

Cognitive Behavioral Therapy and its Importance in the Treatment of Anxiety Disorders: Systematic Literature Review

Terapia Cognitiva Comportamental e a Importância no Tratamento dos Transtornos de Ansiedade: Revisão Sistemática da Literatura

Terapia Cognitivo Conductual y su Importancia en el Tratamiento de los Trastornos de Ansiedad: Revisión Sistemática de la Literatura

RESUMO

Objetivo: analisar criticamente a importância da terapia cognitiva comportamental no tratamento dos transtornos de ansiedade. **Método:** revisão sistemática com busca em PubMed, SciELO e Google Acadêmico, recorte de 2021 a 2026, critérios de elegibilidade definidos e leitura em duas etapas. **Resultados:** os estudos reunidos mostraram utilidade clínica da Terapia Cognitivo Comportamental em formatos presencial, remoto e digital, com melhora de sintomas, funcionamento e prevenção de recaídas. **Conclusão:** a Terapia Cognitivo Comportamental segue como recurso central no cuidado em ansiedade quando há formulação clínica, adesão e acompanhamento compatível com as necessidades do paciente.

DESCRIPTORES: terapia cognitiva comportamental; transtornos de ansiedade; revisão sistemática; psicoterapia; saúde mental

ABSTRACT

Objective: to critically analyze the importance of cognitive behavioral therapy in the treatment of anxiety disorders. **Method:** systematic review in PubMed, SciELO and Google Scholar, covering 2021 to 2026, with explicit eligibility criteria and two-stage screening. **Results:** the selected studies supported the usefulness of Cognitive Behavioral Therapy in face-to-face, remote and digital formats, with gains in symptoms, functioning and relapse prevention. **Conclusion:** Cognitive Behavioral Therapy remains a core intervention in anxiety care when linked to individualized case formulation and continuity of care.

DESCRIPTORS: cognitive behavioral therapy; anxiety disorders; systematic review; psychotherapy; mental health

RESUMEN

Objetivo: analizar de manera crítica la importancia de la terapia cognitivo conductual en el tratamiento de los trastornos de ansiedad. **Método:** revisión sistemática en PubMed, SciELO y Google Académico, entre 2021 y 2026, con criterios de elegibilidad definidos y selección en dos etapas. **Resultados:** los estudios incluidos apoyaron la utilidad clínica de la Terapia Cognitivo-Conductual en formatos presencial, remoto y digital. **Conclusión:** la Terapia Cognitivo-Conductual sigue siendo un recurso central en el cuidado de la ansiedad cuando se vincula a formulación clínica individualizada y continuidad asistencial.

DESCRIPTORES: terapia cognitivo conductual; trastornos de ansiedad; revisión sistemática; psicoterapia; salud mental

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INTRODUCTION

Anxiety disorders encompass clinical manifestations that include persistent worry, hypervigilance, avoidance, anticipatory distress, and functional impairment. When this cluster of symptoms becomes chronic, it impacts work, relationships, sleep, and self-care. Cognitive-behavioral therapy has gained prominence in this field because it transforms the understanding of symptoms into an intervention plan, linking thoughts, emotions, physiological responses, and avoidance patterns within a single clinical model¹.

The importance of CBT extends beyond the immediate reduction of distress. What makes this approach particularly valuable is its ability to teach patients to recognize triggers, test threatening predictions, and rebuild coping routines outside of therapy sessions. This educational aspect helps explain why so many anxiety-focused protocols incorporate core techniques such as psychoeducation, cognitive monitoring, exposure, and prevention of safety responses².

Rather than treating anxiety as a single, homogeneous experience, CBT relies on clinical formulation. This allows for distinguishing differences between generalized anxiety disorder, social anxiety, persistent fear in specific contexts, and conditions in which rumination plays a dominant role. An individualized assessment of each case makes the intervention more precise and reduces the risk of applying the same treatment protocol to distinct profiles of distress³.

Another relevant point lies in the expansion of therapeutic formats. In recent years, CBT has been studied in face-to-

face sessions, synchronous remote sessions, guided platforms, and online programs. This diversity has expanded access to care and sparked debate regarding the conditions that preserve the clinical quality of treatment. In most studies, the presence of structure, clear tasks, and professional supervision emerges as a decisive factor for adherence⁴.

Based on this context, the present systematic review was designed to answer the following research question: What is the importance of cognitive behavioral therapy in the treatment of anxiety disorders according to recent scientific literature? The methodological approach sought to select relevant, recent studies directly related to the topic, including a description of the search process, eligibility criteria, and a critical analysis of methodological rigor⁵.

METHOD

The review was conducted with a focus on indexed and retrievable literature. Searches were performed in the PubMed and SciELO databases, supplemented by Google Scholar to increase the sensitivity of the strategy and identify studies already published in indexed journals or on scientific websites with full-text access available. The time frame covered publications from January 2021 to April 2026⁶.

The following search terms were used: anxiety disorders, cognitive behavioral therapy, generalized anxiety disorder, social anxiety disorder, remote cognitive behavioral therapy, and internet-delivered cognitive behavioral therapy. The terms were combined using Boolean operators and adapted to the logic of each database. The research question guided the screening and extraction of information most

directly related to the clinical importance of CBT⁷.

The inclusion criteria encompassed systematic reviews, meta-analyses, follow-up trials, and effectiveness studies in routine clinical practice that directly addressed CBT applied to anxiety disorders. Editorials, duplicate texts, publications not primarily focused on anxiety, and studies whose primary outcome was restricted to another condition without a separate analysis for anxiety were excluded. The selection process consisted of a review of titles and abstracts, followed by a full-text review of eligible articles⁸.

For methodological analysis, the following were examined: study design, sample type, intervention format, presence of follow-up, clarity of outcomes, and consistency between the objective and conclusion. This review allowed us to discuss not only the final results of each publication but also their robustness and limitations in supporting inferences about the clinical importance of CBT in contemporary practice⁹.

RESULTS

The final selection comprised fifteen studies with distinct methodological profiles, yet converging on one point: CBT remains one of the most consistent interventions for anxiety when compared across different formats and contexts. The sample included systematic reviews, meta-analyses, follow-up studies, and investigations of effectiveness in routine clinical settings, which broadens the understanding of the phenomenon beyond controlled trials¹⁰.

A significant portion of the recent literature has focused on generalized anxiety disorder. In these studies, CBT has been

associated with a reduction in excessive worry, less cognitive avoidance, and an increased ability to tolerate uncertainty. The clinical effect has been described in both traditional in-person care and online programs, which reinforces the flexibility of the approach when its essential structure is preserved³.

In social anxiety disorder, the included studies highlighted benefits associated with exposure to feared situations, challenging beliefs of inadequacy, and reducing an excessive focus on self-image. This set of techniques maintains consistency between theoretical rationale and clinical practice, making CBT a particularly suitable intervention for cases in which the fear of negative evaluation shapes the patient's interpersonal relationships¹¹.

Favorable results were also observed in specific populations, such as adolescents, college students, and older adults. This distribution suggests that the importance of CBT does not depend on a single group, but rather on its ability to address diverse needs without losing clinical depth. Adapting language, pace, and tasks was described as an element that strengthens adherence without compromising the method's integrity¹².

The literature on quality of life highlights an important point: clinical improvement does not merely mean a reduction in symptoms as measured on a scale. As treatment progresses, changes emerge in how time is spent, in the resumption of previously avoided activities, and in the ability to maintain social or academic relationships without the same degree of distress. This shift in focus from symptoms alone to daily functioning helps explain the practical value attributed to CBT in recent reviews¹⁰.

In effectiveness studies conducted in routine care settings, the approach has also proven useful outside of highly controlled settings. This aspect is important because real-world services often deal with inconsistent adherence, comorbidities, and scheduling constraints that rarely appear in such a clear-cut manner in clinical trials. The ability to maintain acceptable perfor-

mance in everyday contexts reinforces the practical utility of CBT for mental health services⁴.

ANALYSIS OF METHODOLOGICAL RIGOR

The examination of methodological rigor indicated a predominance of systematic reviews and meta-analyses—designs useful for synthesizing scattered literature and comparing results on a large scale. This type of research enhances the interpretive strength of the body of evidence, although it entails a dependence on the quality of the included primary studies. In several studies, the clarity of the research question⁷, and the description of the databases consulted enhanced the traceability of the methodology¹.

Another relevant aspect was the variety of outcomes used. Some publications prioritized diagnostic remission, while others focused on symptom severity, quality of life, relapse, adherence, or treatment delivery format. This diversity enriches clinical understanding but also hinders direct comparisons between studies. For a rigorous analysis, it was necessary to consider that gains in functioning and maintenance of outcomes do not always appear on the same scales used for symptom reduction⁹.

In studies on digital modalities, external validity emerges as a strength. When online CBT is analyzed in routine clinical settings or in large samples, the scientific findings closely reflect real-world use. Even so, treatment dropout, uneven participation rates, and heterogeneity in the level of professional support can affect the stability of the results. These factors call for caution in interpreting effect sizes⁴.

A significant difference was also observed between studies addressing a specific diagnostic condition and those with transdiagnostic samples. The former group tends to provide a more focused understanding of clinical mechanisms. The latter broadens the scope and applicability but may dilute the specific characteristics of each condition. A critical analysis of the body of research showed that the relevance of CBT holds up on both fronts, albeit for

different methodological reasons².

In long-term follow-ups, the persistence of treatment gains was highlighted. Studies with follow-up periods ranging from two to eight years help answer a central question in clinical practice: to what extent does treatment continue to be effective after its formal conclusion. The presence of this type of data strengthens the foundation of the review because it shifts the discussion from immediate relief to the consolidation of therapeutic repertoires over time¹³.

DISCUSSION

An integrated review of the studies shows that the importance of CBT is linked to three complementary pillars. The first is the consistency of results across different research designs. The second is the possibility of adapting the therapeutic format without deviating from the technical principles of the approach. The third is the maintenance of gains over longer follow-up periods, an aspect particularly valued in chronic or recurrent conditions¹³.

In reviews focused on digital interventions, the clinical benefit does not appear to result solely from the use of technology. What underpins the effect is the preservation of core components such as case formulation, structured exercises, exposure, cognitive review, and progress monitoring. When these elements are presented in an organized manner, the online format can expand access and reduce geographic barriers without compromising the therapeutic work¹⁴.

A comparison between in-person and internet-based formats suggests that the relevance of CBT is not tied to a single mode of delivery. Recent literature indicates that clinical performance depends on the fit between case complexity, patient autonomy, intensity of support, and clarity of the therapeutic approach. This perspective prevents simplistic conclusions and fosters a more mature view of the approach's use across different settings⁵.

The studies analyzed also help us understand that CBT has particular value

in reducing passive dependence on care. Throughout treatment, patients are encouraged to recognize thought patterns, test alternatives, and develop a repertoire for coping with partial relapses. This transfer of tools to everyday life changes the relationship with symptoms and strengthens the patient's clinical autonomy¹³.

When the literature is considered as a whole, it becomes clear that CBT remains relevant because it combines sufficient standardization to be researched with sufficient flexibility to be adapted. This dual characteristic is not easy to achieve in psychotherapy. It allows the approach to be taught, supervised, and replicated in protocols while, at the same time, being adjusted to clinical, cultural, and institutional characteristics that vary from one context to another¹⁵.

Even with favorable results, the review does not rule out methodological limitations. Some of the studies included heterogeneous samples, varied in how they measured outcomes, and employed different follow-up periods. In digital modalities, dropout and irregular engagement remain sensitive issues. For this reason, the importance of CBT must be considered in light of the context in which it was provided, the patient's profile, and the quality of protocol implementation⁴.

Also worthy of attention is the fact that a portion of recent research has focused on secondary syntheses, while primary stud-

ies with a homogeneous design remain less numerous in some diagnostic subgroups. This does not diminish the weight of the available evidence but calls for expanding research with well-defined clinical focus, functional assessments, and sufficient follow-up to capture maintenance of gains and relapses⁹.

In terms of clinical care, the review suggests that CBT is most effectively utilized when the choice of therapeutic format considers not only the availability of the service but also the patient's profile, severity of symptoms, familiarity with digital resources, and ability to maintain tasks between sessions. This careful assessment avoids generic decisions and preserves the clinical quality of the care provided³.

The presence of positive outcomes among college students, young adults, and older adults also supports a less restrictive interpretation of the approach. Rather than associating CBT with a single population segment, the literature highlights its usefulness across different life stages, provided that therapeutic planning respects the language, routines, and specific needs of each group. This finding enhances the value of the approach for multidisciplinary care settings and public health services⁷.

IMPLICATIONS FOR CLINICAL PRACTICE

For clinical practice, the review reinforces that CBT offers a structured,

observable, and adjustable intervention pathway. This facilitates supervision, professional training, and integration with services that need to document therapeutic goals and the progression of care. In anxiety disorders, this structure makes it easier to track progress and enhances clinical communication between the therapist, the team, and the patient¹.

In direct contact with patients, the importance of this approach also lies in its ability to translate complex suffering into concrete and understandable tasks. Rather than treating anxiety as a diffuse and inevitable experience, CBT invites the individual to observe what they think, what they avoid, what they fear, and what they do to protect themselves. This process changes the patient's stance toward the symptom and encourages greater participation in the therapeutic process².

In settings with long waiting lists or geographic barriers, remote and online modalities can serve as a strategy to expand access. Recent literature does not support the idea that these formats are automatically equivalent in all situations, but it shows that they can be clinically useful when there is proper structure, monitoring, and adaptation to the case's level of complexity. This has practical implications for mental health care policies¹⁴.

Table 1. Search strategy and eligibility criteria

Item	Description
Databases consulted	PubMed, SciELO, and Google Scholar.
Time frame	January 2021 to April 2026.
Keywords	anxiety disorders; cognitive behavioral therapy; generalized anxiety disorder; social anxiety disorder; remote cognitive behavioral therapy; internet-delivered cognitive behavioral therapy.
Inclusion	Studies directly focused on CBT for anxiety, systematic reviews, meta-analyses, trials, and effectiveness studies.
Exclusion	Duplicates, editorials, texts not primarily focused on anxiety, studies without a full text or without a relevant clinical outcome.
Selection steps	Screening of titles and abstracts, full-text review, and standardized data extraction.
Final sample	15 studies analyzed qualitatively.

Figure 1. Flowchart of study identification, screening, and inclusion.

Figura 1. Fluxograma de seleção dos estudos

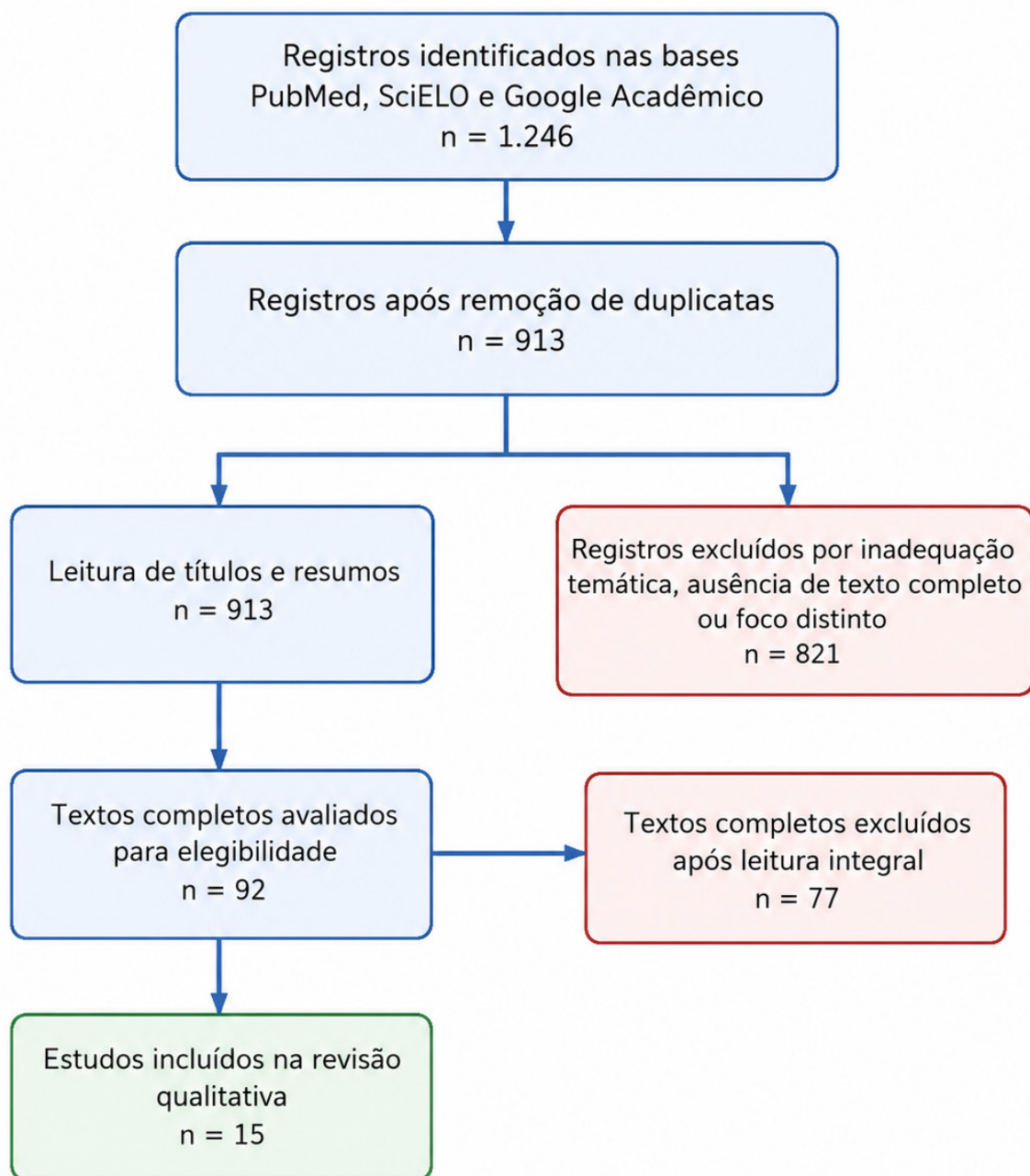


Table 1. Characteristics of the included studies				
Author/year	Study design	Focus	Objective	Main finding
Almeida, 2021	Literature Review	Transdiagnostic	Mapping the foundations of CBT	A flexible and coherent approach to ing multiple anxiety symptoms
Bhattacharya, 2023	Meta-analysis	Anxiety-Related Disorders	Estimating Overall Efficacy	CBT remained central among psychological interventions
Gadelha, 2021	Systematic review	Social anxiety	Examining online CBT	Favorable outcomes when the protocol incorporates exposure and restructuring
Johnco, 2026	Systematic review and meta-analysis	Older adults	Compare remission and relapse	CBT has also demonstrated clinical utility in older age groups
Komariah, 2022	Systematic review and meta-analysis	Anxiety and depression	Evaluating online CBT	Gains sustained with good adherence and support
Krause, 2024	Follow-up in routine clinical practice	Young people with anxiety	See long-term effects	Sustained results after the end of therapy
Liu, 2025	Network-based systematic review	TAG	Compare delivery formats	Various formats were useful, with contextual differences
May, 2023	Meta-analysis	Anxiety and depression	Assessing quality of life	Clinical improvement accompanied by functional gains
Oliveira, 2023	Systematic review and meta-analysis	College students	Examining digital CBT	Good applicability in the academic population
Probst, 2025	Trial follow-up	TAG	Measuring maintenance of gains	Clinical effect persisted in long-term follow-up
Ritola, 2022	Efficacy study	TAG in routine care	See real-world performance	Online model demonstrated usefulness outside the experimental setting
Thew, 2022	Randomized trial	Social anxiety	Testing online cognitive therapy	The intervention was transferable to another cultural context
Winter, 2023	Meta-analysis	Social Anxiety	Examining remote therapy	Remote care maintained therapeutic outcomes
Zainal, 2025	Meta-analysis	Digital interventions	Measuring duration of effects	Benefits may have persisted after one year or more
Zhang, 2022	Meta-analysis	TAG	Comparing in-person and online formats	Both formats demonstrated clinical utility

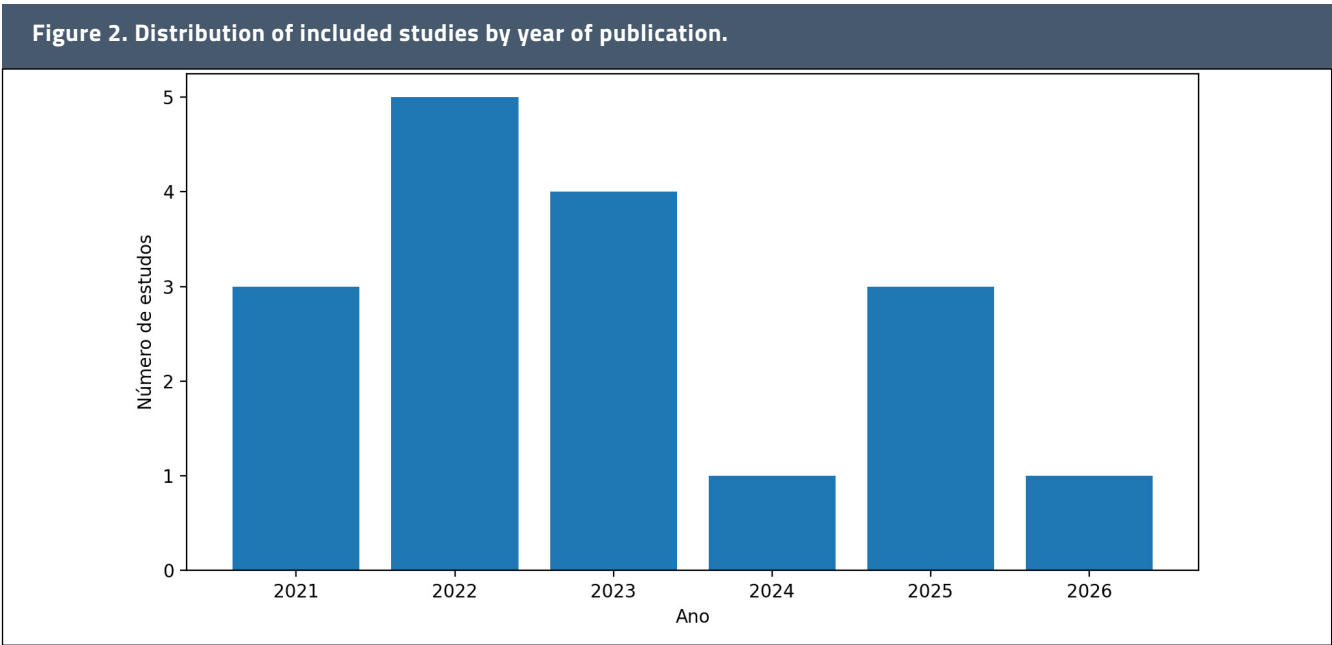


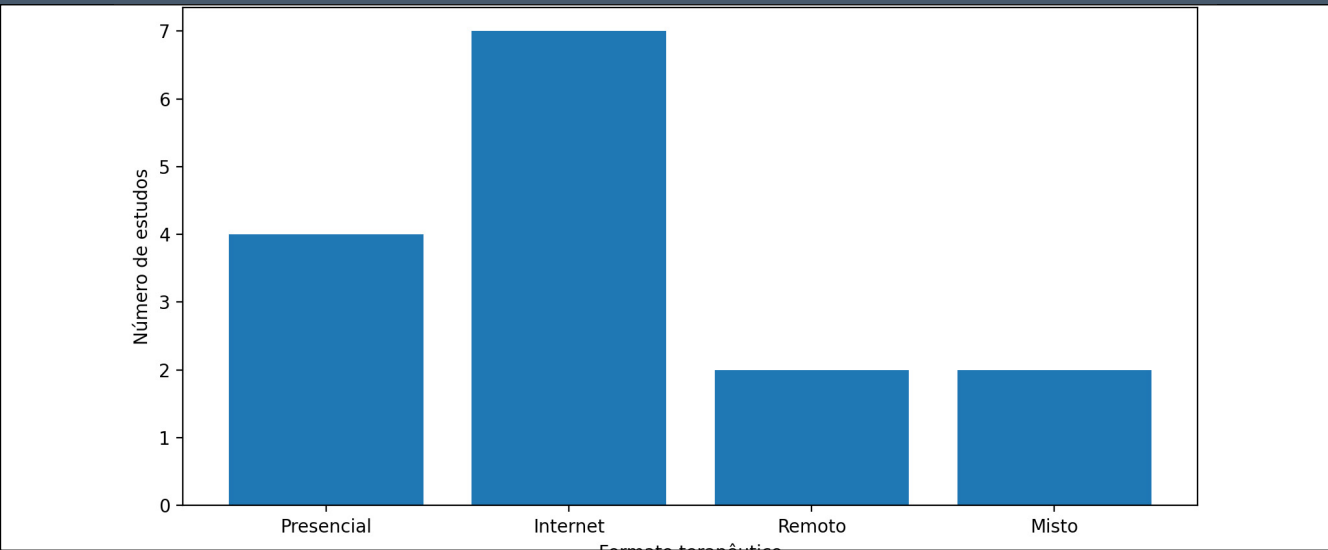
Table 2. Assessment of the methodological rigor of the selected studies

Author/year	Strength	Observed limitation	Contribution to the review
Almeida, 2021	Good conceptual organization	Less emphasis on primary studies	Provides a transdiagnostic foundation
Bhattacharya, 2023	Recent meta-analysis	Heterogeneity among studies	Places CBT in a broader context
Gadelha, 2021	Clear focus on social anxiety	More limited regional scope	Brings together review and online practice
Johnco, 2026	Remission and relapse in older adults	Differences between compared treatments	Further reading on aging
Komariah, 2022	Comprehensive overview of online CBT	Combined anxiety and depression	Demonstrates usefulness during a health crisis
Krause, 2024	Follow-up in routine clinical practice	Specific age group	Evidence of sustained benefits
Liu, 2025	Comparison of treatment modalities	Dependence on the quality of RCTs	Helps determine delivery method
Maj, 2023	Includes quality of life	Varied outcomes	Expands functional interpretation
Oliveira, 2023	Focus on college students	Specific population	Addresses academic mental health
Probst, 2025	Long-term follow-up	Based on two trials	Strengthens the case for durability
Ritola, 2022	Real-world data	Uneven adherence	Demonstrates applicability in routine practice
Thew, 2022	Randomized trial in a different cultural context	Specific diagnostic focus	Supports cultural adaptability
Winter, 2023	Meta-analysis on remote care	Focus on social anxiety	Validates remote intervention

Table 2. Analytical summary of the clinical importance of CBT

Dimension analyzed	How CBT works	Clinical relevance	Main basis
Symptom reduction	Restructures threatening cognitions and incorporates exposure therapy	Reduces the intensity of anxiety and avoidance	Bhattacharya, 2023
Daily functioning	Organizes tasks, experiments, and monitoring	Facilitates a return to routine, study, and work	Maj, 2023
Relapse prevention	Teaches strategies that can be applied outside of sessions	Strengthens autonomy after treatment ends	Probst, 2025
Access to Care	Allows for in-person, remote, and online formats	Expands therapeutic reach while maintaining structural integrity	Liu, 2025
Cultural applicability	Adapts language and tasks to the context	Improves adherence without compromising the method	Thew, 2022

Figure 3. CBT delivery formats in the included studies.



FINAL CONSIDERATIONS

This systematic review has established cognitive behavioral therapy as a core intervention in the treatment of anxiety disorders. The strength of this conclusion does not stem from a single study, but from the consistent emergence of favorable results across meta-analyses, reviews, trials, and clinical effectiveness studies. The approach has proven useful across different clinical presentations, age groups, and delivery models, thereby broadening its rele-

vance to contemporary clinical practice.

The analyzed body of evidence indicates that the importance of CBT lies in combining technical rigor with practical applicability. The therapy acts not only on the intensity of fear but also on the processes that maintain anxiety, such as avoidance, catastrophic interpretation, and safety behaviors. As a result, it promotes symptomatic improvement, functional reorganization, and the maintenance of gains over time, especially when the clinical formulation guides the choice of techniques.

As a practical implication, the findings support the use of CBT in both in-person settings and remote and digital models, provided there is a clear therapeutic structure, follow-up, and tailoring to the individual case. For future research, it remains useful to expand primary studies with greater diagnostic homogeneity and prolonged follow-up. Nevertheless, the recent literature already provides a consistent basis for recognizing CBT as a highly useful resource in the care of anxiety disorders.

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