CBT for Perfectionism: Controversies and compromise

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Aims ( achievable!)

1. Latest research on the cognitive behavioural theory and treatment of perfectionism

2. Useful and innovative therapeutic strategies
Aims

1. Latest research on the cognitive behavioural theory and treatment of perfectionism
   - Definition of terms
   - Ways in which perfectionism is problematic
   - Theory and treatment implications
   - Empirical data
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Definitions

• “Tyranny of the shoulds” (Horney, 1950)

• “Musterbation” (Ellis, 1961)

• “Those whose standards are high beyond reach or reason, people who strain compulsively and unremittingly toward impossible goals and who measure their own worth entirely in terms of productivity and accomplishment” (Burns, 1980)

• “Setting of excessively high standards for performance accompanied by overly critical self-evaluation (Frost, Marten, Lahart & Rosenblate, 1990)

• “Multidimensional” (Hewitt & Flett, 1991)
Healthy vs. unhealthy

- Normal vs. neurotic
- Functional vs. dysfunctional
- Healthy vs. unhealthy
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1. Significant clinical problem in its own right

- Time
- Social isolation
- Performance anxiety
- Narrowing of interests
- Low mood
- Procrastination/avoidance
- Unemployment/drop out of studies
• "The desire for perfection is the worst disease that ever afflicted the human mind" -- Marquis Louis Fontanes 1757 – 1821

• “I have been struggling for many years with my perfectionism and it has been a huge strain on my family. I have tried CBT several times but this has failed to help me as it has been so difficult to find a counsellor who really appreciates the depth of difficulties associated with perfectionism...I am not working”
2. Impact on treatment: Adults
• **Depression Adults:** National Institute of Mental Health Treatment of Depression Collaborative Research Program (TDCRP) (n=239)\(^1\)

• **Anorexia Nervosa (n=73):** Inpatient treatment for AN\(^2\)

• **Bulimia Nervosa (n=87):** Using guided self help\(^3\)

• **Pain (n=53):** ‘Self-critical perfectionism’\(^4\)

• **OCD incl. hoarding (n=118; n=17; n=37):** Doubts about actions predicted outcome; perfectionism as part of OCPD impacted ERP \(^5-7\)

\(^1\)Blatt, Quinlan, Pilkonis and Shea (1995) and Shahar et al. (2003); \(^2\)Sutandar-Pinnock et al. (2003); \(^3\)Steele, Bergin & Wade (2011); \(^4\)Kempke et al., (2014); \(^5\)Chik, Whittal & O’Neill (2008); \(^6\)Pinto et al. (2011); \(^7\)Muroff et al. (2013)
Impact on treatment: Youth

- **Depression**: Treatment for Adolescents with Depression Study (n=439)$^1$

- **Anxiety** (n=34): Self-oriented perfectionism predicted poorer outcome (but reduced following treatment)$^2$

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$^1$Jacobs et al., 2009; Dysfunctional attitudes scale perfectionism: a predictor and partial mediator of acute treatment outcome among clinically depressed adolescents. *J Clin Child Adolesc Psychol*, 38, 803-13

$^2$Mitchell et al. 2013
BUT

- **Bulimia Nervosa**: Outcome for bulimia nervosa not predicted by pre-treatment levels of perfectionism\(^1\)

- **Social Phobia**: Perfectionism not predict outcome for social phobia and changes as a result of successful treatment\(^2{-}^4\)

- **OCD**: Total perfectionism score not predict outcome\(^5\)

- **Anxiety in youth**: Self-oriented perfectionism reduced with treatment\(^6\)

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\(^1\) Mussell et al. (2000); \(^2\) Lundh & Ost (2001); \(^3\) Rosser et al. (2003); \(^4\) Ashbaugh et al., (2007); \(^5\) Chik et al., (2008). \(^6\) Mitchell et al. (2013).
3. Associations with other forms of psychopathology

Perfectionism as a transdiagnostic process: A clinical review

Sarah J. Egan, Tracey D. Wade, Roz Shafran

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b School of Psychology, Flinders University, Australia
c School of Psychology, University of Reading, United Kingdom
4. Risk factor

- Development of anorexia nervosa and bulimia nervosa
  Fairburn et al. 1999; Bulik et al., 2003; Goodwin et al., 2014

- Depression
  Hewitt, Flett & Ediger, 1996

- Stress
  Chang & Rand, 2000
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Treatment Advances

• Interplay of theory – experiments – treatment experiments (Clark, 2004)

• Biggest treatment advances come from focusing on reversing putative maintaining mechanisms
  – Panic disorder
  – Bulimia nervosa
  – Social phobia
  – PTSD

• Don’t try to do too much all in one go!
“Clinical Perfectionism”

Characteristics of clinical perfectionism

- Self-imposed nature of standards
- Standards are personally demanding
- Self-worth dependent upon success and achievement
- Attention to failures at expense of successes
- Self-defeating
Original analysis

- Construes clinical perfectionism as a dysfunctional scheme for self-evaluation.

- Core psychopathology as the overdependence of self-evaluation on the determined pursuit of personally demanding, self-imposed standards in at least one highly salient domain despite adverse consequences.
Context

• Type of perfectionism seen in clinical practice

• Not:
  – Positive healthy striving
  – Having high standards for other people
  – Believing that others have high standards for you

• Hypothesised maintaining mechanism for eating disorders
“Everybody said she was a winner
No one knew the secret kept within her
Starving for perfection (Echo: Perfection)
Hating her reflection (Echo: Reflection)

CHORUS:
She tries harder than the average teen
An over achiever with low self esteem
Wants to look like a star, but she takes it too far
She's Never Good Enough
Wants to be Mary-Kate
Perfect weight, eighty-eight
She's Never Good Enough

Now her friends know all about her problems
They all try their best to help her solve them
She feels like she's on trial.
But she's still in denial…”
Self-worth overly dependent on striving and achievement

(Re) Set standards

Cognitive biases

Fail to meet standards

Temporarily meet standards

Self-criticism

Reappraise standards as insufficiently demanding

Adverse consequences:

Positive consequences:
Self-worth overly dependent on striving and achievement

(Re) Set standards

Cognitive biases

Performance related behaviour/emotion

Avoid/

Fail to meet standards

procrastinate

Temporarily meet standards

Reappraise standards as insufficiently demanding

Adverse consequences:

Emotional distress, Counter-productive behaviour and Self-criticism

Positive consequences:

Shafran, Egan & Wade, 2010
Hypotheses

- Clinical perfectionism is maintained by
  - Dysfunctional expressions of core psychopathology e.g., repeated checking
  - Rigid standards expressed as rules
  - Cognitive biases
    - Biased evaluation of performance
    - Discounting success
    - Resetting standards
  - Negative self-evaluation, self-criticism and fear of ‘failure’
Hypotheses

• Clinical perfectionism will impede the successful treatment of Axis I disorders if the domains overlap

• Eating disorders can sometimes be an expression of clinical perfectionism in the domain of eating, shape and weight
Perfectionism Is Multidimensional: a reply to Shafran, Cooper and Fairburn (2002)

P.L. Hewitt *, G.L. Flett b, A. Besser c, S.B. Sherry c, B. McGee c

*University of British Columbia, Department of Psychology, 2136 West Hall, Vancouver, BC V6T 1Z4, Canada
b York University, UK
c University of British Columbia, Canada

“Clinical perfectionism” is not “multidimensional perfectionism”: A reply to Hewitt, Flett, Besser, Sherry & McGee

R. Shafran *, Z. Cooper, C.G. Fairburn

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Personal standards and evaluative concerns dimensions of “clinical” perfectionism: A reply to Shafran et al. (2002, 2003) and Hewitt et al. (2003)

David M. Dunkley a, b, *, Kirk R. Blankstein c, Robin M. Masheb d, Carlos M. Grilo d


The Clinical Perfectionism Questionnaire: Further evidence for two factors capturing perfectionistic strivings and concerns

Joachim Stoeb a, *, Lavinia E. Damian b

*aSchool of Psychology, University of Kent, United Kingdom
bDepartment of Psychology, Babes-Bolyai University, Romania
• Clinical interview

• Clinical Perfectionism Scale (Fairburn, Cooper & Shafran, 2003)

• Frost Multidimensional Perfectionism Scale (Frost et al., 1991)

• Hewitt & Flett Multidimensional Perfectionism Scale (Hewitt & Flett, 1991)
The aim was to define and understand a specific clinical concept *in order to advance the understanding and treatment of certain psychiatric problems*...the most important test is its clinical utility

Shafran et al., 2003
Treatment implications

1. A personalised formulation in terms of clinical perfectionism

2. Broadening the patient’s scheme for self-evaluation

3. Using behavioural experiments to test competing hypotheses

4. Using cognitive-behavioural methods to address personal standards, self-criticism and cognitive biases that maintain clinical perfectionism
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Qualitative evaluation of key aspects of theory

- 21 participants – 15 with ‘clinical’ perfectionism
- 14 female
- The mean age was 32.7 (SD: 11.6; range 18-56 years)

Importance of Standards

“...people would say, you’ve done really well, won’t you just cheer up? And I’d say but I didn’t do quite as well as I could have, and it’s not everybody else’s, it’s my own standards that are important...”

If I win a skating competition, then well, no, I’m not happy if I didn’t skate well.”
Consequences

“...I got quite ill and I was thin, and pale, and exhausted, and yet I still drove myself to do all these things.”

“I was working ridiculously long hours, and put in every minute of effort into it I'd got, and that was stressful.”
Importance of Striving

“There’s always that little fear that if I ever stop, if I ever stop trying or ever stop working then it’s all just going to fall down, and I won’t have this kind of construct in my life, which supports everything I do.”
Self-evaluation

“I think probably, if I haven’t got something right, then, I’m not-I’m a bit of a worthless person. Or that I’m not good enough, sort of thing.”

It would just be a total loss of security if I fell from this standard… I suppose it is a fear of…knowing that I would feel insecure inside myself.”
“I avoided talking to my PhD supervisor for four years, because I was frightened he’d say forget it, just forget it, you’ve failed, so I just analysed and analysed my results…”

“I’m a compulsive maker of lists! I have lists of things that have to be there [in my essays]. It’s like, if I put these things in then I’ll have precluded all mistakes.”
Quantitative evaluation of key aspects of theory

- **Self-evaluation** — Dunkley & Grilo, 2007
- **Resetting of standards** — Kobori, Hayakawa & Tanno, 2009
- **Biased information processing**
  - Dichotomous thinking & rigidity — Egan et al., 2007
  - Interpretation of ambiguous information — Yiend, Savulich, Coughtrey & Shafran., 2009
- **Domain specificity** — Haase, Prapavessis, & Owens, 2013
- **Behaviour** — Lee, Roberts-Collins, Coughtrey, Phillips & Shafran, 2011
- **Measurement?**
Treatment

Pre 2007

• Single case studies

• Analogue samples and interventions
Systematic Review and Meta-analysis

Eight studies included (not all RCTs)

‘It is possible to significantly reduce aspects of perfectionism using a cognitive behavioural approach with short interventions in adults with perfectionism as a primary problem or in addition to psychiatric diagnoses’

The first pilot RCT

- $N = 20$ participants; high scorers on the *Clinical Perfectionism Examination* and the *Clinical Perfectionism Questionnaire* (Fairburn, Cooper, and Shafran)
- CBT treatment vs. a wait-list control condition
- Treatment = 10 sessions of individual CBT over 8 wks
- Treatment gains were maintained at 8- and 16-week follow-up
- Ten participants met criteria for an anxiety disorder or major depressive episode immediately prior to treatment, reducing to four participants at 16-week follow up

Case-series design

- N=21
- Compared psychoeducation and group CBT for perfectionism
- Group CBT for clinical perfectionism was beneficial, but that psycho-education alone was not effective for reducing perfectionism or negative affect.

RCT: Group CBT for perfectionism vs. Waitlist

• N=42 elevated perfectionism and range of anxiety, eating and mood disorder
• Group CBT impacted perfectionism, symptoms of depression, eating disorders, social anxiety, anxiety sensitivity, and rumination, as well as significantly greater pre-post increases in self-esteem and quality of life compared to the waitlist control group. Treatment gains were reliable and clinically significant, and were maintained at six month follow-up.

Significant Group x Time effects for all perfectionism variables
RCT: Face-to-face CBT vs. pure self-help (Egan et al., Sept. 2014, BRAT)

• Face-to-face CBT (n=18), online self-help CBT (n=16) or waitlist control (n=18)

• Face-to-face CBT - significant reductions of large effect size in perfectionism, depression, anxiety, stress, and increases in self-esteem at post-treatment maintained at 6-month follow-up

• Self-help CBT – reduced perfectionism but not associated psychopathology
Web-based Treatment

• n=77 participants high in perfectionism
• Randomized to 10 weeks of:
  – No treatment
  – General Stress Management
  – CBT

CBT > General Stress Management or no treatment

Changes in perfectionism significantly correlated with changes in depression and anxiety

As an addition?

• n=61

• Adding an intervention for perfectionism did not enhance treatment outcome for in-patients with anorexia nervosa

Goldstein et al., (2014). The treatment of perfectionism within the eating disorders: A pilot study
Summary so far…

• Perfectionism can be problematic

• Cognitive-behavioural analysis caused some controversy but promising treatments are being developed in a range of formats

• Work to be done about how/when to use the intervention
Aims

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Treatment based on theory

- Developed by Centre for Eating Disorders and Obesity for use within “transdiagnostic” treatment of eating disorders (Fairburn, Palmer et al.)

- Expanded after case-series to form a 10 session treatment

- Goal: stand-alone intervention or adjunct to evidence-based treatment if clinical perfectionism seen as a barrier to change
Structure across sessions

- 10 sessions over 8 weeks
- First six sessions bi-weekly
- Next 3 sessions weekly
- Fortnight’s gap between sessions 9 & 10

FOCUS ON ENGAGEMENT
“Holy self hatred”

Make a supreme effort to root out self-love from your heart and to plant in its place this holy self-hatred. This is the royal road by which we turn our backs on mediocrity, and which leads us without fail to the summit of perfection.

Saint Catherine of Sienna, 1347-1380
Structure within sessions
(Fairburn, Marcus & Wilson, 1993)

- Review homework (5 mins)
- Agree agenda (2 mins)
- Work way through agenda (35 mins)
- Agree homework (3 mins)
- Summarise session (5 mins)
Content

1. Cognitive-behavioural formulation
2. Psychoeducation & monitoring
3. Decreasing problematic behaviour
4. Rigidity, rules and extreme standards
5. Cognitive biases
6. Dysfunctional Beliefs
7. Problem-solving (including relaxation/time management strategies)
8. Dysfunctional scheme for self-evaluation
9. Relapse prevention

NB Personalised!
Not time to go into them all so top tips only!

- Psychoeducation: relation between effort and outcome
- Use of modern media to gain objectivity
- Impact of repeated checking via behavioural expt.
- Self-criticism
Psychoeducation: Effort and Performance

Performance

Effort

Zone of optimum performance
Use of modern media

- **Selective attention**: [http://www.youtube.com/watch?v=ubNF9QNEQLA](http://www.youtube.com/watch?v=ubNF9QNEQLA)

- **Procrastination**: [http://www.youtube.com/watch?v=4P785j15Tzk](http://www.youtube.com/watch?v=4P785j15Tzk)
Impact of repeated checking

• The less confident you are in your memory for relevant stimuli
  – Memory accuracy is unaffected
• Beliefs about memory may be key
• Consistent with this approach are decreases in confidence in attention, confidence in perception, etc.

Contains Video¹

**Cognitive-Behavior Therapy for Compulsive Checking in OCD**

Adam S. Radomsky, *Concordia University*
Roz Shafran, A. E. Coughtrey, *University of Reading*
S. Rachman, *University of British Columbia*
Self-criticism

- Consistent pattern from 5 studies of negative association between self-criticism and goal progress. The results also showed a positive association between self-oriented perfectionism and goal progress when self-criticism was controlled.

Self-criticism – coach analogy

• From Hofmann & Otto (2000)
P.S.

- Therapist perfectionism and self-criticism
Summary and Conclusion

• Controversy over conceptualisation and assessment of dysfunctional perfectionism

• Agreement that it is not just high standards – self-critical evaluative nature is key

• In last 10 years, have developed and evaluated promising, short-term interventions

• Long way to go!
The greatest mistake you can make in life is to be continually afraid you will make one.

Elbert Hubbard (1856 - 1915)