RUNNING HEAD: Clinician's guide perfectionism

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A clinician's quick guide to evidence-based approaches: Perfectionism.

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## Introduction

The definition of clinical perfectionism, where self-worth is based on striving to achieve demanding standards despite negative impacts (Shafran et al., 2002), has informed the development of Cognitive-Behaviour Therapy for perfectionism (CBT-P; Egan, Wade et al., 2014; Shafran et al., 2018). This leading evidence-based treatment has been examined across 15 randomised controlled trials. Compared to waitlist control, treatment has resulted in large effect size reductions in perfectionism (g = 0.87 to -1.27), medium reductions in symptoms of eating disorders (g = 0.61 to 0.64) and depression (g = -0.45 to 0.60), and small-medium reductions in anxiety (g = -0.14 to 0.42) (Galloway et al., 2022; Robinson & Wade, 2021). Treatment has been evaluated in adolescents and adults, individual and group face to face therapy, internet delivered (guided and unguided) and traditional book self-help treatment (see Galloway et al., 2022 for a review). Only one RCT has compared CBT-P to an equivalent length active treatment comparison, showing CBT-P to be superior to a stress management condition (Shu et al, 2019). Further trials are required to compare CBT-P to active treatments.

## **Existing treatment guidelines**

There are no existing published guidelines for treatment.

## Useful overview for clinicians

- Egan, S.J., Wade, T.D., & Shafran, R. (2011). Perfectionism as a transdiagnostic process: A clinical review. *Clinical Psychology Review*, *31*, 203-212. https://doi.org/10.1016/j.cpr.2010.04.009
- Galloway, R., Watson, H.J., Greene, D., Shafran, R., & Egan, S.J. (2022). The efficacy of randomised controlled trials of cognitive behaviour therapy for perfectionism: A systematic review and meta-analysis. *Cognitive Behaviour Therapy*, 51(2), 170-184. <u>https://doi.org/10.1080/16506073.2021.1952302</u>.
- Limburg, K., Watson, H.J., Hagger, M.S., & Egan, S.J. (2017). The relationship between perfectionism and psychopathology: A meta-analysis. *Journal of Clinical Psychology*, 73, 1301-1326. <u>https://doi:10.1002/jclp.22435</u>.

# **Evidence-based treatment manuals**

Egan, S.J., Wade, T.D., Shafran, R., & Antony, M.M. (2014). *Cognitive-behavioral treatment of perfectionism.* NY: Guilford.

# Self-help treatment manuals or books

Shafran, R., Egan, S.J, & Wade, T.D (2018). Overcoming perfectionism: A selfhelp guide using cognitive behavioural techniques, second edition. London, UK: Little Brown Book Group.

# Evidence-based online or remote treatments or supports

Numerous studies have demonstrated CBT-P delivered on the internet as both guided and unguided treatment results in significant reductions in perfectionism, and symptoms of anxiety, depression and eating disorders (Arpin-Cribbie et al., 2012; Egan, van Noort et al., 2014; Grieve et al., 2022; Hoiles et al., 2022; Rozental et al., 2017; Shafran et al., 2017; Shu

et al., 2019; Valentine et al., 2018; Wade et al., 2019), maintained at up to 12 month followup (Rozental et al., 2018). Traditional book self-help format therapy has also been demonstrated to be efficacious (e.g., Lowndes et al., 2018; Steele & Wade, 2008). Metaanalyses have indicated no significant difference between face to face and internet delivered CBT-P (Galloway et al., 2022; Suh et al., 2019).

#### Assessment

Assessment for clinical perfectionism can involve a range of formats. If treatment is traditional, face to face individual therapy, clinicians can engage in using a recommended list of assessment questions (see Egan, Wade et al., 2014) to help derive an individualised formulation of clinical perfectionism to guide treatment, based on the cognitive-behavioural model (Shafran et al., 2002). If treatment is internet delivered, or unguided, then assessment may include self-report measures, such as the Clinical Perfectionism Questionnaire (CPQ; Fairburn et al., 2003). The CPQ does not have clinical cut offs, however can be a useful guide to determining change in perfectionism over the course of treatment in adolescents and adults. Other self-report measures which can be used to assess perfectionism, include the Multidimensional Perfectionism Scales for adults (e.g., FMPS; Frost et al., 1990), and the Almost-Perfect Scale-Revised (Slaney et al., 2001) for children (see Leone & Wade, 2018).

### Take home messages about treatment

CBT for perfectionism works to reduce perfectionism and is transdiagnostic in reducing symptoms of anxiety, depression and eating disorders. It can be used if a client is presenting with perfectionism as a primary problem, as an adjunct to standard evidence-based treatments for symptoms, or if perfectionism is interfering with treatment of a psychological disorder.

# New and emerging developments

New developments include a focus on co-designing internet delivered CBT-P with young people (see Egan et al., 2022) and conducting further RCTs to determine effective elements of treatment and efficacy of treatment in younger children. Only single studies have evaluated other treatment approaches and lack robust designs that can inform effectiveness to date, including mindfulness (James & Rimes, 2018), group psychodynamic treatment (Hewitt et al., 2015), and acceptance and commitment therapy (Ong et al., 2019).

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