

Five Case Studies Using ACT for College Students with Perfectionism

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Perfectionism

The propensity to set and demand excessively high standards for oneself, accompanied by excessive self-criticism, regardless of performance (Frost, Marten, Lahart, & Rosenblate, 1990; Stoeber & Otto, 2006).

Clinical Importance of Perfectionism

- A transdiagnostic process that may be the primary problem or may be an underlying feature of another psychiatric problem (Egan, Wade, & Shafran, 2011).
- Prevalent in many clinical disorders, including: depression (Enns, Cox, & Borger, 2001), anxiety (Gentes & Ruscio, 2014), social anxiety (Alden, Ryder, & Mellings, 2002), eating disorders (Sassaroli et al., 2008), obsessive-compulsive disorder (Frost, Novara, & Rheaume, 2002), and PTSD (Egan, Hattaway, & Kane, 2014).
- Linked to physical health issues, including: asthma, chronic pain, fatigue, headache, migraines, and the management of chronic illness (Molnar, Sirois, & Methot-Jones, 2016).

ACT as a Treatment for Perfectionism

- ACT has been theorized as a potential frontline treatment for perfectionism (Crosby, Armstrong, Nafziger, & Twohig, 2013; Egan, Wade, & Shafran, 2012) given the central roles of cognitive fusion, experiential avoidance, and inflexible attention in perfectionistic processes.
- No research has been done evaluating the effectiveness of ACT in treating perfectionism.

Objectives

- Evaluate the effectiveness of ACT in reducing symptoms of perfectionism and comorbid mental health symptomatology.
- Identify key components of treatment (i.e., mechanisms of change).

Method

- Treatment of 5 undergraduate student participants presenting with perfectionism at a university student counseling center
- Primary researcher provided individual therapy
- Treatment length between 7 and 12, 45 minute sessions
- Non-manualized, ACT-consistent treatment

Results

Measure	Pre	Post	<i>p</i>	Cohen's <i>d</i>
AAQ-II	30.2	23.0	.017	1.76
VQ	29.4	20.2	.050	1.24
CFQ	35.8	30.2	.013	1.89
SAPS	44.4	41.4	.169	.75
PCI	67.8	60.0	.003	3.00
Distress	54.0	27.0	.008	2.17
Depression	54.6	31.6	.012	1.98
Generalized Anxiety	55.2	32.6	.011	2.01
Social Anxiety	74.4	49.6	.009	2.11
Academic Distress	51.8	32.8	.155	.78

AAQ-II=Acceptance and Action Questionnaire, 2nd edition;
VQ=Valuing Questionnaire; CFQ=The Cognitive Fusion Questionnaire
SAPS=The Short Form of the Revised Almost Perfect Scale;
PCI=Perfectionism Cognitions Inventory.

Conclusion

- The study provides preliminary support for treating perfectionism in a relatively diverse population (i.e., multiple genders, sexual orientations, races, ethnicities, nationalities, and religious backgrounds were included in the sample) with a flexibly delivered (i.e., no rigid adherence to a session-by-session protocol), short-term (i.e., treatment was delivered in seven, seven, eight, ten, and twelve sessions), transdiagnostic (i.e., patients were included with comorbid diagnoses of generalized anxiety disorder or major depressive disorder) ACT intervention.
- The study provides evidence for three primary mechanisms of change: reductions in experiential avoidance, increases in the ability to disentangle from unwanted thoughts, and clarification of personal values.
- The study adds to the body of evidence indicating that treating perfectionism directly and explicitly can provide remittance of symptoms of other mental health issues.

Brief Overview of Qualitative Results

Daniel

Defused from his belief, “I’ll never be good enough,” and identified the values of self-expression through his music and a strong work ethic. He transitioned from avoiding challenging activities and artificially lowering his personal standards to writing regularly, performing, and enjoying his music for the first time in “years,” reengaging in his studies, and participating in a campus-wide art competition.

Sara

Defused from her beliefs, “I am barely hanging on” and “I can’t talk to anyone about my true feelings,” and identified the values of being a kind, patient, and authentic person in her relationships and engaging in work that was intellectually stimulating and helpful to people. She transitioned from avoiding acknowledging or talking about her feelings to anyone, not making time for her relationships with her sister and friends, and finding it difficult to enjoy her time with her child, to beginning to disclose her vulnerabilities to her husband and sister, making time for activities with her loved ones, and experiencing a renewed freedom to enjoy her studies and her home life.

Chloe

Defused from her beliefs, “I am going to fail” and “I should just give up,” and identified the value of doing work that supported a career about which she felt passionate. She transitioned from using video games and YouTube to avoid challenging activities in her final semester, to attending a job fair, turning in her work on time, and graduating with honors.

Margaret

Defused from her beliefs, “You’re going to fail” and “You should have done better,” and identified the values of being a thoughtful and caring partner to her boyfriend and taking care of her physical health. She transitioned from avoiding activities that triggered her unwanted anxious thoughts (e.g., spending time with her boyfriend or at the gym) and finding her schoolwork progressively less enjoyable, to regularly exercising and experiencing a renewed intimacy with her boyfriend and satisfaction with her academic endeavors.

Tamara

Defused from her belief, “I have to be perfect to be loved,” and identified the values of seeking challenging work that helps people and being genuine in her relationships. She transitioned from finding no satisfaction in a life filled with worry and fear to experiencing herself as purposeful and accomplished.