

The University of British Columbia 2017 perfectionism treatment project

Submission date 31/03/2017	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 27/04/2017	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 07/07/2022	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Perfectionism is a personality style characterized by a person's striving for flawlessness and setting high performance standards. This creates vulnerabilities for a variety of psychological, relationship and health problems. The aim of this study is to test two approaches for the treatment of perfectionism. The study looks at whether a group psychotherapy treatment designed by the principal investigator is more effective than a traditional form of group psychotherapy.

Who can participate?

Adults who have volunteered for treatment of their perfectionism and perfectionism-related problems

What does the study involve?

Participants complete a clinical interview and complete questionnaires at the start of treatment and at the midpoint and at the end of the treatment as well as at 6 months after the end of treatment. All participants are given a pre-treatment orientation that describes perfectionism as well as what to expect and how best to benefit from group psychotherapy, and are then randomly allocated to receive 12 sessions of either dynamic-relational group treatment or a supportive group treatment, led by two senior PhD psychology students under the supervision of registered psychologists. Sessions are videotaped for the study.

What are the possible benefits and risks of participating?

Based on previous research it is expected that participants will experience a reduction in their psychological distress and symptoms and a reduction in their perfectionistic behaviour. There are no anticipated physical, psychological, or social risks associated with this treatment. During the treatment, participants may feel uncomfortable with discussing personal information and feelings to other group members and/or the therapist, but this is a normal part of psychotherapy. Some of the questions in the questionnaires may be sensitive, but participants do not have to answer any question if they do not want to. Participant's private information is not shared and is safely stored. All patient/therapist interactions are supervised by Registered Psychologists.

Where is the study run from?
University of British Columbia (Canada)

When is the study starting and how long is it expected to run for?
April 2017 to September 2020 (updated 04/08/2020, previously: December 2018)

Who is funding the study?
1. Society of Psychotherapy Research (USA)
2. American Group Psychotherapy Association (USA)

Who is the main contact?
Dr Paul Hewitt
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Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
H16-02815

Study information

Scientific Title

A randomized controlled trial for dynamic-relational vs supportive group treatment of perfectionism

Acronym

RCT Perf

Study objectives

For treating perfectionism, dynamic-relational group psychotherapy is better than supportive group psychotherapy

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of British Columbia Behavioral Research Ethics Board, 27/02/2017, ref: H16-02815

Study design

Single-centre randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Other

Study type(s)

Treatment

Participant information sheet

No participant information sheet available

Health condition(s) or problem(s) studied

Perfectionism, a core vulnerability and transdiagnostic personality factor

Interventions

Perfectionistic individuals (determined by interview and questionnaires) will be randomly assigned to either a dynamic-relational group treatment or a supportive group treatment for perfectionism. Participants are randomly assigned by random number generator. Odd numbers will be assigned to the Dynamic Relational Group and even numbers will be assigned to the Supportive Group.

The dynamic-relational group psychotherapy approach combines knowledge of critical components of interpersonal group psychotherapy (MacKenzie, 1990; Yalom & Leszcz, 2005) and key ingredients in the psychodynamic treatment of perfectionists in individual and group psychotherapy (see Hewitt et al., 2017; Tasca, Mikail, & Hewitt, 2005). The therapeutic intervention focuses on the relational and developmental precursors, interpersonal impact, and underlying relational processes of perfectionism rather than focusing directly on reducing

perfectionistic behaviors per se (e.g., negative evaluations, stringent expectations, etc.). That is, the emphasis of interventions is placed on addressing perfectionism-related relational patterns manifest in interactions among group members as well as those described by members within the context of other relationships, including one's relationship with self. This approach is consistent with traditional and contemporary models of psychodynamic and interpersonal therapy (McWilliams, 2004; Sullivan, 1953) and also consistent with other psychodynamic treatments of perfectionism (e.g., Fredtoft, Poulsen, Bauer, & Malm, 1996; Greenspon, 2008; Sorotzkin, 1998). An important role for therapists is to keep group discussion rooted in the "here and now." They will encourage group members to explore their relationships and experiences within the group and emphasize the expression of affect, interpersonal feedback among members, and interpretations of group processes. Interpretation of transference responses within the group and between group members or between group members and therapists is underscored as a means of exploring and challenging self-limiting interpersonal dynamics. Prominent themes include members' reactions to empathic failures, tolerance of therapists' limitations (accepting the "good-enough" as opposed to "the perfect therapist"), and tolerating interpersonal feedback (often experienced as exposure of one's imperfection). There is also an explicit emphasis on relying on perfectionism as a means of creating safety or defending the self against perceived or actual abandonment, rejection, criticism, intimacy, interpersonal conflict and tension, or a lack of control over one's relational world. Interpersonal transitions will be important to address throughout the sessions with an explicit focus in later sessions on the termination of group.

Supportive psychotherapy. The main objective of supportive therapy is to improve patients' immediate adaptation to their life situations. With regard to perfectionism, supportive therapy aims to help patients adopt realistic appraisals of their abilities, goals, and social environment. Empathic validation and direct support will be provided by the therapist and promoted among group members. This approach is based on the assumption that the provision of support and problem solving can help patients achieve improvements in symptoms and social functioning. The therapist attempts to create a climate of gratification wherein patients can share common experiences and feelings, and receive praise (reinforcement) for their efforts at coping. The therapist is thus actively supportive and focused on patients' relationships with persons outside the group (i.e. as opposed to a focus on intragroup interactions). The therapist makes clarifying rather than interpretive comments, and attempts to model adaptive coping strategies. Interventions in supportive therapy thus focus on directly enhancing patients' self-esteem and coping abilities, rather than exploring intrapsychic experience. The therapist offers positive comments to reinforce patients' coping and adaptation via emotional expression, problem solving, and social engagement.

The treatments will be weekly for 13 weeks including one pregroup training session. Participants will be evaluated pre, mid, post, and 6 months post treatment with questionnaires.

Intervention Type

Other

Primary outcome measure

Current primary outcome measures as of 28/01/2021 (updated on 28/06/2022):

1. Self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism, measured using the Multidimensional Perfectionism Scale
2. Perfectionistic self-presentation, namely perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection, measured using the Perfectionistic Self Presentation Scale

3. Automatic perfectionistic thoughts, measured using the Perfectionism Cognitions Inventory
4. Psychological symptoms including somatization, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobias, paranoia, and psychoticism, measured using the Brief Symptom Index, overall scores of global severity, positive symptom total and positive symptom distress index

These are all self-report measures administered by research staff and will be administered pretreatment, midpoint of treatment, post treatment, and at 6-month follow-up timepoint.

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5. Interpersonal and relational difficulties, measured using the Inventory of Interpersonal Problems

These are all self-report measures administered by research staff and will be administered pretreatment, midpoint of treatment, post treatment, and at 6-month follow-up timepoint.

Secondary outcome measures

Toronto Alexithymia Scale, Pathological Narcissism Inventory, Automatic Self Recriminations Scale, Dysfunctional Attitudes Scale. These self report measures will be administered pre, post, midpoint, and followup timepoints.

1. Overall alexithymia, measured using the Toronto Alexithymia Scale
2. Critical self-related inner dialogue including harsh self-criticism, undeservedness, not mattering, and loathsomeness, measured using the Automatic Self Recriminations Scale
3. Self-related dysfunctional attitudes regarding perfectionism, measured using the Dysfunctional Attitudes Scales

Overall study start date

15/04/2017

Completion date

30/09/2020

Eligibility

Key inclusion criteria

1. Individuals from the community who have volunteered for treatment of their perfectionism and perfectionism-related problems
2. Patients with elevated levels of at least one component of perfectionism
3. Based on past treatment of perfectionism research patients with personality and interpersonal problems, depression, and anxiety are expected
2. Fluent in spoken and written English

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

60

Total final enrolment

80

Key exclusion criteria

1. Currently suicidal or experiencing psychotic symptoms
2. Not fluent in written and spoken English as the research and treatment will be conducted solely in English
3. Potential participants will be excluded if they have not experienced any close relationship (e. g., friend, romantic relationship, relative) because group psychotherapy is not indicated and is not likely tolerated by such individuals

Date of first enrolment

15/04/2017

Date of final enrolment

31/12/2017

Locations**Countries of recruitment**

Canada

Study participating centre

University of British Columbia

Perfectionism and Psychopathology Lab

Dept of Psychology

Vancouver

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Sponsor information**Organisation**

University of British Columbia

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Sponsor type

University/education

ROR

<https://ror.org/03rmrcq20>

Funder(s)

Funder type

Research organisation

Funder Name

Society of Psychotherapy Research

Funder Name

American Group Psychotherapy Association (funds applied for)

Results and Publications

Publication and dissemination plan

Results will be published in a peer-reviewed journal (previous perfectionism treatment effectiveness was published in Psychotherapy) as will offshoots of the main study findings. The plan is to submit the main paper by September 2020 and subsequent papers every 3 months following that date.

Intention to publish date

30/06/2022

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Paul Hewitt (phewitt@psych.ubc.ca).

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Basic results		02/11/2021	03/11/2021	No	No