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# The University of British Columbia 2017 perfectionism treatment project

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| **Submission date** 31/03/2017 | **Recruitment status** No longer recruiting | [ ] Prospectively registered |
| | | [ ] Protocol |
| **Registration date** 27/04/2017 | **Overall study status** Completed | [ ] Statistical analysis plan |
| | | [X] Results |
| **Last Edited** 07/07/2022 | **Condition category** Mental and Behavioural Disorders | [ ] Individual participant data |

## Plain English Summary

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
phewitt@psych.ubc.ca

# Contact information

## Type(s)
Scientific

## Contact name
Dr Paul Hewitt

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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 hypothesis
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

## Condition
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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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
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, nondeservedness, 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

## Overall study end date
30/09/2020

# Eligibility

## Participant 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

**Participant 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

**Recruitment start date**

15/04/2017

**Recruitment end date**

31/12/2017

# Locations

**Countries of recruitment**

Canada

**Study participating centre**
**University of British Columbia**
Perfectionism and Psychopathology Lab
Dept of Psychology
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# Sponsor information

**Organisation**

University of British Columbia

## Sponsor details
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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 |