

## The Efficacy of Cognitive Behavioural Therapy (CBT) in Treating Anxiety Disorders: Comparing Traditional CBT with Emerging Variants

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### Abstract

**Background:** Generalized anxiety disorder, panic disorder, social anxiety disorder and other types belong to one of the most common mental disorders and impact millions of people around the world regardless of the age or the gender. These disorders are evidenced by excessive fear, worry, and associated behavioural distressing which inhibit normal behavioural patterns and prevents the sufferer from performing activities of daily living hence have a high cost to society.

**Aim:** The purpose of the current research is to assess the outcomes as well as the advantages of Traditional CBT in the treatment of the anxiety disorders and to compare its efficiency with the modified techniques like iCBT, MBCT, ACT.

**Methods:** RCTs, Systematic reviews and meta-analysis, and Prospective cohort studies are the types of study design in the present systematic review. The participants were identified by certain inclusion and exclusion criteria related to age, sex, confirmed anxiety disorder, and intensity of symptoms. Both Traditional CBT and the emerging variants of it were described regarding the interventions while the primary outcomes included the usual clinical scales such as HAM-A and GAD-7. Secondary measures concerned well-being, functional status and the presence and severity of other diseases. Data collection protocol was pre-treatment, post-treatment assessment and follow up; statistical analysis was done using comparison of means, regression analysis and intention-to-treat analysis.

**Results:** It demonstrates that Traditional CBT is indeed highly effective for the reduction of anxiety symptoms, with the healthy effect size, symptom reduction percent and remission rate in general. Other comparative e-ICBT programs point to its effectiveness in achieving similar efficacy outcomes in the now-emerging variants but entails such advantages as higher levels of accessibility and adherence rates. Mindfulness expands the salient feature of CBT in that apart from cognitive

restructuring, clients reap other benefits such as reduced stress and enhanced self-regulation. ACT shows a more notable success when there is an emphasis on resistance because it encompasses the theme of psychological flexibility.

**Conclusion:** Standard CBT is regarded as very efficacious for anxiety disorders; modifications of it have advantages for some categories of patients. The implementation of these newly developing subtypes for clinical usage improves the treatment models which can be tailored according to the patient's requirements. The next steps in clinical practice, therefore, include further studying on these approaches to perfect the treatment for anxiety disorders.

**Keywords:** Cognitive Behavioural Therapy (CBT), Anxiety Disorders, Internet-Based CBT (iCBT), Mindfulness-Based CBT, Acceptance and Commitment Therapy (ACT), Psychological Treatments, Mental Health, Therapy Efficacy, Treatment Comparison, Personalized Treatment Plans.

## Introduction

Generalized anxiety disorder, panic disorder, social anxiety disorder and other types belong to one of the most common mental disorders and impact millions of people around the world regardless of the age or the gender. These disorders are evidenced by excessive fear, worry, and associated behavioural distressing which inhibit normal behavioural patterns and prevents the sufferer from performing activities of daily living hence have a high cost to society. Specifically, anxiety disorders are quite common in the current world population as the prevalence rate is estimated to be around 18%. Rates of anxiety disorders itself stand at a one percent prevalence annually for adults in United States of America as is in the rest of the world. The effect on the quality of existence is incredibly dramatic since the affected people struggle with employment, interacting with society, and conducting their lives. Societal costs of these disorders are also unimaginable; this comprises direct costs of the treatment and other related overall healthcare costs including costs of productivity and compromises in disability [1].

Among all the therapies, Cognitive Behavioural Therapy (CBT) has become the mainstay in treating anxiety disorders. CBT was conceptualized in the middle of the 20th century by Aaron Beck and others, on the basis that maintained elements of the thought and belief are negative and cause anxiety and other related symptoms. CBT works to alter these erroneous patterns of cognition and also utilizes behavioural alterations to decrease symptoms and enhance a person's daily life. The historical background of CBT is presented in order to demonstrate that this form of intervention has evolved from older freer, open-ended and more global tradition psychoanalytic psychotherapy to more directive, time-limited, and empirically supported approach. CBT's postulates are cognitive restructuring, exposure therapy, and skills acquisition, which help patients to take more control over their anxiety [2].

Moreover, although traditional CBT has been proven to be effective, advancement in technology and changes in the psychological theories used have resulted in the creation of new forms of CBT. These

variants are supposed to improve patients' access, interest, and results if targeting a wide population of patients. For example, Internet based CBT (CBT) harnesses technology to administer CBT in a client's home, in the absence of physical mobility to attend therapy sessions. MBCT also applies combining the complementary principles of mindfulness and CBT where the main focus is on the notion of present moment. Another promising developmental strain is the Third Wave ACT whose primary objective is the expansion of psychological flexibility and value-based existence, in contrast with CBT's concentration on alleviation of symptoms. The crucial argument behind deliberating over an exploration of the standard CBT and these novel forms of therapeutic intervention is based on the capacity to enhance the efficacy of the exerted treatments, adapt the therapies according to the patients' needs, and ameliorate the issue of availability and patients' engagement [3].

Therefore, the primary aim of the broad and extensive review of literature presented here is to assess traditional CBT appositeness for anxiety disorder treatment with integrated meta-analytical approach. Therefore, through a systematic assessment of literature on the traditional CBT, the current paper seeks to demonstrate its efficacy in eradicating anxiety symptoms, enhancing quality of life, and achieving a remission status. A second research goal is to assess the efficacy of traditional CBT to the newly developed forms such as Internet CBT, Mindfulness Based CBT ,Acceptance Commitment Therapy. It is the purpose of this comparison to outline possible strengths and weaknesses of the strategies developed and suggest how useful each of work for the different patients. The rationale for this study is the main research hypothesis, which postulates that traditional CBT is useful in eradicating manifestations of the anxiety disorders due to the numerous empirical underpinnings. However, it is expected that new forms of CBT will have further advantages or better outcome for patients with such conditions as treatment refractory anxiety, or lack of opportunities to attend face-to-face therapy or personal preferences to this kind of treatment. This hypothesis emphasizes the importance of knowing the efficacy of traditional CBT and its modern approximations in order to improve the clinical approaches of treating patients.

The current form of CBT has shown in RCT, systematic review and meta-analysis to be effective in reducing anxiety symptoms of various disorders. For instance, research finding on traditional CBT revealed that it is highly effective in the treatment of patients diagnosed of Generalized Anxiety Disorder where there is reduction in worry and the symptoms linked with GAD after CBT therapy. The client's active role in traditional CBT due to its structured delivery of skills such as cognitive restructuring and exposure therapy allows for a straightforward approach to handling the cognitive and the behavioural symptoms of anxiety. Moreover, the skill acquisition element of standard CBT enables people to learn effective strategies to combat anxiety in the longer run, partly explaining why this approach leads to a positive and lasting shift in client's mental well-being [4].

New waves of CBT, however, incorporate some modifications which can add superior features and improve the effectiveness of the treatment in certain groups of people. Accessibility, for example, has been solved by developing what is referred to as the Internet-based CBT or what is commonly known as iCBT which make use of the internet to deliver therapy, and this makes it possible for a person to undergo therapy at the comfort of their own home. Thus, this approach not only minimizes the barriers to the access, including the geographical restrictions and schedule conflict but it also has chances for more engagements due to the use of contents are in such forms as interactive and multimedia. Research findings reveal that iCBT has proven effective for treating different disorders

similar to face-to-face CBT, in regard to the severity of the symptoms and general satisfaction of the patients. Some of CBT are, Mindfulness-Based CBT in which, besides the traditional CBT structure, mindfulness techniques for hoe to live in the present moment without negative judgments are given. This approach has been helpful especially for the anxious patients who tend to overthink and have problems with mindfulness. Practicing mindfulness helps the patient to focus on whatever they are feeling or thinking without necessarily getting frustrated, this results to a decrease in patients' levels of anxiety, and consequently, improvements in patients' well-being. Studies show that mindfulness in CBT does not reduce the efficacy of the treatment but shows extra advantage when applied as Mindfulness-Based CBT.

Another example of a relatively newer model is Acceptance and Commitment Therapy (ACT), which aims at increasing the sufferers' psychological flexibility and valuing of their lives. ACT does not aim at changing thoughts and emotion once the person has accepted them but focuses on the person choosing to act in a certain way that is healthy for them. It may be especially beneficial for patients with chronic or non-responsive anxiety because it helps to perceive the struggle in a distinct manner. Other works revealed that ACT can be useful to lessen the severity of anxiety and enhance the patient's quality of life if the ordinary CBT therapeutic approach has been ineffective [5].

## Methodology

**Study Design:** Thus, the effectiveness of CBT in treating anxiety disorders is investigated using an integrative research design including RCTs, meta-analyses, and follow-up studies in order to provide more accurate understanding of the treatment results. RCTs also known as the gold standard provides better and high-quality evidence is achieved through the process of randomly allocating the participants into the intervention or the control group which reduces the chances of selection bias significantly and results in comparatively more consistent groups. They are characterised by stated procedures that dictate the procedures that are to be instituted to address the health condition as well as standard dosages that make it possible to get accurate measurements of the results. A meta-analysis can compile studies, which are other RCTs, and the results can give a different perspective on the effectiveness of CBT by combining outcomes and increasing the sample size. This method helps in overall comparison and in estimating effect sizes across various populations and or settings of studies. The consecutive surveys that investigate the subject during the years reveal the changes that take place after receiving CBT or its evolutionary modifications and are highly informative both regarding the threats and opportunities of the applied method. By expanding these research designs, this study intends to evaluate the effectiveness of CBT by giving an account of both short-term and long-term results of anxiety disorders treated through the method [6].

**Participants:** The criteria used in the choice of participants in this study is determined by inclusion and exclusion criteria to increase the validity and applicability of the data collected. Specific inclusion criteria include patients with anxiety disorder using DSM-5 criteria, and this can include GAD, Panic Disorder, SAD and others. As for the participants, they must be at least 18 years old to ensure the results of the study will be relevant to the adult population group. The subjects complete clinical Rating Scales of severity of anxiety i.e. Hamilton Anxiety Rating Scale (HAM-A) and Generalized Anxiety Disorder 7 (GAD-7) and the subjects need to meet the clinically significant anxiety criteria for inclusion into the study. Patients who enrolled in other forms of psychotherapy, have severe

comorbid psychiatric conditions (e. g. , schizophrenia, bipolar disorder), or have severe cognitive impairment likely to interfere with the patient's ability to engage in CBT are excluded to reduce confounding variables and to protect the participants' safety. Pertinent patient data such as age, gender, and the specific anxious disorder diagnosis are documented to core to perform subgroup analysis that is sensitive to the generality of the findings.

The interventions implemented in this study include conventional CBT and the recent developments of it to offer a basis for comparison of the effectiveness. The original form of CBT, which is a direct and schedule-based treatment normally provided in 12–20 weekly sessions, comprises of several fundamental methods that goals at eradicating the cognitive and behavioural facets of anxiety. These techniques include cognitive restructuring that aims at making the individuals realize that they have wrong thought patterns related to the symptoms; exposure therapy that entails exposing the suffering individuals to the causes of anxiety in a gradual manner in order to avoid developing phobias; and skills training in which the sufferings are taught how to overcome the symptoms of anxiety. They are usually managed one-on-one or in groups with every session lasting approximately 60 minutes and maybe once a week [7].

In addition to CBT proper, variants of this approach developed recently to increase feasibility and appeal are also considered in this research project. It is also referred to as Internet based CBT because it makes its use of the internet to given therapy thus making it readily flexible concerning place and time. Most CBT programs contain modules with interactive elements, homework, and feedback from the therapists as the main aspects, which are fashioned after CBT but with added practicality. Mindfulness-Based CBT incorporates several Mindfulness techniques, like meditation and breathing exercises in the conventional CBT and facilitates the client's skills in the practice of present moment awareness and acceptance. Thus, it is especially helpful for people who have restrictive thinking tendencies when comprehending information. Another relatively new form of CBT is Acceptance and Commitment Therapy (ACT), which focuses on the concept of psychological flexibility and value-based behaviours; This is totally different from demanding that people alter their thoughts and feelings; instead, one should accept his or her thoughts and feelings and then choose to do something that is in consonance with the person's valued directions. ACT sessions are normally conducted while aiming at using experiential exercises and metaphors to explain such principles [8].

**Outcome Measures:** The effectiveness of the interventions implemented in the course of the treatment is evaluated by the primary and secondary outcome indicators so that the entire effect of the treatment can be estimated. The outcomes assessed include extent of decreased anxiety symptoms achieved by the patients where the scales included are the HAM-A and the GAD-7. Uses These are objective measure of the severity of the symptoms; the clinician can use these results to compare the baseline, post treatment and follow up scores. Secondary outcomes consist of changes in the QOL, functional status, and comorbid diseases. Quality of life is measured by such tools as Quality-of-Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) that quantifies patient's attitude to the overall quality of life. The functional status is obtained via tools such as Work and Social Adjustment Scale (WSAS) that assess the way anxiety hinders the functioning of the client. However, the existence and the origins of the different comorbid conditions like depression are diagnosed through the help of inventories such as the Patient Health Questionnaire-9 (PHQ-9).

**Data Collection and Analysis:** The procedures that are involved in data collection are well coordinated and timed so that there is accuracy in the findings/results. Assessments are conducted at three key time points: These measures should be recorded before the intervention (pre-treatment or baseline), after the intervention (post-treatment or immediately after the intervention), and at a later time often 6-12 months after the intervention (follow-up). At each time point, participants fill out self-report questionnaires which are supplemented by clinicians' ratings. Some of the kind of data that is gathered involve scores on standardized anxiety scales, quality of life assessment, functional status, and the presence of other disorders. Analytical methods in data analysis are selected to provide strong and effective solutions to the objectives of the study. Analysis of variance is applied to investigate differences in the means of the outcome measures collected from patients at the time they begin treatment and after they complete treatment, and later on follow-up to assess the effectiveness of treatment in a period time frame. Regression procedures are used for examining the relationship between specific treatments, demographic characteristics, and initial level of anxiety and treatment outcome. ITT analysis where all subjects that were randomly assigned to the respective intervention groups are considered including those who did not 'comply' with the intervention administered to them is completed to give a real evaluation on the effectiveness of the treatment in real life. This approach is useful in explaining the non-follow throughs and the protocol violations within clinical practice and therefore making sure that the results obtained are not skewed [9].

In this way, this study will attempt to meet a high level of scientific quality through the adherence to standards in study design, participant sample, intervention description, effective measures of outcomes, and data collection and analysis. The anticipated implications of the study are to enhance the practical application in the treatment of patients suffering from anxiety disorders by providing directives on proper choice of interventions for such clients and hence enhance treatment benefits and quality of life among such clients.

## Results

Several investigations on Traditional CBT for anxiety disorders show that it is effective as indicated by reduced symptoms, large effect sizes, and high remission rates. The results of meta-analyses of RCTs are that Traditional CBT indicates large effect sizes and, at times, range over 0. Again, 8 that remarks the stratum score indicating a significant treatment effect of the two treatment conditions. For instance, using the Hamilton Anxiety Rating Scale (HAM-A) and the Generalized Anxiety Disorder 7 (GAD-7), patients diagnosed with GAD when undergoing Traditional CBT tend to realize at least 50 percent improvement of symptoms. In terms of remission rates which refers to the percentage of patients who are considered to not meet diagnostic criteria for an anxiety disorder at post-treatment, such rates are also observed to range between 40 %– 60 % in studies conducted, this is a testament to the effectiveness of CBT in achieving good clinically significant end results. Such results support Traditional CBT as one of the most successful interventions for anxiety disorders that can be described by its hierarchical structure and focus on cognitive and behavioural techniques [10].

Nevertheless, other forms of CBT like CBT, Mindfulness-Based CBT and ACT are considered more novel forms in addition to being complimentary in most cases. CBT is unique in its approach for its accessibility as it delivers therapy through a client's computer or processed over the Internet. It helps to overcome the obstacles like limited reach, availability of time and social bias, which is attached to the treatments for mental health issues. Literature reviews on CBT show that patients have excellent

compliance, where many will follow the entire course because of the online platform's flexibility. Retention and satisfaction have been found to be higher in CBT than Traditional CBT though it has been noted that efficacy outcomes for both are almost similar with meta-analyses pointing to similar decrease in anxiety symptoms and large effect size. The possibility to conduct therapy through the Internet, as well as interactivity and multimedia of many CBT programs, increases patients' involvement and satisfaction that also confirms the efficacy of CBT compared to traditional CBT [11].

MBCT is the combination of mindfulness techniques with conventional CBT strategies that encourages 'being present' and acceptance. The major advantage of this type of approach lies in the unique need some people have for dealing with rumination and the inability to stay focused on the present. This study shows that Mindfulness-Based CBT is not only a suitable treatment for anxiety symptoms, but such a therapy also provides a variety of other advantages informing that clients could experience a reduction of stress and improve affect regulation. The most common self-related changes identified by patients include enhanced awareness, as well as improved coping skills targeted to dealing with negative affective responses. It can therefore be seen that studying RDoC and its benefits leads to the enhanced QoL, and functional status as assessed by tools such as Q-LES-Q and the WSAS. Incorporation of mindfulness in the application of CBT makes it complete method of treating anxiety since both cognitive and the emotional areas are targeted.

Another emerging variant is Acceptance and Commitment Therapy (ACT), which also aims at reducing the pathogenic symptoms and increasing the psychological flexibility and living in accordance with personal values. ACT promotes people to embrace their thoughts and emotions without trying to modify them, at the same time, the persons will strive to take helpful actions according to the identified values. The main application of this approach has been evidenced to be most effective in cases where clients did not respond well to the traditional CBT. Research that examines ACT shows a solid decrease of anxiety and an enhancement of life quality, and the effect size appears to be as large or larger than Traditional CBT. The ACT's focus on acceptance and commitment assists patients to change the way they think about anxiety and the need to fight it, which only worsens the problem because it only increases the anxiety level. These comparative studies of Traditional CBT with these modern kinds highlight the similarities and contrasts of their effectiveness. There is often variability in study results between and within comparative effectiveness research, so mixed-effects models are used. These analyses have rather indicated that Traditional CBT is still very effective while the new faces or types like CBT, Mindfulness-Based CBT, and ACT have extra benefits or could at least be of equal value to those outlined above when it comes to the treatment of certain client population. For instance, subgroup analysis shows that CBT will be useful among young adults who are familiar with technology in delivering therapy, while Mindfulness-Based CBT will be suitable for people with high-stress levels and the presence of both depressive disorder and symptoms. ACT is definitely a good option for patients with chronic or severe anxiety who did not find any relief from other treatment options [12].

The review also shows that the effectiveness of these interventions may depend on age, severity, and presence of the coexisting disorders among the patients. For instance, the youthful population that encompasses the young adults and adolescents is more inclined towards CBT techniques owing to internet fluency. On the other hand, Traditional CBT might prove to be more helpful for aged clients due to the structured oriented, face-to-face communication. Another factor regarding treatment

effectiveness is the severity of anxiety; patients with moderate to severe anxiety would probably benefit from the complicated Technique of Traditional CBT: while people with low-intensity anxiety do not require something as invasive as CBT or Mindfulness-Based CBT, they can have good results with the online type of CBT. Patients' other disorders could also affect these treatments outcomes; for example, having depression or another type of anxiety illness. Given the fact that MB-BCBT refers to stress and emotion regulation and accepts the Client's feelings, this method might have extra advantages for patients with the comorbid depressive symptoms, likewise; ACT which is CNV based technique emphasizing acceptance benefits the sufferers of complex or overlapping anxiety and mood disorders.

To sum up, this review and evaluation demonstrate that Traditional CBT is effective in alleviating the symptoms of anxiety and obtaining high rates of remission. Newer types of therapy, like CBT, Mindfulness-Based CBT, and ACT, are considerably more effective in terms of accessibility, as well as the clients' interest and stability, as well as the variety of other psychological benefits that are provided. Quantitative studies show that these variants can also be at par with Traditional CBT; with selected groups possibly standing to gain from those approaches. To promote the best results for patient, further treatment plans should be taken depending on the patient's preference, ability to access, and specific symptoms of anxiety disorder. As there is still a lot to learn about anxiety interventions, further research should focus on the effectiveness of these interventions in the long run, and the processes through which they work and among different populations so different anxiety sufferers can get the best treatment.

## Discussion

The findings of this study confirm high efficacy of Traditional CBT in the anxiety disorders treatment as well as demonstrate the high possibilities of the further development of the new CBT forms, which include Internet-Based CBT (iCBT), Mindfulness-Based CBT, and Acceptance and Commitment Therapy (ACT). The results can be regarded as corroborating the findings from the body of research, which points to the efficacy of Traditional CBT in ameliorating levels of anxiety in clients; the effect sizes are large and recovery rates high. This effectiveness is accorded to CBT as this therapy is consistent and it directly targets the cognition and behavioural patterns which help to maintain the condition. The fact that this evaluation involved the use of multiple studies as well as meta-analyses further strengthens these findings and positions Traditional CBT as critical in the treatment of anxiety.

Variants of CBT proposed in the recent literature have various advantages for the original approach that can improve the therapy accessibility, participants' engagement, and overall efficacy. Internet-Based CBT (iCBT) particularly focuses on issues of accessibility since patients are able to receive therapy without actually physically going to a therapist which is preferable in cases where one has geographical location constraints, physical issues or other time constraints in accessing services. Indeed, iCBT can indeed be considered a viable form of therapy in today's world owing to the fact that it exhibits similar improvement in symptoms as Traditional CBT with similar effect sizes. The good adherence levels evident in the iCBT trials analysed here stem from the ease and accessibility that characterises this method of treatment delivery, thereby potentially improving patients' experience.



Hence, Mindfulness-Based CBT offers some extra advantages over plain CBT, which is minimisation of tension, aggressiveness and other similar negative response types, as well as improved control over the states of mind. This variant responds to the patient who may present Now, many patients reporting to physicians present with this complaint and this variant is helpful and has recommendations on how to work through the anxiety and be present in the moment by employing the mindfulness exercises. The positive outcomes related to Mindfulness-Based CBT such as decreased severity of the anxiety symptoms and increased health related quality of life expounding to it as a worthwhile therapeutic intervention. ACT is different from traditional CBT because while the latter's goal is to eliminate undesired symptoms, ACT focuses on the concept of psychological flexibility together with values-based life experiences. This is the reason why ACT targets acceptance and focuses on preserving and sustaining instead of altering; it is very useful to those who either have long-standing conditions or conditions that do not respond to treatments. The decrease in the severity of anxiety disorders and the increase in the quality of life while using ACT also underline the effectiveness of the method in contrast to the Traditional CBT.

The results of this study have practical significance in light of clinical recommendations regarding the use of Traditional CBT vs Emerging Variants according to patients' characteristics and preferences. Beitman (1994) indicates that traditional CBT still holds a lot of weight and is most preferred as the first-line treatment for patients with anxiety disorders whose practitioners are able to practice face-to-face, regularly. It has clearly outlined procedures and orders, which makes it applicable on diverse anxiety disorders, and it ensures significant and reliable symptoms' decrease. Despite that, those issues are counterbalanced by the advent of iCBT as a solution for the patients who struggle with the traditional method of receiving therapy. It would benefit clinicians who perhaps prefer online treatment or when the patient resides in an area where services of mental health practitioners are scarce. iCBT also has the advantage of ableism, which may suit people with a busy schedule, or those who may feel the stigma of going for therapy physically. Thus, despite potential logistical hurdles, the present outcome indicates that iCBT is equally effective a therapy as Traditional CBT, putting forth the prospect that patients' quality of treatment shall not suffer even if delivery of therapy is made through electronic means.

In addition to components discussed for MB-RTC, Mindfulness-Based CBT and ACT provide further therapeutic possibilities for certain patient subgroups. It is recommended that MB-CBT should be used in patients who present with high level of stress, depressive symptoms or presence of DHS-R. The incorporation of the mindfulness techniques makes it possible for the intervention strategies to offer methods for dealing with anxiety, and therefore the studying psychological well-being. Nevertheless, ACT proves to be quite effective with patients that suffer from chronic disorders or severe anxiety and were not so responsive to other psychological treatments. What ACT offers is an inherent therapeutic model that offers a different set of solutions to people that can work better for them because of the focus on psychological flexibility and acceptance. Such studies suggest using the concept stating that individualized care has to be developed in consideration of patient-related factors and unique requirements and wishes. This way, the clinician is presented with various therapeutic approaches that can then be applied with regards to a particular patient's needs to yield the best results. Such an approach can increase the patients' interest in the treatment, satisfaction with the provided care, and the healing outcomes of their anxiety disorders.

However, it is necessary to state some limitations that are related to this study despite its overall comprehensiveness. However, one limitation that can be considered relevant is the sample size while incorporating a large number of participants and diverse anxiety disorders still we can not be assured that we catered all type of participants. Ideally, the future studies should endeavour to recruit a larger sample size and with a wide range of characteristics to increase the transferability of the results. Again, there are certain inherent limitations that exist, and they include there is publication bias whereby the published studies are more likely to be in favour of the theory. To reduce this bias and feature a more accurate picture of the treatment's effectiveness in future meta-analyses, the investigators could include unpublished information and grey literature studies.

One major limitation is the possibility of results' applicability for actual clinical practices. Some of the trials in this evaluation are done in controlled research settings and it is difficult to know how they translate to normal day to day practice. However, the generalisation of CBT and its derivatives in different, practical population samples is still a research topic. Also, the sustainability of those treatments beyond the duration of the current study was also not investigated. The current study uses short-term evaluation of treatment effectiveness, and, consequently, future studies should investigate the long-term effectiveness of the interventions, including patients' rates of relapse and overall functional improvement. Additional potential research opportunities that need to be investigated are how to combine elements of Traditional CBT with new appearances of variants. Understanding how these two approaches of therapy could be integrated to improve the treatment's effectiveness for anxiety disorders offers valuable insights into the improvement of therapy. Also, as a result, it is essential that research should find out whether or not these treatments could be as effective in one particular age group, for instance, or for patients from a definite cultural background, or with some other diseases at the same time. As for the future research prospects, the comprehension, as for how CBT and its variations can be tailored and delivered to patients in different settings, will play an important role when striving for providing high-quality and accessible mental health services for all.

Therefore, based on the evidence presented in this paper, Traditional CBT is effective in the treatment of anxiety disorders even though new types of modality that has received more trend recently ranging from iCBT, Mindfulness-Based CBT, and ACT, has not been contradicted. The present study encourages the adoption of these approaches into practice, plan early focused interventions based on clients' specific features, and choice orientations. Hence, this study holds considerable value as a point to commence additional research and as a basis for clinical practice to enhance the quality of life for patients with anxiety disorders by offering efficient treatment plans that are suited to the clients' specific needs.

## **Conclusion**

For each of the anxiety disorders, this study confirms that Traditional CBT is effective in reducing the severity of the symptoms and has high rates of recovery. Furthermore, new developments in cognitive behavioural therapy include Internet-Based CBT, Mindfulness-Based CBT, and Acceptance and Commitment Therapy listing their benefits namely, greater efficiency, better compliance, and other therapeutic heuristic values for certain categories of patients. These findings imply that it is possible to improve the outcomes and effectiveness of treatments by incorporating early forms of emerging variants into clinical care. Further research should endeavour to build upon these interventions, to

investigate the effectiveness of the techniques in the long-term, and to determine the generalisability of the strategies across the population. Efficient and available interventions for anxiety disorders can be correlated with highly significant aspects, and further development and investigation of psychological treatments remain important for enhancing future mental health patients' experiences and quality of life.

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