the fact that the term "cognitive" implies that the treatment is heavily reliant on thought processes. Effective cognitive behavioural therapy must address all facets of an emotional problem, including maladaptive behaviours, the experience side of emotions, and the intellectual side of cognitions [1]. CBT refers to a family of treatments for anxiety and depression that share the fundamental elements of the CBT paradigm, which emphasises the importance of thought processes and behaviour in regulating emotions. Using depression as a model, cognitive behavioural therapy's general therapeutic process is divided into several stages, emphasising different therapeutic mechanisms (i.e., building a therapeutic relationship, engaging in collaborative empiricism, and managing maladaptive thoughts and behaviours) [2].

A cognitive behavioural therapy case formulation serves as the foundation for every therapy session and gives direction for the treatment plan. The initial stages in any typical therapy session are to set an agenda (current difficulties) and then cognitively recreate maladaptive cognitions (bad automatic thoughts, ideas, and framework) [3]. A summary and homework assignment are prepared at the conclusion of the session to help the patient apply the specific concepts and abilities gained to their own real-life challenges [4]. All therapeutic steps are transparent and well-reasoned. The topics covered in therapy sessions go from automatic, surface-level thinking to more profound beliefs and schemas. Prior to cognitive therapies, behavioural activation techniques are used if the patient has significant psychomotor retardation. Didactic or Socratic methods are used to teach cognitive restructuring techniques. The therapist uses the didactic technique to explain the idea of cognitive distortion, talk about the many kinds of distortions, and then apply those concepts to real-world situations [5], [6].

#### **A. Cognitive Behavioral Therapy**

Cognitive behavioural therapy (CBT) is a kind of psychological treatment that has shown promise in treating a number of conditions, including eating disorders, severe mental illness, drug and alcohol misuse, anxiety disorders, depressive disorders, and marital problems. A significant improvement in quality of life and functioning is demonstrated by a multiplicity of research studies that support cognitive behavioural therapy (CBT). Numerous investigations have demonstrated that "cognitive behavioural therapy (CBT)" is equally or more effective than psychiatric medications or other forms of psychological treatment [7].

It is important to emphasise that research and clinical practice have both aided in the development of CBT. In actuality, a large body of scientific evidence demonstrates the efficacy of CBT and the developed techniques. In this regard, CBT differs from a lot of other forms of psychological treatment [8]. One of the fundamental concepts upon which CBT is based is:

- Ineffective or faulty cognitive processes are among the underlying causes of psychological problems.
- An important contributing element to psychological problems is learnt patterns of destructive conduct.

- The development of more effective coping techniques may help persons with psychiatric disorders manage their symptoms and become more productive in life.

### **B. Advances in CBT**

In recent years, there have been significant advancements in cognitive behavioural therapy (CBT), such as the introduction of novel treatment methods that have become collectively referred to as "third wave therapies."

Behaviours are the focus of the initial wave of cognitive behavioural therapy therapies. In order to lessen anxiety, exposure therapies enable patients to mindfully, safely, and usually progressively face the things that make them feel afraid. People may boost their mood by engaging in behaviours that enhance their feeling of enjoyment, achievement, and social connection thanks to behavioural activation [9].

People's attitudes and beliefs are prioritised in the second wave of cognitive behavioural therapy (CBT) interventions. Helping individuals think more positively and realistically may enhance their quality of life and lessen symptoms, as shown by the groundbreaking work of Albert Ellis, Aaron Beck, and others [10].

In order to enhance people's emotions and quality of life, the third wave of cognitive behavioural therapy places a strong focus on the importance of emotion as well as the use of acceptance and mindfulness. "Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT)" are two of the most important Third Wave treatments.

Recent studies have shown the value of methods from all three of CBT's "waves" in symptom reduction and quality of life enhancement. It is impossible for any single technique to be more effective than another in regards to all issues. Additionally, there is some evidence that the most favourable long-term outcome may be achieved by integrating techniques from various phases of CBT [9].

### **C. "Third wave" cognitive behavioral therapies**

Behaviourism (i.e., classical conditioning, operant conditioning) defined the "first wave" of behavioural treatments. Albert Ellis and Aaron Beck contributed to the development of the second wave of behavioural treatments by incorporating a person's ideas and beliefs in order to comprehend and alter emotion and behaviour, such as depression, through cognitive behavioural therapy (CBT) [11].

Traditional cognitive behavioural treatment methods have evolved and expanded into a new class of psychotherapy known as "third wave" cognitive behavioural treatments. Reducing or eliminating emotional and psychological issues is often a byproduct, but third wave therapies prioritise the whole improvement of behavioural and psychological processes associated with health and wellbeing [9]. Ideas like acceptance, mindfulness, metacognition, spirituality, and personal values are often integrated into what would be seen as conventional behavioural therapies. Third wave behavioural therapists are more interested in the context, processes, and goals of an individual's reactions to internal experiences (i.e., ideas, wants, and emotions) than in the content of that individual's thoughts and internal experiences [12]. "Behavioural activation and systematic desensitisation (e.g., exposure therapy)" are among the

numerous strategies and interventions that third-wave cognitive behavioural therapies adopt to supplement traditional cognitive behavioural interventions [13].

#### **D. Effectiveness of Cognitive Behavioral Therapy**

"Cognitive behavioural therapy (CBT)" was developed in the 1960s by psychiatrist Aaron Beck, who saw that certain thought patterns were associated with emotional problems. Through this, Beck developed the cognitive therapy method and came up with the phrase "automatic negative thoughts" [14]. While prior behaviour therapies have mostly focused on connections, incentives, and punishments to alter conduct, the cognitive approach looks at how thoughts and emotions impact behaviour. Currently, one of the most studied therapies is cognitive behavioural therapy. It has been shown to be effective in treating a wide range of mental conditions, including "depression, eating disorders, insomnia, anxiety, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and drug use disorder" [15].

- Studies show that cognitive behavioural therapy is the most successful treatment for eating problems.
- Cognitive behavioural therapy (CBT) has shown effectiveness in treating mood disorders like depression and physical illnesses like pain that interfere with sleep.
- Children and teens with signs of anxiety and sadness may benefit from cognitive behavioural therapy, according to research.
- Cognitive behavioural therapy provides a solid scientific basis for treating drug use disorders. It helps people with these conditions acquire coping mechanisms for daily stressors, avoid triggers, and become more self-controllable.
- Part of the reason CBT is one of the most studied forms of therapy is because it focusses on very defined objectives and outcomes are easy to assess.

## **2 Literature Review**

(Gkintoni et al., 2025) [16] In order to increase accessibility, improve treatment adherence, and maximise therapeutic results for depression, this systematic review attempts to provide the most recent advancements in next-generation cognitive behavioural therapy treatments, including digital support systems, teletherapies, and customised treatment modules. Results show that NG-CBT therapies preserve clinical efficacy while increasing treatment accessibility and participation. Teletherapy systems provide scalable and affordable substitutes for conventional therapy, while personalised digital tools improve adherence. With new, easily available, and high-quality treatment techniques, these advancements hold considerable potential for improving quality of life and reducing the worldwide burden of depression.

(Velten et al., 2025) [17] In controlled trials, practice-based evidence has become a significant supplementary paradigm. The results of the KODAP initiative, a major research-practice network at German university outpatient clinics, are presented in this paper. All clinics used standardised diagnostic clinical interviews to obtain clinical diagnoses, which covered a broad spectrum of psychopathology.

Throughout therapy, 3.4% of patients reported no change, "while only 1.9% of patients reported worsening symptoms", as indicated by direct evaluations of change. Overall, the results show that multi-site naturalistic research initiatives are feasible, and specifically that outpatient cognitive behavioural treatment is effective in German university outpatient clinics.

(De Silva et al., 2024) [18] This study aimed to determine the efficacy of "a universal school-based intervention" in reducing anxiety among Grade 9 pupils. A qualified instructor provided a CBT-based universal intervention program to a randomly selected Grade 9 class in each study arm school on a weekly basis "for eight weeks, followed by a month of self-practice". Regular care was given to the control arm. At the end of the intervention and three months later, the generalised estimation equation (GEE) was employed to compare the anxiety and self-esteem ratings of the two arms, as well as their depression status, to account for confounding and clustering. This investigation demonstrated that adolescents' anxiety levels and self-esteem metrics are enhanced by the universal bundle, which is founded on cognitive behavioural therapy (CBT).

(Krause et al., 2024) [19] This study examined the effectiveness of cognitive behavioural therapy (CBT) in the long-term ( $\leq 2$  years after therapy stopped) routine care of "adolescents with primary anxiety disorder (AD) (mean age: 11.95 years; SD = 3.04 years)". In the "Kids Beating Anxiety (KibA)" clinical study, 210 children with any main diagnosis of AD and any comorbidity were given evidence-based cognitive behavioural therapy. For children with ADs, using treatment manuals assessed in randomised controlled trials produced consistent, long-term effects of "KibA" CBT that mirrored results from efficacy studies conducted in a typical practice setting. These results are noteworthy since the patient group under study was in the age range that is most at risk of acquiring additional mental illnesses. The long research period would thus be expected to see an increase in "new-onset anxiety and other mental illnesses".

(Murphy et al., 2024) [20] As part of that trial, we present our collaboration with a client who completed a 12-week CBT-SE course. Although homework is an essential component of CBT, it is even more crucial in CBT-SE due to the increased focus on skill development. This client's treatment plan demonstrates the potential benefits of giving skill development top priority and using focused homework assignments to encourage mastery and ongoing use of CBT procedures. This client's experience demonstrates methods for promoting skill development and reaffirms the need of concentrating on CBT skills. Given the data demonstrating the therapeutic effectiveness of CBT skills and the shown benefits of homework assignments, we encourage the adoption of skill-enhancing strategies, such as in-session protocols and assignments that help clients build and sustain ongoing skill use.

(Waller & Beard, 2024) [21] More effective treatments are needed for eating disorders than what is now offered. Although the most evidence supports the usefulness of "cognitive behavioural treatment for eating disorders (CBT-ED)", it still needs significant development to increase its reach, improve its results, and lower relapse rates. The main developments noted here are: increased applicability to younger patients throughout eating disorder durations; new techniques; and enhancements in "the effectiveness and accessibility of CBT-ED". The discipline of CBT-ED has made significant recent

progress. Future research and therapeutic paths are suggested, however it is crucial to emphasise that there are still gaps in our body of knowledge and clinical expertise.

(O'Donnell et al., 2022) [22] This succinct paper outlines the difficulties faced by mental health professionals when incorporating technology advancements in cognitive behavioural therapy (CBT) into their work with a varied clientele and offers solutions. The authors list the following five major obstacles to using technology-driven cognitive behavioural therapy: building a therapeutic alliance; being a good fit for clients from marginalised and culturally diverse backgrounds; access issues related to geography and economics; ethical and legal issues; and having the necessary skills for CBT practice, training, and supervision. More people from underprivileged neighbourhoods may be treated by clinicians thanks to technological advancements in cognitive behavioural therapy. Current challenges compel therapists across the board to ensure that their work is consistent with the ethics, beliefs, and research of cognitive behavioural therapy (CBT) and that the most effective CBT intervention can be integrated into all aspects of mental health treatment.

(Mohammad Kianbakht & Khan, 2019) [23] Some early studies have focused on cognitive behavioural treatment for anxiety disorders. The research used a quasi-experimental design with two groups and a pre-post test as well as a three-month follow-up period. Cognitive behavioural therapy was administered to every patient. Across three time periods, there was a substantial difference in the intensity of apprehension ( $p<0.05$ ). The study came to the conclusion that cognitive behavioural therapy was an effective way to help clients feel less anxious. For those seeking therapy for anxiety in primary care settings, these results may help guide personalised care and add to the larger body of research on treatment heterogeneity.

(Selvapandiyam, 2019) [24] Cognitive behaviour therapy (CBT) is an evidence-based treatment that practitioners throughout the globe share in terms of cognitive and behavioural integrity. The state of "cognitive behavioural therapy (CBT)" in India is the main topic of this study, which is based on an examination of published Indian CBT research. There is a dearth of publications on CBT among Indians. The detected practice flaws throughout the published studies may jeopardise the overall effectiveness of the internationally validated CBT therapies. In order to oversee the use of CBT in India, quality control procedures had to be implemented.

### **3 Research Gap**

There are still a number of study gaps despite the overwhelming evidence that Cognitive Behavioural Therapy (CBT) is beneficial. There is a dearth of research on the prevention of relapse and the long-term efficacy of treatments, as the majority of studies concentrate on short-term results. Additionally, third-wave CBT techniques like Mindfulness-Based "CBT and Acceptance and Commitment Therapy (ACT)" lack standardised methods, especially when it comes to varied groups. The integration of digital and remote CBT services shows promise but requires further evaluation regarding therapist fidelity, user engagement, and clinical outcomes. Additionally, comparative studies assessing CBT's effectiveness

against other therapeutic modalities in specific mental health conditions remain insufficient, highlighting a need for broader, inclusive research.

#### **4 Research Objective**

- In this article study the recent advances and effectiveness cognitive behavioral therapy.
- Study the “third wave” cognitive behavioral therapy.
- Study the various literature’s work on recent advances and effectiveness cognitive behavioral therapy.

#### **5 Research Methodology**

This review paper adopts a qualitative research methodology, utilizing secondary data and an extensive literature review to examine recent advances and the effectiveness of Cognitive Behavioral Therapy (CBT). The study critically analyzes academic journals, scholarly articles, official reports, and case studies published between 2013 and 2025 to provide a comprehensive and up-to-date understanding of the subject. Emphasis is placed on evaluating both traditional and third-wave CBT approaches, their clinical outcomes across various mental health conditions, and the integration of digital delivery methods. This methodology enables an in-depth exploration of CBT’s evolving practices, therapeutic impacts, and implications for mental health care systems.

#### **6 Conclusion**

The "third wave" techniques that stress acceptance, emotion control, and mindfulness are among the notable developments in Cognitive Behavioural Therapy (CBT) that are highlighted in this article. Together with conventional CBT procedures, these approaches have shown efficacy in lowering anxiety, depressive symptoms, and psychological discomfort in a variety of mental health disorders. Group-based CBT has shown notable success in anxiety management, with patients reporting significant improvements in both emotional and functional outcomes. CBT for eating disorders (CBT-ED) demonstrates promise, but challenges such as clinician adherence to protocols and the need for comparative research with family-based therapy (FBT) remain. The integration of CBT into healthcare systems and psychological clinics is strongly recommended, especially for addressing anxiety and depression. Moreover, the increasing role of digital and teletherapy-based CBT services has expanded access to care, though they should complement rather than replace traditional face-to-face therapy. The review underscores the significance of personalised treatment plans, which may include long-term efficacy enhancement sessions and dosage adjustments. While the observed effects are statistically significant, they are modest, indicating variability in individual outcomes and underscoring the need for continued reinforcement of CBT skills. Ongoing research is necessary to ensure sustainability and improve clinical effectiveness across diverse populations.

## References

- [1] H. D. H. Kariri and A. Almubaddel, “From theory to practice: Revealing the real-world impact of cognitive behavioral therapy in psychological disorders through a dynamic bibliometric and survey study,” *Heliyon*, vol. 10, no. 18, 2025, doi: 10.1016/j.heliyon.2025.e43392.
- [2] S. Bhattacharya, C. Goicoechea, S. Heshmati, J. K. Carpenter, and S. G. Hofmann, “Efficacy of Cognitive Behavioral Therapy for Anxiety-Related Disorders: A Meta-Analysis of Recent Literature,” *Curr. Psychiatry Rep.*, vol. 25, no. 1, pp. 19–30, 2023, doi: 10.1007/s11920-022-01402-8.
- [3] A. E. Arianti, “Effectiveness of cognitive behavioral therapy (CBT) in increasing academic resilience in students: Literature review,” *Cypriot J. Educ. Sci.*, vol. 19, no. 1, 2024, doi: 10.18844/cjes.v19i1.9248.
- [4] S. Nambiar, M. Munivenkatappa, and S. S. Arumugham, “Efficacy of brief cognitive behavior therapy in improving symptoms, functioning, and adherence to treatment in patients with bipolar disorder in remission: A randomized control study,” *Indian J. Psychiatry*, vol. 66, no. 11, pp. 1050–1058, 2024, doi: 10.4103/indianjpsychiatry.indianjpsychiatry\_445\_24.
- [5] V. AVSAR and S. A. SEVİM, “The Effectiveness of Cognitive Behavioral Therapy Including Updating the Early Life Experiences and Images with the Empty Chair Technique on Social Anxiety,” *Int. J. Assess. Tools Educ.*, vol. 9, no. 1, pp. 181–202, 2022, doi: 10.21449/ijate.1062613.
- [6] D. B. B. Kotikalapudi and D. S. Sheibani, “Analysis of Depression in Married Women: A Quantitative Exploration of PHQ-9 Responses on Neuropathogenesis,” *Int. J. Innov. Sci. Eng. Manag.*, vol. 4, no. 1, 2025, doi: 10.69968/ijisem.2025v4i1234-240.
- [7] D. David, I. Cristea, and S. G. Hofmann, “Why cognitive behavioral therapy is the current gold standard of psychotherapy,” *Front. Psychiatry*, vol. 9, no. JAN, pp. 6–8, 2018, doi: 10.3389/fpsyg.2018.00004.
- [8] N. G, K. A, and G. S, “The Effectiveness of Cognitive Behavioral Therapy (CBT) on Students’ Test Anxiety,” *Sci. Publ. LLC. / Forecast*, vol. 4, no. 2, p. 1027, 2021, [Online]. Available: <https://scienceforecastoa.com/>
- [9] M. Mehta, “New advances in cognitive behavioral therapy,” *J. Indian Assoc. Child Adolesc. Ment. Heal.*, vol. 14, no. 2, pp. 12–30, 2018, doi: 10.1177/0973134220180202.
- [10] S. Mulkens and G. Waller, “New developments in cognitive-behavioural therapy for eating disorders (CBT-ED),” *Curr. Opin. Psychiatry*, vol. 34, no. 6, pp. 576–583, 2021, doi: 10.1097/YCO.0000000000000745.
- [11] S. G. Hofmann, A. Asnaani, I. J. J. Vonk, A. T. Sawyer, and A. Fang, “The Efficacy of Cognitive Behavioral Therapy: A Review of Meta- analyses,” *NIH Public Access*, 2013, doi: 10.1007/s10608-012-9476-1.The.
- [12] S. Pegg, K. Hill, A. Argiros, B. O. Olatunji, and A. Kujawa, “Cognitive Behavioral Therapy for Anxiety Disorders in Youth: Efficacy, Moderators, and New Advances in Predicting Outcomes,” *Curr. Psychiatry Rep.*, vol. 24, no. 12, pp. 853–859, 2022, doi: 10.1007/s11920-022-01384-7.

- [13] E. A. Selby, “Looking to the Future with a Cognitive-Behavioral Lens: The Inaugural Edition of the International Journal of Cognitive Behavioral Therapy,” *Int. J. Cogn. Behav. Ther.*, vol. 18, no. 1, pp. 1–8, 2025, doi: 10.1007/s41811-025-00248-1.
- [14] S. R. Romita and L. Gietzen, “The Effectiveness of Cognitive Behavioral Therapy (CBT) and Medication for Treating Major Depressive Disorder in Adults 18–45 and Factors Contributing to Treatment Resistance : A Case Series,” *Pacific J. Heal. Vol.*, vol. 8, no. 1, 2024.
- [15] M. Nakao, K. Shirotsuki, and N. Sugaya, “Cognitive–behavioral therapy for management of mental health and stress-related disorders: Recent advances in techniques and technologies,” *Biopsychosoc. Med.*, vol. 15, no. 1, pp. 1–4, 2021, doi: 10.1186/s13030-021-00219-w.
- [16] E. Gkintoni, S. P. Vassilopoulos, and G. Nikolaou, “Next-Generation Cognitive-Behavioral Therapy for Depression: Integrating Digital Tools, Teletherapy, and Personalization for Enhanced Mental Health Outcomes,” *Med.*, vol. 61, no. 3, 2025, doi: 10.3390/medicina61030431.
- [17] J. Velten *et al.*, “Effectiveness of cognitive behavioral therapy for adult mental disorders: A large-scale naturalistic study across 29 university outpatient clinics,” *Behav. Res. Ther.*, vol. 186, no. July 2024, 2025, doi: 10.1016/j.brat.2025.104691.
- [18] S. De Silva, R. Peris, S. Senaviratne, and D. Samaranayake, “Effectiveness of a cognitive behavioural therapy (CBT)-based intervention for reducing anxiety among adolescents in the Colombo District, Sri Lanka: cluster randomized controlled trial,” *Child Adolesc. Psychiatry Ment. Health*, vol. 18, no. 1, pp. 1–12, 2024, doi: 10.1186/s13034-024-00799-9.
- [19] K. Krause, X. C. Zhang, and S. Schneider, “Long-Term Effectiveness of Cognitive Behavioral Therapy in Routine Outpatient Care for Youth with Anxiety Disorders,” *Psychother. Psychosom.*, vol. 93, no. 3, pp. 181–190, 2024, doi: 10.1159/000537932.
- [20] S. T. Murphy, B. Bailey, and D. R. Strunk, “Promoting skill use in skill enhanced cognitive behavioral therapy: A case example,” *J. Clin. Psychol.*, vol. 80, no. 4, pp. 912–927, 2024, doi: 10.1002/jclp.23634.
- [21] G. Waller and J. Beard, “Recent Advances in Cognitive-Behavioural Therapy for Eating Disorders (CBT-ED),” *Curr. Psychiatry Rep.*, vol. 26, no. 7, pp. 351–358, 2024, doi: 10.1007/s11920-024-01509-0.
- [22] L. A. O’Donnell, D. M. Brydon, and A. A. González-Prendes, “Technological Advances in Cognitive-Behavioral Therapy and Clinical Practice: Challenges in an Evolving Field,” *Am. J. Psychother.*, vol. 75, no. 4, pp. 186–190, 2022, doi: 10.1176/appi.psychotherapy.20220003.
- [23] Mohammad Kianbakht and K. S. A. Khan, “Efficacy of Cognitive Behavioral Therapy on Anxiety Disorders,” *Int. J. Indian Psychol.*, 2019, doi: 10.25215/0701.029.
- [24] J. Selvapandian, “Status of cognitive behaviour therapy in India: Pitfalls, limitations and future directions—A systematic review and critical analysis,” *Asian J. Psychiatr.*, vol. 41, no. February, pp. 1–4, 2019, doi: 10.1016/j.ajp.2019.02.012.