

## CLINICAL PRACTICE POINT

# SUPPORTING YOUNG PEOPLE WHO EXPERIENCE PERFECTIONISM

### THIS RESOURCE WILL HELP YOU

1. define perfectionism and notice initial signs of it;
2. recognise factors that contribute to perfectionism;
3. identify other mental health conditions that can co-occur with perfectionism;
4. understand how to engage young people experiencing perfectionism in therapeutic support; and
5. become aware of other resources to support your work in this area.



### INTRODUCTION

While perfectionism can be positively viewed as striving to make sure things are ‘the best they can be’ and provide motivation to complete tasks, it can be challenging for young people when ‘the best’ is not perceived to be enough. As a result, perfectionism can have multiple, detrimental impacts on the emotional, social, educational and occupational wellbeing of young people.

### UNDERSTANDING PERFECTIONISM

Perfectionism is a personality characteristic.(1) Generally, individuals who display perfectionism expect themselves and others to be perfect and strive to do their best in all that they do. Perfectionism can have both motivational and maladaptive outcomes.(2)

**“Experiencing perfectionism is a really difficult thing because sometimes you don’t necessarily think that your mentality and habits are ‘maladaptive’ until you burnout or experience a mental illness episode.”**

CASSANDRA, YOUNG PERSON

There are three traits of perfectionism, young people may experience a combination of these perfectionism traits:

- Self-oriented perfectionism: the belief that striving for perfection and being perfect are important. This involves having excessively high or unrealistic standards and working towards these, despite distress or other negative consequence.
- Other-oriented perfectionism: refers to expectations that others should be perfect. This is primarily directed at people close to the young person, such as family/carers, friends and partners, but may also be directed more generally at others.
- Socially prescribed perfectionism: the belief that others, such as family/carers or teachers, expect you to be perfect.(3)





## CAN PERFECTIONISM BE ADAPTIVE?

While perfectionism is viewed as maladaptive in many cases, there is some debate about whether there is also adaptive or positive perfectionism. (2) In particular, there is contention about self-orientated perfectionism and whether it can be considered positive.(22)

Positive perfectionism is defined as healthily striving towards high standards, with some suggestion that perfectionism can benefit people by leading to the obtainment of goals and positive emotional outcomes.(23)

Striving for excellence is a concept intertwined with positive perceptions of perfectionism. Although perfectionism and striving for excellence overlap, perfectionism differs in terms of goal setting (for example the difficulty of goals) and goal striving (for example the way individuals work to attain their goals).(24) Specifically, individuals with greater levels of perfectionism will often state having 'rules' or expectations about how things should be done, which can lead to having unrealistic expectations. In turn, these standards continue to perpetuate perfectionism.(25)

It is argued that unlike striving for excellence, perfectionism is related to unhelpful academic outcomes and is maladaptive for successful learning.(26) Young people with higher levels of perfectionism may have trouble with time management, find it difficult knowing when to stop and be over-reliant on performance for self-worth. Additionally, people with perfectionism are less likely to reward themselves when they have experienced success and may not feel satisfied when they do well.(27)

**“Striving towards an unrealistic idea of ‘perfect’ ... is believing 9/10 isn’t good enough and setting your own idea up of what a pass and fail is.”**

**DEANNA, YOUNG PERSON**

Perfectionism can also become unhelpful when external demands begin to exceed the young person’s resources. This could include during times of transition (for example moving from high school into university) or when major life stressors occur (such as illness), which can impact their ability to perform to their high standards.

## FACTORS THAT INFLUENCE PERFECTIONISM

There are a multitude of factors – internal and external to the young person – that contribute to the development of, and/or perpetuation of, perfectionism in young people.(1,28) These can include:

- individual temperament, including having anxious tendencies;
- experiences with caregivers, for example only being given affection when they achieve high grades at school (also known as ‘conditional regard’);(29–30)
- adverse childhood events (ACEs) and trauma, particularly interpersonal trauma;(31)
- modelling of perfectionistic behaviours by primary caregivers;(32–33)
- experiences of reinforcement and punishment based on performance; and
- over-emphasis on achievement and placing this as more important than other domains, such as play and leisure.

Interestingly, perfectionism levels do not differ amongst those young people who are gifted compared to non-gifted populations.(23)

### PARENTING OR CAREGIVING FACTORS

Authoritarian parenting or caregiving behaviours that are perceived as controlling or intrusive are associated with maladaptive perfectionism.(34) High parental expectations are associated with self-orientated, socially prescribed and other-orientated perfectionism (33). Additionally, a high level of caregiver criticism is uniquely associated with socially prescribed perfectionism.(33) Parental conditional regard – where young people are shown love, affection and appreciation only when they meet certain expectations – is also associated with maladaptive perfectionism.(35)

Perfectionistic characteristics that are associated with self-criticism and shame can be particularly harmful.(36) For some young people, perfectionism may be a way of coping with or avoiding feeling the shame associated with core beliefs about inadequacy or defectiveness. These beliefs can develop for several reasons, including when core needs for a secure attachment to others and safety are not met in childhood and adolescence (when the young person has experienced ACEs). Young people may develop patterns of trying to do everything right and be the ‘perfect’ friend or ‘perfect’ child to avoid rejection or attain connection.

Potentially well-meaning, but overprotective and anxious caregivers, may also play a role in the development of perfectionism. When anxious caregivers attempt to minimise children’s mistakes, this can cause children and young people to internalise concerns about making a mistake,(37) rather than learning that mistakes are normal and okay. Children and young people

may develop perfectionistic behaviours to minimise chances of making mistakes.

Family cohesion is believed to be a protective factor against the development of perfectionism traits. Family cohesion is negatively associated with both parental conditional regard and anxious parenting. Segrin and colleagues found that family cohesion had an indirect negative effect on perfectionism through parental conditional regard and anxious parenting.(35)

Modelling the behaviour of families who continually strive to be the best can perpetuate perfectionism, including where family/carers focus on their own work in a way that means they do not have time for other activities. The relationship between career and young person perfectionism also appears to be influenced by the gender.(23)

## IDENTIFYING PERFECTIONISM

Perfectionism can look different among young people. This section includes some of the key elements of perfectionism.

### STRIVING FOR PERFECTION

Perfectionism can involve striving for perfection in different domains, such as school, sports and extracurricular activities, and relationships. This can lead to the young person feeling pressure to succeed and high levels of distress.(36) It can also result in the use of unhealthy coping strategies, such as controlling their weight and shape or other aspects of their appearance.(5)

### AVOIDANCE AND WITHDRAWAL

Perfectionism can also involve avoidance(38), for example procrastination or substance use when there is a discrepancy between an ideal self and current performance,(39–40). It may also involve withdrawal through social isolation, for example.(41) Avoidance and withdrawal can be accompanied by depressed mood and hopelessness.

Young people may also fluctuate between striving for perfectionism and periods of avoidance and withdrawal.

**“I have struggled to put effort into things I need to improve on because I feel terrible that I’m already ‘not good’ at it. It has given me a big fear of failure, which often leads to me quitting, dropping out or deferring if I think there is even the slightest chance of failure.”**

**DEANNA, YOUNG PERSON.**

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## WARNING SIGNS

A variety of behaviours may indicate that a young person might have difficulties with perfectionism. Mental health professionals should consider exploring perfectionism with a young person if they or people close to them (for example family/carers or teachers) report they are experiencing the following concerns:

- procrastination;
- need for frequent reassurance;
- constantly reviewing their work;
- difficulties making decisions;
- a desire to change or control other's behaviour;
- taking excessive time on tasks, including schoolwork, grooming or getting dressed;
- not attending school due to body image concerns or being fearful of making mistakes;
- continuing to work when task is complete or difficulty knowing when to stop;
- difficulty persevering with tasks;
- sleep difficulties and/or daytime fatigue; and
- making comments that show a fixed mindset and/or black and white thinking, such as 'there is no point trying, I will only fail again'.(29, 42–43)

**“A lot of work needs to be done in recognising how perfectionism plays out for each individual.”**

**DEANNA, YOUNG PERSON**

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## SUPPORTING YOUNG PEOPLE TO MANAGE PERFECTIONISM

Based on the increased risks of mental health issues amongst young people who experience high levels of perfectionism, it is important to know how to effectively support them and formulate their needs.

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### HELP-SEEKING AND ENGAGEMENT

Whilst providing support to young people with perfectionism is important, research has indicated that individuals with perfectionism are less likely to seek support.(44) This can be explained through the interpersonal component of perfectionism, including not wanting to admit to others that they are not coping, and to avoid experiencing a sense of failure.(40)

The timing of engagement and help-seeking is important as clinicians are advised to intervene at the earliest opportunity to prevent attitudes, beliefs and behaviours becoming entrenched,(44) including through social reinforcement. Unfortunately, many referrals are

made in the final years of high school when there are increased expectations and limited time available to develop alternate thoughts, beliefs and behaviours. A young person's academic success may also make it harder for educators and family/carers to identify if the young person is experiencing perfectionism.

Once engaged in support, it is essential to utilise a therapeutic approach that meets the unique needs of the young person.

**“It is definitely difficult to put aside your pride to seek support when you also hold very high expectations of yourself.”**

**CASSANDRA, YOUNG PERSON**

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### ASSESSMENT MEASURES

Using a validated measure of perfectionism can be helpful to initially assess, as well as to track endorsement of trait perfectionism over time or across therapy. The four scales commonly used with school-aged young people are:

- Frost Multidimensional Perfectionism Scale;(45)
- Child-Adolescent Perfectionism Scale;(46)
- Almost Perfect Scale-Revised;(47) and
- Adaptive/Maladaptive Perfectionism Scale.(48)

Mental health professionals should review and select the measure which is most appropriate for the young person they are working with. A young person's responses can help to guide further exploration of their experience of perfectionism, it's impact on them and their mental health. Mental health professionals can also seek to understand the extent of perfectionistic behaviours by talking to family/carers and educators about their observations of the young person's behaviour, with due consideration of issues of consent and confidentiality.

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### BUILDING A SHARED UNDERSTANDING

Many factors contribute to a young person's insight into the effects of perfectionism on their mental health difficulties. Consider what language the young person uses to understand and talk about their difficulties as they may not identify perfectionism in themselves, especially if they regularly use avoidance. It is important to understand the importance of perfectionism for the young person, how it relates to how they see themselves and why they feel the need to engage in associated behaviours.(37, 49) It is necessary to determine how their perfectionism relates to other mental health concerns they experience, including managing anxious feelings temporarily.



Consider systemic factors when trying to understand the role that perfectionism plays. (37, 49) Perfectionism may be normalised within a young person's household, friendship group, school or culture. Be aware of the family/ carer narratives of young people, particularly when education is a high priority and there are expectations on career outcomes. Mental health professionals should be aware of their own beliefs and attitudes towards achievement, and sensitive to cultural differences in norms and expectations on achievement. Beliefs and expectations may also be influenced by experiences, such as migration or financial instability. In a non-judgemental way, mental health professionals can explore with the young person what achievement means within their household as well as more broadly in their social and cultural contexts.

**“Validation of experiences, exploring any procrastination-avoidance cycles and providing a comfortable space to gain greater insight into the maladaptive thought patterns is really helpful.”**

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**CASSANDRA, YOUNG PERSON**

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### **TRAUMA-INFORMED APPROACH**

Research indicates that exposure to adverse childhood events – such as abuse, neglect and family/carer dysfunction – is related to significant elevation of perfectionism (socially prescribed and interpersonal components of perfectionism). (31) Clinicians and services need to understand and integrate the principles of trauma-informed care – that is, safety, trustworthiness, collaboration, empowerment and choice – into support when engaging with young people experiencing perfectionism. This includes being transparent and supporting the young person's agency throughout their engagement with services: collaborating with the young person on formulation, goal-setting to inform treatment planning and getting feedback throughout.

For more information on trauma-informed care you can read the [\*\*What is trauma-informed care and how is it implemented in youth healthcare settings?\*\*](#) resource on Orygen's website.

## COGNITIVE BEHAVIOURAL THERAPY

Cognitive behavioural therapy (CBT) is a framework used to identify underlying unhelpful thoughts and behaviours that perpetuate difficulties.(50) CBT has been shown to be an effective intervention to reduce perfectionism in students attending university.(51) There is limited research with adolescent populations, however a recent study using internet-based CBT suggests it may also be effective for adolescents with perfectionism.(52)

Mental health professionals can use the CBT framework to help the young person explore their thoughts, feelings and behaviours related to perfectionism, and evaluate the costs of holding onto unrealistic standards.(50)

CBT interventions for perfectionism include:

- providing psychoeducation about perfectionism and working with the young person to build a shared understanding of their perfectionism and its relationship with their mental health difficulties (53) – including their own reasons for perfectionism, triggers for these behaviours and how these behaviours impact them;
- helping the young person to monitor and break cycles of unhelpful behaviours – for example checking homework, over-preparing for tests or re-assurance seeking;
- assisting the young person to prioritise areas of their life where more time needs to be devoted and find a balance, such as focusing on hobbies and spending time with family/carers and friends;
- encouraging the young person to focus on holistic wellbeing and self-care, including sleep hygiene, exercise and adequate nutrition;
- build skills in time management and problem-solving, such as breaking tasks into more manageable chunks and taking regular breaks; and
- helping a young person to monitor and then modify their unhelpful thought patterns outside of sessions (53)

“I think sometimes being aware is one of the best things we can do. In a moment, if I am able to recognise that my perfectionism is affecting my actions in a way that is not helpful or that the amount of perfectionism is out of the ‘safe range’, I might be able to identify why I’m feeling this way, why I’m reacting this way, and if there is something I can do to stop the behaviour or just take it down a notch.”

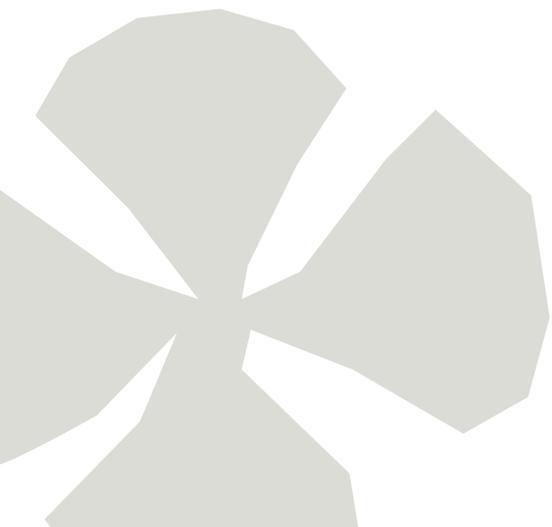
DEANNA, YOUNG PERSON

## SELF-COMPASSION

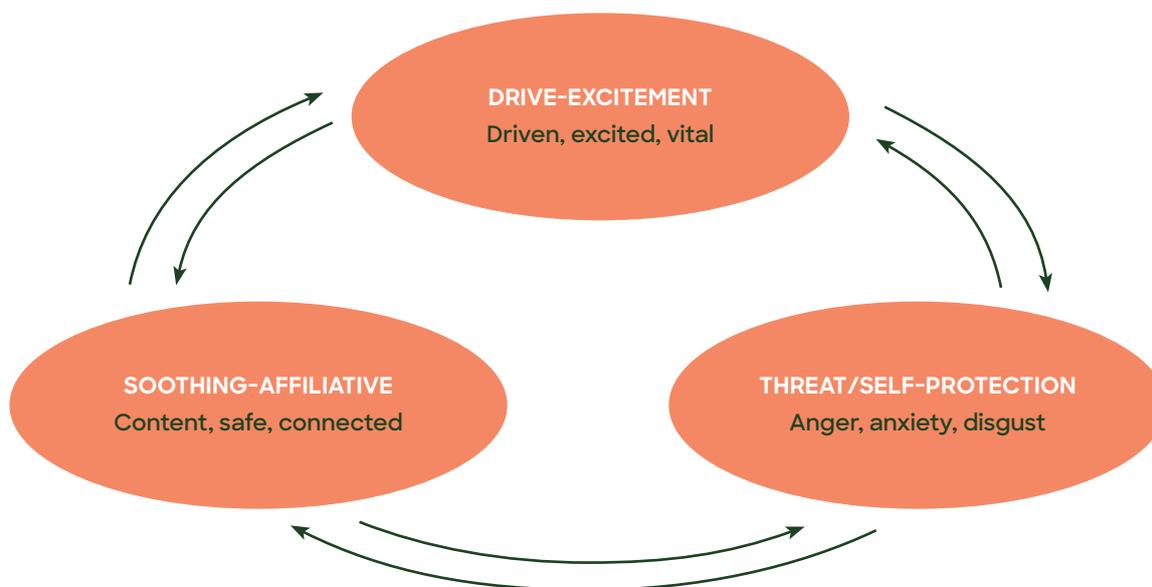
Emerging evidence suggests that self-compassion can be a protective factor against the negative impact of perfectionism and shame by reducing the strength of the relationship between maladaptive perfectionism and depression in both adolescents and adults. (54) A recent systematic review indicated that self-compassion interventions decrease anxiety and depression in young people.(55) There are several treatment approaches that foster self-compassion, including acceptance and commitment therapy (ACT) and mindful self-compassion and compassion focused therapy (CFT).

It may be helpful for clinicians to utilise approaches such as CFT when providing psychoeducation to young people and their family/carers to understand the theories of the three emotion regulation systems:

- **The drive-excitement system** is responsible for providing motivation to pursue goals and resources and for rewarding us when achieve them.
- **The threat/self-protection system** helps us to identify and respond to things that may, or are perceived to, harm us (threat).
- **The soothing-affiliative system** is associated with calming, calmness, and safety.(56)



**Figure 2.** The three affect regulation system model.



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Clinicians can explore with young people which system they spend most of their time in. For example, some young people cycle between the drive–excitement system and threat/self-protection system, where they try to achieve more to avoid the perceived threat (such as rejection) and then engage in self-criticism and experience feelings of failure and shame.

Mindful self-compassion interventions can be used to foster kindness towards the self through monitoring and modifying self-talk, and working on the ‘inner critic’ to build a more compassionate self.(57–58) Compassion-focused therapy interventions – such as rhythmic soothing breathing, imagery (for example safe place imagery, cultivating the compassionate self), and acting techniques (for example embodiment of the compassionate self) – aim to engage the soothing-affiliative system, to create a sense of safety and calmness.(37, 56, 59)

Be aware of potential barriers for young people to engage in self-compassion, including self-criticism (for example where young people believe they are not achieving as well as they expect or viewing themselves as ‘lazy’), not fully understanding what self-compassion is, and not knowing how to use appropriate self-compassion strategies when feeling distressed.(60)

## OTHER STRENGTHS-BASED APPROACHES

It is important that any support provided implements a strength-based approach that focuses on what the young person can do.(61) Other suggestions for strength-based approaches include:

- using a solution-focused perspective that supports young people to identify solutions to problems and draw on their existing strengths and resources – for example this could involve enlisting the help of a supportive family member/carer to set time limits on how long they spend working to reduce time spent on tasks;
- supporting the young person to identify their values and engage in valued-based action, and shift away from dichotomous thinking about success and failure;
- exploring what authenticity looks like in relationships and how sharing experiences of vulnerability can strengthen social bonds; and
- using a systemic lens to consider what may have contributed to a perfectionism style for the young person and understanding and/or identifying the influence of modelling by others – for example this might help the young person choose new models and try new coping skills.



## WORKING WITH FAMILY AND CARERS

Depending on the age and the developmental stage of the young person, working with family and carers can play an important role in addressing perfectionism.

### PSYCHOEDUCATION FOR FAMILY AND CARERS

It is important that family and carers are supported to become aware of and reduce any messages that can be perceived as demanding, controlling or critical that perpetuate perfectionism. Family/carers are often re-enacting parenting behaviours that they encountered growing up, which may inadvertently contribute to perfectionism when they are caregiving themselves. Exploration with families/carers around what achievement means within their immediate family unit, their wider community and culture may help to better understand how this might precipitate and perpetuate perfectionism for the young person.

It can be helpful for family and carers to learn that they can play an important role in assisting the young person, through:

- providing unconditional care;
- helping the young person to set realistic standards;
- normalising mistakes – for example talking openly about their mistakes and how they coped;
- assisting the young person to tolerate discomfort when they make a mistake and allowing space to talk about these feelings;
- identifying procrastination or avoidance;
- supporting the young person to build skills in problem-solving and breaking down goals;
- encouraging the young person to create a balance between time focused on achievement, downtime, play time, connecting with others and engaging in physical activity;(47)
- modelling self-compassion; and
- assisting the young person to implement strategies to manage their stress.

Additionally, clinicians can assist and encourage family/carers to work together with schools to ensure that the same messages are given to young people within both the home and school settings.(61)

**“Carers can challenge young people with support ... but be kind and caring.”**

YOKA, PARENT

## CONSIDERATIONS FOR WORKING WITH EDUCATORS AND SYSTEMS

Young people spend a large amount of the time in school and other education settings. Collaborating with educators and education systems offers mental health professionals a way to systemically address perfectionism and perpetuating factors.

### SCHOOL CULTURE

Many schools place a high importance on academic performance; however, this can unintentionally perpetuate perfectionism in young people. Taking a whole-of-school approach can help schools to mitigate these problems, including ensuring discussion of perfectionism is included in wellbeing curriculum to help young people understand what perfectionism is and managing expectations they have of themselves.(62)

Depending on the role of mental health professionals and their existing relationship with the school, clinicians may be able to provide education and information to schools to help them to foster a healthy culture around achievement. This may involve sharing suggestions with schools and educators such as:

- balance a focus on academic performance with recognition of effort, progress/learning and values (for example teamwork or collaboration);
- where possible, avoid displaying ranking based on academic success or openly comparing students;
- build awareness of warning signs of perfectionism and capacity for staff to intervene early when a young person is showing signs of maladaptive perfectionism;
- help students to embrace challenges and learn from these; and
- normalise and promote different pathways (for example normalising that not every student can or will want to do tertiary studies).



## FIXED VERSUS GROWTH MINDSET IN EDUCATION SETTINGS

According to Dweck's theory of mindsets, people perceive abilities such as intelligence in different ways; those with a growth mindset perceive abilities as malleable and able to be developed over time, whereas those with a fixed mindset believe abilities such as intelligence are innate and static.(63) Mindsets have been shown to influence academic achievement and mental health.(64)

Young people with a fixed mindset in relation to their intelligence and academic achievement are:

- less likely to persevere when facing challenges;
- less likely to employ more effort into their work; and
- may have negative thoughts such as 'why should I try?' and 'I will fail'.

Alternatively, young people with a growth mindset are more likely to:

- persevere when faced with difficulties;
- put their best effort in;
- accept the feedback of others; and
- have more helpful thought processes, such as 'I want to try again' and 'I can learn from my mistakes'.

This has prompted schools and other education providers to focus on mindsets as part of social and emotional learning. (65–66) These interventions aim to build a culture that fosters growth mindsets in young people and help them to recognise the thought processes that underpin their learning and academic expectations. However, building growth mindset cultures in schools is a complex process and more research is needed to understand how to train educators and modify education settings.(67)

Mental health professionals can explore with young people the impact of both fixed and growth mindsets.(43, 63) Mental health professionals may also be able to work with educators to understand how they can work together to communicate messages to the young person that foster a growth mindset as well as realistic expectations and self-compassion.

## HIGHER EDUCATION SETTINGS

Young people who experience perfectionism in secondary school may experience similar difficulties in higher education settings, including university and TAFE. This could be due to the same reasons (for example striving to do well to please their family/carers) or new factors, such as wanting to get into further courses and needing a certain grade point average to progress. Young people with perfectionistic traits who had not previously been identified as having issues with perfectionism may also begin to struggle as workloads and expectations increase and/or if they are placed in cohorts with other high-performing students.

Due to the nature and structure of higher education providers and consideration for the young person's developmental stage, it may be more difficult and less appropriate for mental health professionals to communicate directly or collaborate with educators within these systems. However, mental health professionals can still work with the young person to manage perfectionism and help them to prevent harmful impacts on academic functioning and wellbeing during their studies. This may include working with young people to support them to communicate effectively with educators and building communication skills. Young people may also need assistance from mental health professionals to navigate education providers' systems to access modifications or special consideration for assessments.

## MESSAGES FROM FOR YOUNG PEOPLE

- "It is difficult, but you can change the standards you have for yourself. Nothing is worth sacrificing your mental health for." Young person
- "Perfectionism will separate you more from your true self." Young person
- "Often in situations when you are being yourself and doing things that you love and enjoy, that will be when you will achieve the most and thrive most as a person, and you will reach highs that perfectionism cannot even compete with." Young person



## CASE SCENARIO: MAYA

Maya is a 15-year-old, cisgender, female student. She is in year 10 and is attending a selective school. Maya was referred to the school wellbeing team in September after her year level coordinator noticed her falling asleep in class and becoming more isolated from friends.

In the first session with the school counsellor, Maya said: “I need to do well and get high grades”. When the counsellor explored this with her further, Maya said this was so that her parents would be proud of her, and she felt they expected her to do well because they are paying a lot for her school fees.

Maya said her parents and her teachers held high expectations for her to perform well so she could go to university to study law or medicine. Maya was unsure, however, what she wanted to do after finishing school.

When asked about her friendships, Maya indicated that she had stopped hanging out with her friends at lunch because she felt nervous and unsure of what to say. She also reported feeling anxious having other people around when she was eating, fearing that they would think she shouldn't be eating so much or that she was fat. Maya said that she was too busy to see her friends after school as she was involved in a lot of activities within school and outside of school, including the school debating team and sports teams.

Maya's teachers reported her academic performance included consistently high grades. However, a few of her teachers were concerned as they had noticed that she was constantly revising her work to make sure it was right. Maya had also become teary and overwhelmed before practice tests on several occasions.

In her second session with the school counsellor, Maya looked tired. She explained that she was only sleeping for four hours at night and having difficulties falling asleep. She had also left school early on several days in the past fortnight due to stomach aches and headaches. When the counsellor asked about her mood, she described feeling down and reported she struggled to start her homework recently, which had made her feel worse about herself. The school counsellor also noticed that Maya had lost weight since she last saw her.

You have received a referral from her school counsellor who is concerned about Maya's deteriorating mental health and weight loss.

### REFLECTIVE QUESTIONS

- What factors in Maya's environment appear to be influencing her perfectionism, and how is this influencing her mental health and wellbeing?
- What other areas would you like to explore in an assessment with Maya?
- What interventions do you think might be helpful to assist Maya?
- How could you involve Maya's support networks in her care and what might this look like?

## CONCLUSION

Perfectionism is a multidimensional personality trait associated with a variety of mental health conditions and maladaptive outcomes. Mental health professionals can help by identifying perfectionism early and assisting young people to modify patterns of maladaptive thoughts and behaviours to improve their mental health and wellbeing.

## FURTHER RESOURCES

### For clinicians

- Orygen. [Fact sheet: depression and young people.](#)
- Orygen. [Fact sheet: beyond sad - recognising depression and supporting young people.](#)
- Orygen. [Fact sheet: thinking about thinking skills in depression.](#)
- Orygen. [Clinical practice guide: treating depression in young people - guidance, resources and tools for assessment and management.](#)
- Orygen. [Fact sheet: when anxiety is a problem - signs and symptoms in young people.](#)
- Orygen. [Fact sheet: anxiety and young people.](#)
- Orygen. [Fact sheet: eating and body image disorders and young people.](#)
- Orygen. [Fact sheet: working with young people - exploring reasons for self-harm.](#)
- Orygen. [Fact sheet: self-harm and young people.](#)
- [Clinical practice points: clinical practice in youth mental health - supporting clinicians to work with carers of young people who self-harm.](#)
- Centre for Clinical Interventions. [Perfectionism.](#)
- Centre for Clinical Interventions. [Self-compassion.](#)

### For family and carers

- Raising Children Network. [Self-compassion for pre-teens and teenagers.](#)

## REFERENCES

- Hewitt PL, Flett GL, Mikail SF. Perfectionism: a relational approach to conceptualization, assessment, and treatment. New York, NY, US: The Guilford Press; 2017.
- Lo A, Abbott MJ. Review of the theoretical, empirical, and clinical status of adaptive and maladaptive perfectionism. *Behaviour Change*. 2013 Jun;30(2):96-116.
- Hewitt PL, Flett GL. Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. *J Pers Soc Psychol*. 1991 Mar;60(3):456
- Flett GL, Hewitt PL, Nepon T, Sherry SB, Smith M. The destructiveness and public health significance of socially prescribed perfectionism: a review, analysis, and conceptual extension. *Clinical Psychology Review*. 2022 Apr 1;93:102130.
- Donti O, Donti A, Gaspari V, Pleksida P, Psychountaki M. Are they too perfect to eat healthy? Association between eating disorder symptoms and perfectionism in adolescent rhythmic gymnasts. *Eat Behav* [Internet]. 2021. [cited 2022 Feb 4]; 41. Available from: <https://doi.org/10.1016/j.eatbeh.2021.101514>
- Casale S, Fioravanti G, Flett G L, Hewitt P L. From socially prescribed perfectionism to problematic use of internet communicative services: the mediating roles of perceived social support and the fear of negative evaluation. *Addict Behav* [Internet]. 2014. [cited 2022 Feb 4]; 39: 1816-1822. Available from: <dx.doi.org/10.1016/j.addbeh.2014.06.006>
- Abdollahi A, Carlbring P. Coping style as a moderator of perfectionism and suicidal ideation among undergraduate students. *J Ration-Emot Cogn-B* [Internet]. 2017. [cited 2022 Feb 18]; 35(3): 223-239. doi: 10.1007/s10942-016-0252-0
- Kurz E. I will never be good enough!!-the rise of perfectionism among young adults. *Eur J Psychother Couns* [Internet]. 2021. [cited 2022 Feb 18]; 23(1): 85-98. Available from: <https://www.tandfonline.com/doi/epub/10.1080/13642537.2021.1881140?needAccess=true>
- Tyler J, Mu W, McCann J, Belli G, Asnaani A. The unique contribution of perfectionistic cognitions to anxiety disorder symptoms in a treatment-seeking sample. *Cognitive Behaviour Therapy*. 2021 [cited 2022 Mar 11]; 50(2):121-37. Available from: [www.tandfonline.com/doi/abs/10.1080/16506073.2020.1798497](http://www.tandfonline.com/doi/abs/10.1080/16506073.2020.1798497)
- Dimaggio G, MacBeth A, Popolo R, Salvatore G, Perrini F, Raoua A, et al. The problem of overcontrol: perfectionism, emotional inhibition, and personality disorders. *Compr Psychiat* [Internet]. 2018. [cited 2022 Mar 11]; 83: 71-78. Available from: <https://doi.org/10.1016/j.comppsy.2018.03.005>
- Dimaggio G, Lysaker PH, Calarco T, Pedone R, Marsigli N, Riccardi I, et al., Perfectionism and personality disorders as predictors of symptoms and interpersonal problems. *Am J of Psychother* [Internet]. 2015. [cited 2022 Mar 11]; 69(3). 317-330. doi: 10.1176/appi.psychotherapy.2015.69.3.317
- Cheli S, Cavaletti V, Flett G L, Hewitt, P L. Mindful compassion for perfectionism in personality disorders: a pilot acceptability and feasibility study. *Appl Psychol Bull* [Internet]. 2020 [cited 2022 Mar 11]; 68(287); 55-65. doi: 10.26387/bpa.287.5
- Ashburner J, Ziviani J, Rodger S. Surviving in the mainstream: capacity of children with autism spectrum disorders to perform academically and regulate their emotions and behaviors at school. *Res Autism Spect Dis* [Internet]. 2010. [cited 2022 Mar 21]; 4, 18-27. doi:10.1016/j.rasd.2009.07.002
- Bolton P, Macdonald H, Pickles A, Rios P, Goode S, Crowson M., et al. A case-control family history study of autism. *J Child Psychol Psych* [Internet]. 1994. [cited 2022 Mar 21]; 35, 877-900. doi: 10.1111/j.1469-7610.1994.tb02300.x
- Greenaway R, Howlin P. Dysfunctional attitudes and perfectionism and their relationship to anxious and depressive symptoms in boys with autism spectrum disorders. *J Autism Dev Disord* [Internet]. 2010. [cited 2022 Mar 21]; 40: 1179-1187. doi: 10.1007/s10803-010-0977-z
- Riccioni A, Pro S, Di Criscio L, Terribili M, Siracusano, M, Moavero, R, et al. High intellectual potential and high functioning autism: clinical and neurophysiological features in a pediatric sample. *Brain Sci* [Internet]. 2021. [cited 2022 Mar 21]; 11(12): 1-14. doi: 10.3390/brainsci1121607
- Stoeber J, Noland AB, Mawenu TW, Henderson TM, Kent DN. Perfectionism, social disconnection, and interpersonal hostility: Not all perfectionists don't play nicely with others. *Pers Indiv Differ*. 2017 Dec 1;119:112-7.
- Stoeber J, Smith MM, Saklofske DH, Sherry SB. Perfectionism and interpersonal problems revisited. *Pers Indiv Differ*. 2021 Feb 1;169:110106.
- Stoeber J, Hadjivassiliou A. Perfectionism and aggression following unintentional, ambiguous, and intentional provocation. *Curr Psychol*. 2020 Jul 24:1-6.
- Gyori D, Balazs, J. Nonsuicidal self-injury and perfectionism: a systematic review. *Front Psychol* [Internet]. 2021. [cited 2022 Feb 4]; 12. doi:10.3389/fpsy.2021.691147
- Claes L, Soenens B, Vansteenkiste M, Vandereycken W. The scars of the inner critic: perfectionism and nonsuicidal self-injury in eating disorders. *Eur Eat Disord Rev*. 2012 May;20(3):196-202.
- Klibert JJ, Langhinrichsen-Rohling J, Saito M. Adaptive and maladaptive aspects of self-oriented versus socially prescribed perfectionism. *Journal of College Student Development*. 2005;46(2):141-56.
- Morris L, Lomax C. Review: Assessment, development, and treatment of childhood perfectionism: a systematic review. *Child Adol Ment H-UK* [Internet]. 2014 [cited 2021 Sep 13]; 19(4): 225-234. doi: 10.1111/camh.12067
- Gaudreau P. On the distinction between personal standards perfectionism and excellencism: a theory elaboration and research agenda. *Perspect Psychol Sci*. 2019 Mar;14(2):197-215.
- Wade T D, Egan S J, Wleklinski M, O'Brien A, Fitzallen G, Shafran R. A realist synthesis of websites containing content on perfectionism: are the descriptions and advice empirically supported? *BMC Psych*. 2021 [cited 2022 Feb 4]; 9(119): 1-11. Available from: <https://doi.org/10.1186/s40359-021-00620-8>
- Osenk I, Williamson P, Wade TD. Does perfectionism or pursuit of excellence contribute to successful learning? A meta-analytic review. *Psychol Assessment*. 2020 Oct;32(10):972.
- Hewitt P L, Flett G L. When does conscientiousness become perfectionism? *Curr Psychiat* [Internet]. 2007 [cited 2021 Oct 18]; 6(7): 49-60. Available from: <https://go.gale.com/>
- Flett GL, Hewitt PL, Oliver JM, Macdonald S. Perfectionism in children and their parents: a developmental analysis. In: Flett GL, Hewitt PL, editors. *Perfectionism: theory, research, and treatment*. Washington DC (USA): American Psychological Association; 2002. p. 89 - 132.
- Meyer A, Wissemann K. Controlling parenting and perfectionism is associated with an increased error-related negativity (ERN) in young adults. *Soc Cogn Affect Neur* [Internet]. 2020. [cited 2022 May 4]; 15(1). 87-95. doi: 10.1093/scan/nsaa018

30. Curran T, Hill AP, Williams LJ. The relationships between parental conditional regard and adolescents' self-critical and narcissistic perfectionism. *Personality and Individual Differences*. 2017 Apr 15;109:17-22.
31. Chen C, Hewitt P L, Flett G L. Adverse childhood experiences and multidimensional perfectionism in young adults. *Pers Indiv Differ* [Internet]. 2019 [cited 2022 Feb 24]; 146: 53-57. Available from: <https://doi.org/10.1016/j.paid.2019.03.042>
32. Carmo C, Oliveira D, Brás M, Faisca L. The influence of parental perfectionism and parenting styles on child perfectionism. *Children*. 2021 Sep;8(9):777.
33. Smith MM, Hewitt PL, Sherry SB, Flett GL, Ray C. Parenting behaviors and trait perfectionism: a meta-analytic test of the social expectations and social learning models. *Journal of Research in Personality*. 2022 Feb 1;96:104180.
34. Damian LE, Negru-Subtirica O, Pop EI, Stoeber J. Becoming a perfectionistic adolescent: perceived parental behaviors involved in developmental trajectories of perfectionism. *European Journal of Personality*. 2022 Jan;36(1):24-46.
35. Segrin C, Kauer TB, Burke TJ. Indirect effects of family cohesion on emerging adult perfectionism through anxious rearing and social expectations. *Journal of Child and Family Studies*. 2019 Aug;28(8):2280-5.
36. Matos M, Steindl SR. You are already all you need to be: a case illustration of compassion-focused therapy for shame and perfectionism. *J Clin Psychol* [Internet]. 2020. [cited 2022 May 4]; 76(11), 2079-2096. doi: 10.1002/jclp.23055
37. Affrunti NW, Woodruff-Borden J. Emotional control mediates the association between dimensions of perfectionism and worry in children [Internet]. *Child Psychiat Hum D*. 2017 [cited 2022 May 11];48(1):73-81. Available from: <https://doi.org/10.1007/s10578-016-0654-3>
38. Shafran R, Cooper Z, Fairburn CG. Clinical perfectionism: a cognitive-behavioural analysis. *Behaviour research and therapy*. 2002 Jul 1;40(7):773-91.
39. Smith MM, Sherry SB, Saklofske DH, Mushqaush AR. Clarifying the perfectionism-procrastination relationship using a 7-day, 14-occasion daily diary study. *Personality and Individual Differences*. 2017 Jul 1;112:117-23.
40. Canning JR, Patock-Peckham JA, Walters KJ, Bauman DC, Frohe T, Leeman RF. Perfectionism discrepancy and falling short of the ideal self: investigating drinking motives and impaired control on the road to alcohol-related problems. *Personality and individual differences*. 2020 Jun 1;159:109909.
41. Magson NR, Oar EL, Fardouly J, Johnco C J, Rapee RM. The preteen perfectionist: an evaluation of the perfectionism social disconnection model. *Child Psychiatry & Human Development*. 2019 Dec;50(6):960-74.
42. Salturk A. A qualitative study among self-identified perfectionists and procrastinators in academic tasks. *Particip Educ R* [Internet]. 2022. [cited 2022 May 4]; 9(2), 1-24. Available from: <http://dx.doi.org/10.17275/per.22.26.9.2>
43. Mofield E, Peters MP. Understanding underachievement: mindset, perfectionism, and achievement attitudes among gifted students. *J Educ Gifted* [Internet]. 2019. [cited 2022 May 5]; 42(2), 107-134. doi: 10.1177/0162353219836737journals.sagepub.com/home/jeg
44. Dang SS, Quesnel DA, Hewitt PL, Flett GL, Deng X. Perfectionistic traits and self-presentation are associated with negative attitudes and concerns about seeking professional psychological help. *Clin Psychol Psychot*. 2020 Sep;27(5):621-9.
45. Frost RO, Marten P, Lahart C, Rosenblate R. The dimensions of perfectionism [Internet]. *Cognitive Ther Res*. 1990 [cited 2022 Feb 10];(5):449-68. Available from: <https://doi.org/10.1007/BF01172967>
46. Flett GL, Hewitt PL, Besser A, Su C, Vaillancourt T, Boucher D, Munro Y, Davidson LA, Gale O. The child-adolescent perfectionism scale: development, psychometric properties, and associations with stress, distress, and psychiatric symptoms [Internet]. *J Psychoeduc Assess*. 2016 [cited 2022 Feb 10];34(7):634-52. Available from: <https://doi.org/10.1177/0734282916651381>
47. Slaney RB, Rice KG, Mobley M, Trippi J, Ashby JS. The revised almost perfect scale. Measurement and evaluation in counselling and development [Internet]. 2001 [cited 2022 Feb 10];34(3):130-45. Available from: <https://doi.org/10.1080/07481756.2002.12069030>
48. Rice KG, Preusser KJ. The adaptive/maladaptive perfectionism scale. *Meas Eval Couns Dev* [Internet]. 2002 [cited 2022 Feb 10];34(4):210-22. Available from: <https://doi.org/10.1080/07481756.2002.12069038>
49. Egan SJ. Cognitive-behavioral treatment of perfectionism. Egan S, Wade TD, Shafran R, Antony MM [Internet]. Guilford Publications; 2014. Chapter 7, The cognitive-behavioral model of perfectionism and collaborative formulation. [cited 2022 May 29]. P102-121. Available from: <https://discovery.ebsco.com/linkprocessor/plink?id=37bd8ce2-2f5f-397e-bcaa-cf29bd9cee3d29>.
50. Langford K, McMullen K, Bridge L, Rai L, Smith P, Rimes K A. A cognitive behavioural intervention for low self-esteem in young people who have experienced stigma, prejudice, or discrimination: an uncontrolled acceptability and feasibility study. *Psychol Psychother-T* [Internet]. 2022 [cited 2022 Feb 4]; 95(1): 1-23. doi:10.1111/papt.12361
51. Radhu N, Daskalakis ZJ, Arpin-Cribbie CA, Irvine J, Ritvo P. Evaluating a web-based cognitive-behavioral therapy for maladaptive perfectionism in university students. *J Am Coll Health* [Internet]. 2012 [cited 2022 Apr 5]; 60(5): 357-366. Available from: <https://discovery.ebsco.com/c/xpptz/viewer/pdf/s6mrobxwmb>
52. Shu C Y, Watson H J, Anderson R A, Wade T D, Kane R T, Egan S J. A randomized controlled trial of unguided internet cognitive behaviour therapy for perfectionism in adolescents: impact on risk for eating disorders. *Behav Res Ther* [Internet]. 2019. [cited 2022 Feb 4]; 120: 1-9. Available from: <https://doi.org/10.1016/j.brat.2019.103429>
53. Egan SJ. Cognitive-behavioral treatment of perfectionism. Egan S, Wade TD, Shafran R, Antony MM [Internet]. Guilford Publications; 2014. Chapter 9, Self monitoring, psychoeducation, and surveys. [cited 2022 May 29]. P137-156. Available from: <https://discovery.ebsco.com/linkprocessor/plink?id=37bd8ce2-2f5f-397e-bcaa-cf29bd9cee3d29>.
54. Ferrari M, Yap K, Scott N, Einstein DA, Ciarrochi J. Self-compassion moderates the perfectionism and depression link in both adolescence and adulthood [Internet]. *Plos One*. 2018 [cited 2022 May 11];13(2):e0192022. Available from: <https://doi.org/10.1371/journal.pone.0192022>
55. Egan SJ, Rees CS, Delalande J, Greene D, Fitzallen G, Brown S, et al. A review of self-compassion as an active ingredient in the prevention and treatment of anxiety and depression in young people. *Adm Policy Ment Hlth* [Internet]. 2022. [cited 2022 Mar 25]; 1-19. doi: 10.1007/s10488-021-01170-2
56. Gilbert P. *The compassionate mind: a new approach to life challenges*. 1st edition. London: Constable and Robinson Ltd; 2009.
57. Finlay-Jones A, Strauss P, Perry Y, Waters Z, Gilbey D, Windred MA, Murdoch A, Pugh C, Ohan JL, Lin A. Group mindful self-compassion training to improve mental health outcomes for LGBTQIA+ young adults: rationale and protocol for a randomised controlled trial. *Contemporary clinical trials*. 2021 Mar 1;102:106268.
58. Bluth K, Lathren C, Clepper-Faith M, Larson LM, Ogunbamowo DO, Pflum S. Improving mental health among transgender adolescents: implementing mindful self-compassion for teens. *Journal of Adolescent Research*. 2021 Dec 27:07435584211062126.
59. Kirby JN. Compassion interventions: the programmes, the evidence, and implications for research and practice. *Psychology and Psychotherapy: Theory, Research and Practice*. 2017 Sep;90(3):432-55.
60. Egan SJ, Rees CS, Delalande J, Greene D, Fitzallen G, Brown S, et al. A review of self-compassion as an active ingredient in the prevention and treatment of anxiety and depression in young people. *Adm Policy Ment Hlth* [Internet]. 2022. [cited 2022 Mar 25]; 1-19. doi: 10.1007/s10488-021-01170-2
61. Flett G L, Hewitt, P L. A proposed framework for preventing perfectionism and promoting resilience and mental health among vulnerable children and adolescents. *Psychol Schools* [Internet]. 2014. [cited 2021 Sep 6]; 51(9): 899-912. doi: 10.1002/pits.21792
62. Mofield EL, Chakraborti-Ghosh S. Addressing multidimensional perfectionism in gifted students with affective curriculum. *J Educ Gifted* [Internet]. 2010. [cited 2022 May 5]; 33(4), 479-513. Available from: <https://eric.ed.gov/?id=EJ893881>
63. Dweck CS. *Mindset / Carol Dweck* [Internet]. Robinson; 2012 [cited 2022 Oct 23]. Available from: <https://discovery.ebsco.com/linkprocessor/plink?id=3c9564f4-080b-3082-acc-a984b073ee18>
64. Ortiz Alvarado NB, Rodriguez Ontiveros M, Ayala Gaytán EA. Do mindsets shape students' well-being and performance?. *The Journal of psychology*. 2019 Nov 17;153(8):843-59.
65. Yeager DS, Romero C, Paunesku D, Hulleman CS, Schneider B, Hinojosa C, Lee HY, O'Brien J, Flint K, Roberts A, Trott J. Using design thinking to improve psychological interventions: the case of the growth mindset during the transition to high school. *Journal of educational psychology*. 2016 Apr;108(3):374. Available from: doi: 10.1037/edu0000098
66. Rattan A, Savani K, Chugh D, Dweck CS. Leveraging mindsets to promote academic achievement: policy recommendations. *Perspectives on Psychological Science*. 2015 Nov;10(6):721-6. Available from: doi: 10.1177/1745691615599383
67. Dweck CS, Yeager DS. *Mindsets: A view from two eras*. *Perspectives on Psychological science*. 2019 May;14(3):481-96.



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