

# Sustained Psychological Adaptation among Patients using Cognitive Behavioral Therapy Skills

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**Abstract: Background:** Cognitive behavioral therapy (CBT) is known to work for psychological and health-related conditions, but these effects are not necessarily long-term. This review explored the role of CBT skills as independent, long-lasting psychological resources for a post-treatment psychological adaptation. **Methods :** Secondary evidence was obtained by conducting a structured PubMed/MEDLINE search and by citation chaining, of recent publications in the period 2021-2025. The present results showed that 15 qualified reviews were synthesized narratively based on the CBT component, skill-transfer process, maintenance mechanism, clinical outcome, and contextual influence. **Results:** These repeated findings included: cognitive restructuring, behavioral activation, exposure, problem solving, emotional regulation, self-monitoring, coping planning, and relapse prevention. Direct measures of enactment and personal recovery were less commonly used, but skill use was related to symptom maintenance, perceived control, self-efficacy, functioning, resilience and quality of life. **Conclusions:** Recovery from CBT is conceptualized as a learning loop.

**Keywords:** cognitive behavioral therapy, psychological adaptation, skill transfer, relapse prevention, personal recovery.

## I. INTRODUCTION

### 1.1 The clinical context and a background of the problem

Cognitive behavioral therapy (CBT) is one of the most widely researched types of psychotherapy and is offered for depression, anxiety, sleep issues, substance-use disorders, severe mental illness, chronic pain, and cancer treatment. Recent reviews have shown the clinically relevant benefits of face-to-face, group, digital and blended formats (Ciharova et al., 2021; Kambeitz-Ilankovic et al., 2022; Boness et al., 2023; Sanabria-Mazo et al., 2023; Furukawa et al., 2024). But improvement at the end of the treatment does not imply sustained recovery. Patients could be challenged to apply what they have learned by relapse, recurrence, environmental stress, role changes, and new health issues (Zhou et al., 2023; Tong et al., 2025). Psychological adaptation is related to both decreased distress as well as ongoing ability to respond flexibly, function, and re-establish meaningful personal lives.

### 1.2 CBT Skills as Portable Recovery Resources

The difference between CBT and interventions where patients are the main recipient of symptom relief is that CBT explicitly teaches techniques for patients to use on their own. However, being exposed to the therapeutic element is not the same as competence. Digital CBT suggests enactment and knowledge are separate constructs (Jackson et al., 2023) and qualitative research suggests that patients personalize techniques after treatment (Jackson et al., 2024). Homework and diverse practice in between lessons and in daily life seem to be key factor, though the quality, contextual relevance, and feedback to the learner seem to be important (Klein et al., 2024).



### 1.3 Evidence Gap

There is still poor integration of the literature. The representation of skill use can be done in several ways, such as worksheet completion, platform activity, retrospective self-report, mediator scales, or behavioral evidence, which limits the comparison (Sakata et al., 2021; Peynenburg et al., 2022). Functional recovery and personal recovery are also intrinsically linked concepts but not synonymous, especially for individuals with severe mental illness (Roosenschoon et al., 2024). While digital tools can extend reach and offer real-time prompts, less engagement, uneven access, and less human support can reduce transfer (Berardi et al., 2024; Gkintoni et al., 2025). Standard protocols may also be based on assumptions of the culture, which can impact their credibility and application in different cultures (Huey et al., 2023; Varshini et al., 2025).

### 1.4 Aim and questions

Changes in appraisal and regulation are supported by neuropsychological evidence; however, the behavioral pathway to adaptation within the daily context is not specified (Yuan et al., 2022). The following factors are possible mechanisms: self-efficacy, social support, decreased avoidance, coping rehearsal, and reinforcing routines (Maisto et al., 2024). For certain populations, technology-assisted CBT can be as effective as a face-to-face delivery, but guidance and contextual fit are key (Bevilacqua et al., 2024; Hall et al., 2025). Resilience and quality-of-life benefits are also dependent on condition and design (Xiang et al., 2025). The skills that facilitate sustained adaptation, the ways in which they are learned, shared, retained and transferred are explored, as are the individual, social, cultural, therapeutic and service factors that affect independent use. The idea behind this is that recovery is continuously reinforced as patients practice, adapt and adapt CBT skills in different situations, which aligns with implementation guidance that prioritizes ongoing psychological support (World Health Organization, 2024).

## II. CONCEPTUAL AND THEORETICAL FOUNDATIONS

### 2.1 Psychological Resilience

Clinical recovery is about symptom reduction, functional recovery is about participation in work, education, relationships and everyday life, and personal recovery is about hope, identity, meaning and agency. Long-term adjustment can thus take place in the absence of symptom (Roosenschoon et al., 2024; Xiang et al., 2025).

### 2.2 Core CBT Skills

Core CBT skills which are practiced are cognitive re-structuring of maladaptive appraisals, behavioral activation of meaningful routines, and exposure to decrease avoidance through corrective learning. Problem-solving translates general stressors to actionable steps and emotional-regulation techniques help to identify, reappraise, and tolerate emotions. Self-monitoring links triggers, cognitions, emotions, and behaviour. Coping planning is a planning that anticipates difficult situations, and the skills of relapse prevention are the identification of warning signs and early response to them. These methods often work simultaneously in clinical practice, and attributing components of multicomponent interventions (CMPT) is more complicated (Ciharova et al., 2021; Boness et al., 2023; Furukawa et al., 2024).

### 2.3 Principles of skill acquisition, transfer and maintenance

Skill acquisition starts off by providing explanation, therapist modelling, guided rehearsal, and corrective feedback. Skills become more likely to occur when patients use the skills in routines, see outcomes, and have feedback or booster supports (Klein et al., 2024; Jackson et al., 2024).



## 2.4 The Conceptual Pathway and Influencing Factors

This is CBT participation, skill learning, repetition, real-world transfer, independent self-management, and psychological adaptation as illustrated in Figure 3. The influences can occur in any phase of learning (Huey et al., 2023; Berardi et al., 2024).

## III. REVIEW METHODOLOGY

### 3.1 Standard Format for Data Presentation

Reporting continued following PRISMA 2020, and guidance for transparent grouping and interpretation, where quantitative pooling did not seem appropriate, was provided by the guidance in the Synthesis Without Meta-analysis (Page et al., 2021).

### 3.2 Protocol and Registration

The protocol was not registered and all deviations and amendments were entered into the audit trail.

### 3.3 Eligibility Criteria

**Table 1. Eligibility criteria for the secondary-evidence review**

| Domain              | Inclusion criteria                                                                                                       | Exclusion criteria                                                   |
|---------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Population          | Patients of any age receiving care for psychological or health-related conditions                                        | Nonpatient or exclusively professional-training samples              |
| Intervention        | CBT or a clearly defined CBT-based intervention containing transferable skills                                           | Interventions without identifiable CBT components                    |
| Comparator          | Usual care, waiting list, medication, another psychotherapy, or alternative CBT delivery                                 | No restriction when the review question did not require a comparator |
| Outcomes            | Skill use, transfer, maintenance, relapse, functioning, resilience, self-efficacy, quality of life, or personal recovery | Immediate outcomes without maintenance or transfer relevance         |
| Evidence type       | Systematic reviews, meta-analyses, component reviews, and structured evidence reviews                                    | Primary trials, protocols, dissertations, and conference abstracts   |
| Period and language | English-language reports published from 2021 through 2025                                                                | Reports outside the date range or not available in English           |

### 3.4 Information Sources and Search Strategy

A search was conducted on PubMed/MEDLINE on 30 April 2026, which was complemented by backward and forward citation chaining.

**Table 2. PubMed/MEDLINE search concepts and Boolean structure**

| Concept                  | Illustrative search terms                                                                                                                   | Combination                 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| CBT intervention         | "cognitive behavioral therapy" OR "cognitive behavioural therapy" OR CBT                                                                    | Combined with AND           |
| Skills                   | skill* OR homework OR "cognitive restructuring" OR "behavioral activation" OR exposure OR self-monitoring OR coping OR "relapse prevention" | Combined internally with OR |
| Transfer and maintenance | transfer OR generalization OR maintenance OR sustained OR follow-up OR relapse OR recovery OR adaptation                                    | Combined internally with OR |
| Adaptation outcomes      | resilience OR self-efficacy OR functioning OR "quality of life" OR "personal recovery"                                                      | Combined internally with OR |



|        |                                                          |                                   |
|--------|----------------------------------------------------------|-----------------------------------|
| Limits | English; 2021–2025; secondary-evidence publication types | Applied after concept combination |
|--------|----------------------------------------------------------|-----------------------------------|

### 3.5 Study-Selection Process

Search results were exported, deduplicated and then screened.

### 3.6 Data-Extraction Procedure

Authorship, coverage by country, clinical condition of participants, review design, primary-study characteristics, CBT format, treatment duration, follow-up period, skills taught, measures of skill-use, psychological and functional outcomes, and principal conclusions were captured on an extraction form.

### 3.7 Quality and Risk-of-Bias Assessment

Methodological quality were assessed by applying AMSTAR 2 methodological criteria that are relevant to the design of systematic reviews and critical-appraisal domains for narrative syntheses.

### 3.8 Evidence Synthesis and Certainty Assessment

No meta-analysis was attempted as the unit of analysis was the secondary report and primary study overlap was likely.

### 3.9 Ethical Considerations

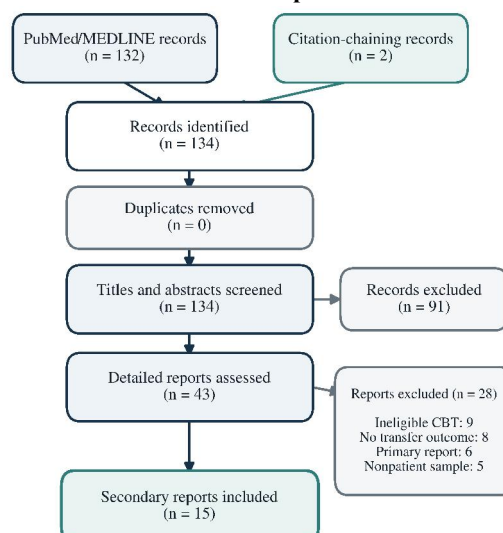
No recruitment, intervention, identifiable data or new consent in the review, analysis of published evidence. There was thus no need for ethics approval, though ethical duties of accuracy of representation, transparency of selection and appropriate attribution remained.

## IV. RESULTS

### 4.1 Search and Study-Selection Results

On 30 April 2026, 132 records were retrieved from PubMed/MEDLINE and 2 records were retrieved using citation chaining, for a total of 134 records. Fifteen secondary reports were included in the narrative synthesis.

**Figure 1. Secondary-evidence search and selection process based on PRISMA 2020 principles.**



#### 4.2 Participants in Included Studies

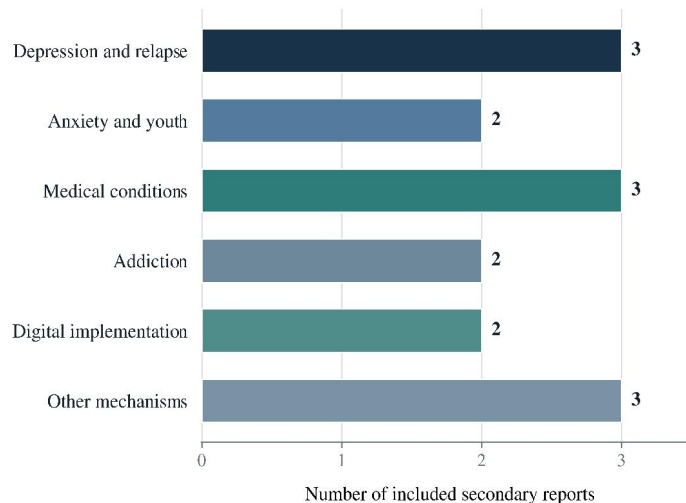
The 15 reviews included depression, anxiety, insomnia, substance-use disorders, suicidality, severe mental illness, cancer, fibromyalgia and chronic pain. Outcomes included symptoms, relapse, functioning, resilience, self-efficacy, quality of life, personal recovery, homework and skill enactment.

**Table 3. Characteristics of the 15 reports in the secondary-evidence database**

| Review                            | Review type                         | Population or focus              | Transfer or maintenance dimension                     |
|-----------------------------------|-------------------------------------|----------------------------------|-------------------------------------------------------|
| Ciharova et al. (2021)            | Network meta-analysis               | Adults with depression           | Cognitive restructuring and behavioral activation     |
| Zhou et al. (2023)                | Systematic review and meta-analysis | Major depressive disorder        | Post-treatment relapse prevention                     |
| Bevilacqua et al. (2024)          | Systematic review and meta-analysis | Children and young people        | Technology-assisted versus face-to-face CBT           |
| Hall et al. (2025)                | Systematic review and meta-analysis | Social anxiety disorder          | Individual, group and remote delivery                 |
| Furukawa et al. (2024)            | Component network meta-analysis     | Adults with chronic insomnia     | Restructuring, stimulus control and sleep restriction |
| Sanabria-Mazo et al. (2023)       | Systematic review and meta-analysis | Fibromyalgia                     | Coping, functioning and quality of life               |
| Xiang et al. (2025)               | Systematic review and meta-analysis | Patients with cancer             | Resilience and quality of life                        |
| Tong et al. (2025)                | Systematic review and meta-analysis | Adults with suicidal symptoms    | Symptom reduction and sustained safety                |
| Boness et al. (2023)              | Systematic review                   | Substance-use disorders          | Coping and relapse-prevention components              |
| Maisto et al. (2024)              | Systematic review                   | Alcohol and other drug treatment | Self-efficacy, craving and social support             |
| Kambeitz-Illankovic et al. (2022) | Systematic review                   | Adults with depression           | Digital versus face-to-face CBT                       |
| Berardi et al. (2024)             | Qualitative systematic review       | Digital mental-health systems    | Implementation barriers and facilitators              |
| Huey et al. (2023)                | Critical evidence review            | Ethnically diverse populations   | Cultural responsiveness and contextual transfer       |
| Klein et al. (2024)               | Conceptual evidence review          | Childhood anxiety disorders      | Homework, practice and mHealth support                |
| Yuan et al. (2022)                | Systematic review and meta-analysis | Psychiatric disorders            | Neuropsychological mechanisms of CBT                  |



**Figure 2. Distribution of the 15 included reports across six evidence categories. Other mechanisms comprise cultural adaptation, suicidality, and transdiagnostic evidence.**



#### 4.3 Cumulative Incidence Risk

Studies with a short follow-up period (digital) and long follow-up period (long-follow-up) were also affected by attrition which reduced confidence in maintained effects (Kambeitz-Illankovic et al., 2022; Bevilacqua et al., 2024). These concerns can be summarized in the following table (Klein et al., 2024; Maisto et al., 2024).

**Table 4. Methodological-quality profile of the secondary evidence**

| Domain                     | Synthesis-level assessment                            | Effect on interpretation                                |
|----------------------------|-------------------------------------------------------|---------------------------------------------------------|
| Search and selection       | Mostly systematic, although database coverage varied  | Possible omission of unpublished or non-English studies |
| Randomization              | Generally adequate in randomized primary studies      | Supports treatment-effect conclusions                   |
| Blinding                   | Participant and therapist blinding usually impossible | Increased performance and expectation bias              |
| Attrition                  | Common in digital and longer-follow-up studies        | Potential overestimation of maintained effectiveness    |
| Skill-use measurement      | Often inferred from homework or intervention exposure | Weak distinction between learning and enactment         |
| Follow-up                  | Considerable variation across conditions              | Reduced comparability of sustained outcomes             |
| Intervention heterogeneity | CBT packages differed in content and intensity        | Individual skill effects remain uncertain               |
| Selective reporting        | Functional and null outcomes inconsistently presented | Symptom outcomes may be overrepresented                 |
| Overall quality            | Moderate, with substantial heterogeneity              | Narrative conclusions require caution                   |

#### 4.4 CBT Skills identified in the studies are summarized below.

In the reviews on depression, cognitive restructuring and Behavioral activation was invariably most frequently seen, and there was no clear superiority between them (Ciharova et al., 2021). For anxiety and trauma, exposure was a key



component of the protocol, while stimulus control and sleep restriction were added as ancillary elements in insomnia treatment (Furukawa et al., 2024; Hall et al., 2025). Self-monitoring paired triggers with cognitions and actions, and homework increased rehearsal outside of the sessions (Klein et al., 2024). Functional analysis, coping rehearsal, and craving management and relapse planning were highlighted in addiction reviews (Boness et al., 2023; Maisto et al., 2024).

**Table 5. CBT skills, real-life transfer indicators, and adaptation outcomes**

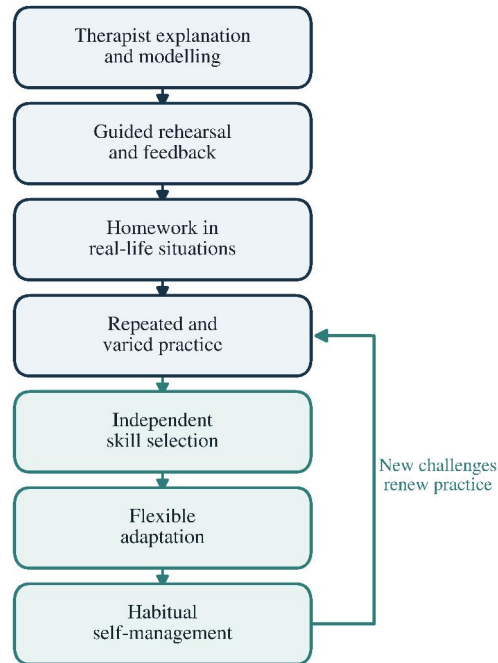
| CBT skill               | Therapeutic function                         | Indicator of real-life transfer            | Potential sustained outcome                |
|-------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------------|
| Cognitive restructuring | Modify unhelpful appraisals                  | Spontaneous reappraisal outside therapy    | Reduced rumination and symptom maintenance |
| Behavioral activation   | Restore meaningful activity                  | Planned actions incorporated into routines | Mood, participation and functioning        |
| Exposure                | Reduce avoidance through corrective learning | Approach behaviour across settings         | Maintained fear reduction                  |
| Problem-solving         | Convert stressors into manageable actions    | Independent use with unfamiliar problems   | Perceived control and self-efficacy        |
| Emotional regulation    | Identify, tolerate and modify affect         | Strategy matched to context                | Improved emotional stability               |
| Self-monitoring         | Recognize triggers and response patterns     | Independent diary or digital check-in      | Earlier recognition of deterioration       |
| Homework practice       | Rehearse procedures between sessions         | Repeated everyday application              | Skill fluency and generalization           |
| Coping planning         | Prepare for foreseeable stressors            | Coping plan activated during difficulty    | Self-efficacy and resilience               |
| Relapse prevention      | Identify warning signs and risk situations   | Early implementation of recovery actions   | Reduced relapse or recurrence              |

#### 4.5 Acquisition and Real-Life Transfer of CBT Skills

Acquisition occurred best when therapists demonstrated why the techniques were to be used, modelled the techniques, provided feedback on understanding, and rehearsed usage. Homework was viewed as an extension of sessions, and quality and relevance were key, rather than mechanical completion (Klein et al., 2024; Maisto et al., 2024). However, digital prompts, exercises and portable records enhanced accessibility but engagement was found to be less without human guidance (Berardi et al., 2024; Kambeitz-Illankovic et al., 2022). Secondary evidence suggested that patients modified, simplified or tailored techniques instead of copying them verbatim (Huey et al., 2023).



**Figure 3. Progression from therapist-supported acquisition to independent, adaptive CBT skill enactment and habitual self-management.**



#### 4.6 Skill Use, Psychological Outcomes, and Long-Term Outcomes

Better symptom trajectories were associated with higher quality skill enactment, but knowledge alone did not consistently predict symptom improvement (Klein et al., 2024; Maisto et al., 2024). Reduced depressive, anxiety and self-harm outcomes were seen, with inconsistent results regarding relapse across disorders and follow-up time (Zhou et al., 2023; Tong et al., 2025). Emotional regulation was achieved through cognitive restructuring and exposure, which led to changes in appraisal and a decrease in avoidance behaviour, while Behavioral activation increased reinforcing routines. It also demonstrated a more consistent effect of CBT on distress and quality of life than physical symptoms in medical populations, and gains in resilience were context dependent (Sanabria-Mazo et al., 2023; Xiang et al., 2025). The effectiveness of problem solving and coping improved perceived control and self-efficacy, especially in managing high-risk situations (Maisto et al., 2024). Symptoms were measured more consistently than functional outcomes, and conclusions about broader adaptation could not be drawn from the functional outcome measures (Hall et al., 2025).

**Table 6. Summary and provisional certainty of sustained outcomes**

| Outcome              | Direction of evidence        | Provisional certainty | Principal limitation                 |
|----------------------|------------------------------|-----------------------|--------------------------------------|
| Sustained symptoms   | Generally favourable         | Moderate              | Clinical heterogeneity               |
| Depression relapse   | Favourable but variable      | Low–moderate          | Follow-up and comparator differences |
| Anxiety relapse      | Potentially favourable       | Low                   | Inconsistent relapse definitions     |
| Emotional regulation | Promising                    | Low–moderate          | Frequently indirect measurement      |
| Resilience           | Positive in some populations | Low                   | Limited condition-specific evidence  |

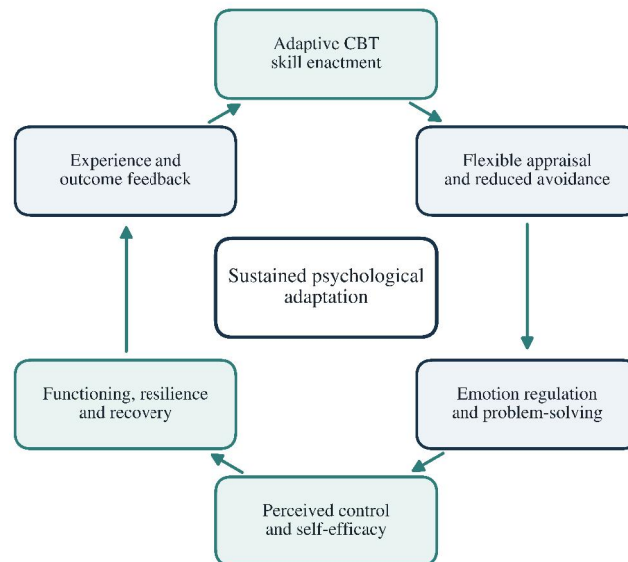


|                       |                                 |              |                                     |
|-----------------------|---------------------------------|--------------|-------------------------------------|
| Self-efficacy         | Plausible mediator              | Low–moderate | Few longitudinal mediation analyses |
| Functioning           | Positive but smaller            | Low–moderate | Inconsistent measurement            |
| Quality of life       | Generally favourable            | Low–moderate | Condition-dependent effects         |
| Personal recovery     | Insufficient direct evidence    | Low          | Rarely a primary outcome            |
| Independent skill use | Plausible maintenance mechanism | Low          | No standardized measures            |

#### 4.7 Mechanisms Supporting Sustained Adaptation

Flexible appraisal was increased by cognitive restructuring, corrective learning was achieved through exposure, and avoiding was reduced by establishing reinforcing habits through Behavioral activation. Enactment under stress was enhanced by successful practice, which boosted perceived control and self-efficacy (Ciharova et al., 2021; Maisto et al., 2024). Through neuroimaging, CBT has been associated with changes in the regulation of prefrontal-limbic circuits, though mechanisms are poorly understood (Yuan et al., 2022).

**Figure 4. Reciprocal mechanism-outcome model of sustained psychological adaptation. Experience and outcome feedback reinforce subsequent skill enactment.**



#### 4.8 Facilitators and Barriers

Clear rationales and assignments that were aligned with ability increased engagement, and successful application enhanced self-efficacy (Klein et al., 2024; Maisto et al., 2024). There was a risk of generic exercises feeling irrelevant and cultural mismatch affecting credibility (Huey et al., 2023). Digital engagement was enhanced by human guidance, however, maintenance effects differed across programs (Kambeitz-Illankovic et al., 2022). Impediments to implementation included organizational constraints and caseloads as well as limited training, all of which were identified by Berardi et al. (2024).

**Table 7. Facilitators, barriers, and recommended clinical responses**

| Type        | Factor                      | Likely influence               | Clinical or research response            |
|-------------|-----------------------------|--------------------------------|------------------------------------------|
| Facilitator | Regular contextual practice | Improves retrieval and fluency | Assign practice across varied situations |



|             |                           |                                      |                                                  |
|-------------|---------------------------|--------------------------------------|--------------------------------------------------|
| Facilitator | Collaborative homework    | Strengthens relevance and engagement | Negotiate tasks according to goals               |
| Facilitator | Therapist feedback        | Corrects inaccurate or rigid use     | Review how, when and why skills were used        |
| Facilitator | Booster contact           | Refreshes skills after treatment     | Provide targeted rather than routine boosters    |
| Facilitator | Social support            | Encourages accountability            | Involve supportive others with consent           |
| Facilitator | Digital reminders         | Prompts skill retrieval              | Use personalized, nonintrusive reminders         |
| Barrier     | Severe symptoms           | Reduces attention and initiation     | Simplify tasks and increase support              |
| Barrier     | Limited understanding     | Encourages mechanical use            | Check comprehension through demonstration        |
| Barrier     | Environmental instability | Restricts practice opportunities     | Develop feasible contingency plans               |
| Barrier     | Digital exclusion         | Limits maintenance tools             | Retain telephone, paper and face-to-face options |
| Barrier     | Cultural incompatibility  | Reduces credibility                  | Co-design culturally responsive adaptations      |
| Barrier     | Limited follow-up         | Allows skill decline unnoticed       | Monitor transfer and functioning longitudinally  |

#### 4.9 Variations Across Populations and Settings

Digital and face-to-face CBT yielded similar results and technology-assisted CBT was noninferior when compared with both youth anxiety and depression (Kambeitz-Ilankovic et al., 2022; Bevilacqua et al., 2024). Individual, group and remote formats worked for social anxiety (Hall et al., 2025). While medical populations reported adaptation benefits, there was a lack of assessment of culturally responsive adaptation (Xiang et al., 2025; Huey et al., 2023).

### V. DISCUSSION

#### 5.1 Summary of Principal Findings

Results suggest that CBT is successful at promoting long-lasting adaptation if patients learn the skills and use them and transfer them over time. High-quality enactment in relevant situations was more consistently related to outcomes than knowledge or program exposure alone (Klein et al., 2024; Maisto et al., 2024).

#### 5.2 Interpretation of Findings

Therapy is necessary for procedural knowledge, however adaptation involves cue recognition, and selection of a strategy and assessment of effects in uncontrolled environments. This is why enacting may be a good predictor of improvement, but knowledge is not, and why associations are not as strong when clicks or homework counts are used as a measure of application (Klein et al., 2024; Maisto et al., 2024). Generalization is then a further learning goal that must be practiced and given feedback in a variety of contexts in new situations (Klein et al., 2024).

#### 5.3 Relearning Recovery as an Ongoing Process

Relearning recovery re-frames adaptation as after-discharge. When the illness and/or relationships, work or culture change, skills of dealing with panic, withdrawal or rumination may need to be tweaked. In terms of contextual adaptation, reviews indicate that it occurs under varying life circumstances (Huey et al., 2023); and in terms of maintenance, mediator research suggests that self-efficacy is related to maintenance (Maisto et al., 2024).



#### **5.4 Integration of Psychological Theory with the Development of Psychology Services**

CB theory sees change as a way of changing appraisals and behaviours; self-efficacy theory sees change as a build-up of confidence due to successful enactment of the change, which then can support changes in future. Based on these two perspectives, the authors envision a bidirectional process where the perception of control leads to greater adaptive action, which in turn reinforces the sense of control and fosters further practice and recovery (Maisto et al., 2024; Yuan et al., 2022).

#### **5.5 The analysis for the clinical significance of the findings and their comparison with the previous evidence**

Previous reviews have confirmed the effectiveness of CBT in various clinical conditions, such as insomnia (Zhou et al., 2023), addiction and relapse prevention (Boness et al., 2023; Ciharova et al., 2021), and depression (Furukawa et al., 2024). This synthesis incorporates a treatment component with a transfer centred interpretation that durable benefit relies on post-treatment self-implementation of the components of treatment.

#### **5.6 Recommendations for Future Research and Long-Term Intervention Evaluation**

Patients should be followed in studies for 12-24 months with similar time intervals. Validated measures need to differentiate delivery of intervention, comprehension, real world enactment, and existing skill-use measures need clinical and cultural validation (Klein et al., 2024). More culturally and socioeconomically diverse samples are needed, adaptations co-designed and reported (Huey et al., 2023). The maintenance research needs to be evaluated in a digital way focusing on guidance, reminders, declining engagement and accessibility (Berardi et al., 2024).

### **VI. IMPLICATIONS FOR CLINICAL PRACTICE, LEARNING, AND PROFESSIONAL SERVICES**

#### **6.1 Implications for Therapists**

Homework completion is not enough to be considered evidence of transfer (Klein et al., 2024). Relapse rehearsal should focus on high-risk situations that are predictable and setbacks should be viewed as opportunities for further learning (Zhou et al., 2023; Maisto et al., 2024).

#### **6.2 Learning Objectives**

Digital diaries, reminders, teletherapy, and modules can be used to facilitate practice, but must allow for patient choice and clinician contact (Gkintoni et al., 2025). There will be a need for staff training and supervision, protected time, records and alternative methods for digital exclusion (Varshini et al., 2025; Berardi et al., 2024).

#### **6.3 Practical relevance for the professions.**

Services need to be culturally responsive and digitally inclusive, and this should be funded through commissioning (Huey et al., 2023). These priorities are similar to those encouraged by the World Health Organization (World Health Organization, 2024) for implementation.

### **VII. STRENGTHS AND LIMITATIONS**

#### **7.1 Strengths of the Review**

A reproducible secondary-evidence search and documentation of screening were used to conduct this review.

#### **7.2 Limitations of the scope**

Reviews were often included, but typically focused on symptoms and few included direct measures of real-world skill quality, personal recovery or cultural transfer (Huey et al., 2023; Klein et al., 2024).

### **VIII. CONCLUSION**

When individuals learn to use the techniques as resources for their psychological recovery and choose them for themselves, CBT can help them adapt in the long term. The main finding of the paper is that recovery is an on-going relearning process, not a post-treatment state.



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