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Final Project Letter of Intent:

Overcome by Perfection: Treatment Manual for Children with Perfectionism

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Problem Statement

The focus on perfectionism in children and youth has received considerable attention in recent years. It has been studied in terms of its developmental origins (Ashby, LoCicero, & Kenny, 2003; Flett, Hewitt, & Singer, 1995; Rice & Mirzadeh, 2000), its impact on interpersonal relationships (Hill, Zrull, & Tulington, 1997), and its correlation to diverse emotional problems (Bieling, Summerfelt, Israeli, & Antony, 2004; Donaldson, Spirito, & Farnett, 2000; Hewitt et al. 2002; Rice, Kubal, & Preusser, 2004). Although the literature concerning the impact of perfectionism in the lives of children/youth is considerable, little has been published regarding treatment strategies for working with these young people. Further attention is required in the form of a treatment manual for professionals to address this gap in the literature.

Project Rationale

For the purpose of this project, I have included two multidimensional definitions of perfectionism. Hewitt and Flett (1991) included self-oriented perfectionism (i.e., requires the self to be perfect), other-oriented perfectionism (i.e., requires others to be perfect), and socially-prescribed perfectionism (i.e., the perception that others require the self to be perfect) in their definition. Others defined dimensions of perfectionism to also include both adaptive (e.g., striving for attainable goals) and maladaptive (e.g., striving for unrealistic superior performance) elements (Hamachek, 1978; Rice & Preusser, 2002). Both of these definitions are included in this project because the proposed intervention will target the inter-personal and intra-personal maladaptive aspects of perfectionism while allowing and encouraging the adaptive components.

Kottman (2000) suggested that perfectionistic children tend to be extremely self-critical which increases their chances of developing emotional distress. These young perfectionists may also be at risk of experiencing strong feelings of inadequacy, fear of humiliation, anxiety when making mistakes, and may make attempts to protect themselves from criticism by controlling themselves and others (Smith-Harvey, 2004). Some may reject the pressure of perfectionism, especially perceived socially prescribed perfectionism, and will react aggressively to a sense of

loss of self-control and freedom (Flett, Hewitt, Oliver, & MacDonald, 2002). Others tend to avoid situations in which they may show their imperfection, negatively evaluate their own performance, and experience little satisfaction (Hewitt et al., 2002).

If untreated during childhood, those with the negative aspects of perfectionism may go on to develop rigid personality traits, health problems, and a number of emotional, physical and relationship problems, including anxiety disorders, depression, eating disorders and marital strain (Condon, 2005). Early detection and intervention may reduce the number of or significance of risk factors that contribute to low self-esteem and childhood and/or adolescent disorders. Treatment during childhood may also lessen the long-term impact of this self-defeating and occasionally debilitating thinking. Some authors have made recommendations for treatment of perfectionism in children (Kottman, 2000) but to the best of my knowledge there has not yet been a manualized treatment plan for mental health professionals to use in their work with those children. This project responds to this need by targeting maladaptive aspects of perfectionism in children aged 8-12 years old.

Supporting Literature

A review of the perfectionism literature has linked this multidimensional construct to numerous childhood and adolescent problems. Hewitt et al. (2002) found that in children, self-oriented and socially-prescribed perfectionism were correlated to anxiety and depression, while the latter was also linked with anger and social stress. Sherry, Hewitt, Besser, McGee, and Flett (2003) established that elements of both inter-personal and intra-personal perfectionism implicated in the development and maintenance of eating disorders in adolescents. Donaldson, Spirito, and Farnett (2000) correlated self-oriented and social prescribed perfectionism with hopelessness, which is in itself significantly, correlated to adolescent suicide. Rice, Kubal, and Preusser (2004) also found that that higher maladaptive scores on their Adaptive/Maladaptive Perfectionism Scale (AMPS) was predictive of lower self-esteem in both children and adolescents. Also, gifted students appear to be of particularly vulnerable to the negative aspects of perfectionism. Orange (1997) suggested that as many as 89% of the gifted students in her sample exhibited negative aspects of perfectionism.

Treating perfectionism directly may provide relief for many of these correlated emotional problems. Bieling, Summerfelt, Israeli, and Antony (2004) found a significant positive relationship between high scores on the Hewitt and Flett (1991b) Multidimensional Perfectionism Scale (HMPS) correlated with a greater number of comorbid Axis I disorders as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (Text Revision) (2000). They predicted that by treating perfectionism directly those with more than one Axis I disorder may "experience symptomatic relief across a number of domains…and this may have an advantage over other approaches that treat specific symptoms or disorders in a sequential fashion" (Bieling et al., 2004, p. 199). Barrow and Moore (1983) also suggested that rather than creating a number of interventions to treat all diverse problematic manifestations that it is more efficient to treat a common core cognitive pattern, such as perfectionism. They also recognized how treating maladaptive forms of perfectionism early before the "unproductive coping mechanisms have become rigid would also seem to have

preventative value, in that potential disturbances and crisis may be averted" (p. 612). This project recognizes the need and value of early intervention to treat this construct and may potentially prevent the impact of long-term perfectionism.

Since this project proposes to treat perfectionism in children specifically, it will be important to review the etiological theories of perfectionism. Some researchers have focused on the role of the family, particularly parental authority style (Flett, Hewitt, & Singer, 1995), birth order (Ashby, LoCicero, & Kenny, 2003), and attachment (Rice & Mirzadeh, 2000). It will be important to consider the family when developing this proposed treatment plan to address their roles in the development and/or maintenance of the maladaptive perfectionism in the child being treated. Other authors have proposed systemic issues such as the education system's focus on achievement, popular culture's unrealistic role models (Barrow & Moore, 1983), and Western society's tendency toward competition (Rice & Preusser, 2002) are potentially responsible for the development of perfectionism. These greater contextual factors will also be important components to build into the project.

Both narrative and cognitive/behavioural theories (CBT) will be used to create this manual. The rationale for using narrative therapy is to address the interpersonal or socially prescribed aspects of perfectionism. These young clients and their families can be engaged in deconstructing the oppressive stories that have formed the basis of their perfectionism using externalization and personification of the problem (Freedman & Combs, 1996). Treatment recommendations listed in the current literature indicated CBT over any other treatment recommendation (Barrow & Moore, 1983; Kottman, 2000; Shafran et al., 2004). The rationale for using CBT to treat children and adolescents with perfectionism is that this intervention will target both the inter-personal and intra-personal dimensions. This type of intervention will address both the child's and the parent's cognitive distortions that might maintain these dimensions of perfectionism and the behavioural elements such as avoidance, repeated checking, discounting success, and raising the standards once achieved (Shafran et al., 2004). Adaptive

perfectionism (i.e., high standards to motivate better performance) will be used as a replacement for maladaptive perfectionist behaviours such as unrealistic expectations and critical self-talk.

Project Procedure

This project will begin with a literature search and attempts to contact some of the key researchers in the area of perfectionism. Initially, the writer will conduct a general literature review of the construct of perfectionism. Reviewing this information will inform the writer of the scope of the available literature and the number of other constructs to which perfectionism has been linked. This review will first be narrowed considerably by including only the research that uses the Hewitt and Flett (1991) and Hamachek (1978) multidimensional aspects of perfectionism, as defined above. Another strategy for defining the relevant articles will be to focus primarily on those studies that concentrate directly on children and/or adolescents who experience perfectionism. The existing literature will be examined with particular attention to research implications and recommendations for treatment. The articles with these foci will be collected, evaluated and synthesized into a written document. Other important but secondary research to be reviewed will be literature on child development and empirically supported interventions used with this age range.

While this literature review is underway, contact will also be made with a some of the key researchers on the topic of perfectionism, for example Dr. Gordon Flett and/or Dr. Paul Hewitt. The rationale for personal communications with some of these researchers is that the writer is hoping to include one of the perfectionism assessment measures in the treatment manual. As well, this may be an opportunity to find out if these other researchers have any unpublished treatment protocol or recommendations.

After the written summary of the literature review is completed, the next phase will be to create a session-by-session manual. It will be written for mental health professionals who work with perfectionistic children between the ages of 8 and 12 years old in counselling agency settings. Provided the writer obtains consent, a perfectionism assessment measure will be included along with a rationale for the screening and treatment of this cognitive phenomenon.

The intervention itself will be written for one-on-one sessions with children but adaptations for working with larger groups will be included. The intervention will target the debilitating or negative aspects of perfectionism while allowing the young clients to maintain the motivational and socially adaptive aspects of striving for perfection. This intervention will be written from a Narrative Therapy orientation using concepts such as externalization and building on clients' strengths to engage clients of this age range. The individual techniques and strategies will be a combination of CBT and narrative therapy. Recommendations for parents will also be provided as part of the treatment manual.

In the final stage, the implication and the limitation of this particular project will be considered. Since this project will not have been tested in the field prior to being written, the major limitation will be the lack of empirical support for this particular treatment plan. The writer will however base the therapy plan on well-established theoretical perspectives and reliable interventions.

Potential Implications

Targeting the negative aspects of perfectionism in children may have many implications for mental health professionals and clients alike. This manual may encourage counsellors to screen for and treat this cognitive phenomenon that may be responsible for maintaining other serious childhood psychiatric problems. It may also encourage the use of these techniques as a preventative strategy in hopes of averting childhood disorders but also preventing more chronic and debilitating adult problems. Finally, when a counsellor detects that perfectionism is present along with comorbid Axis I disorders (American Psychiatric Association, 2000), making it the main focus of treatment may be an effective and efficient use of session time.

Since the treatment proposed includes teaching children cognitive behavioural strategies to set realistic standards and to engage in less critical self-talk, the clients of this intervention would hopefully develop healthy realistic cognitions in terms of both personal and social aspects of their perfectionism. Based on the beliefs of CBT, these changes are then likely to positively influence the client's feelings and behaviours. The intention is that this treatment will allow the

client to maintain the adaptive and motivational aspects of perfectionism that will encourage hard work and reasonable expectations without being provoked by the neurotic thinking. Learning these strategies at a young age may set these clients up for life-long coping and immunity from future distorted thinking and its by-products.

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