

Supporting the Well-Being of Perfectionistic Adolescents

by

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Supporting the Well-Being of Perfectionistic Adolescents

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Dedication

This capstone is dedicated to my family, who have encouraged me to continue my journey of education and who have made countless sacrifices to ensure that I was able to complete this work. My son inspires me to do better and be better, all the while reminding me that we are all a work in progress. As a recovering perfectionist myself, learning self-compassion has not been easy for me, but my son has provided me with a reason to learn. I am thankful for my husband, who graciously agreed to leave his home country, family, and friends so that I could pursue my dream career. I would also like to express my gratitude to my parents, who have always been my personal cheer team and who have bent over backwards to support me. In addition, I would like to acknowledge my peers and colleagues who I have had the pleasure of completing this program with. I feel incredibly grateful to have learned with and from you all.

Abstract

Perfectionism has been linked to a range of psychopathology symptoms in adolescents such as depression, anxiety, and suicide. Moreover, studies have indicated that up to 30% of adolescents suffer from a maladaptive form of perfectionism. Despite these facts, there are limited resources and programs explicitly targeting perfectionism in schools. This capstone aims to answer the question: How can teachers and/or school counsellors support the well-being of perfectionistic adolescents in schools? To answer this question, this capstone will first review literature related to the most prominent models of perfectionism and measurement tools used with adolescent populations as well as key characteristics of maladaptive perfectionism in adolescents. This will help to define perfectionism within adolescent populations. Next, literature related to developmental factors and negative outcomes of adolescent perfectionism will be presented to identify targets for support. Current school-based preventions and supports will also be explored. Finally, a recommendation for middle school programming will be made to provide accessible resources for teachers and school counsellors to help support perfectionistic adolescents. Attachment Theory and Bronfenbrenner's Ecological Systems Theory will be used as a theoretical framework to guide the research of this capstone.

Keywords: adolescent perfectionism, anxiety, contingent self-worth, depression, negative self-evaluation, perfectionistic self-presentation, perfectionistic cognitions, perfectionistic reactivity, suicide, trait perfectionism

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Supporting the Well-Being of Perfectionistic Adolescents

Chapter 1: Introduction

Introduction

Common phrases such as ‘practice makes perfect’ suggest striving for perfection to be not only positive, but valued, and the achievement of perfection not only possible but expected. However, the field of psychology has long associated perfectionism with psychological distress and malfunction (Hewitt et al., 2017; Stoeber, 2018). More recently, perfectionism has been labeled as a transdiagnostic process due to its relevance and associations to several psychopathologies within both clinical and non-clinical populations (Egan et al., 2011; Limburg et al., 2017). Transdiagnostic processes are considered vulnerabilities or maintaining factors, present across a range of disorders (Limburg et al., 2017; Sauer-Zavala et al., 2016).

This capstone aims to investigate how perfectionism presents amongst adolescents, how perfectionism may impact adolescent well-being and how school counsellors and teachers can mitigate negative consequences associated with perfectionism and support the well-being of perfectionistic adolescents in schools.

Background Information

There is now a plethora of literature linking various aspects of perfectionism with depression (Smith et al., 2021), anxiety (Damian et al., 2017), obsessive-compulsive disorder (Soreni et al., 2014) and eating disorders (Boone et al., 2013; Magson et al., 2019). Furthermore, perfectionism has also been associated with the negative outcomes of psychopathology, including suicidality (Hewitt et al., 2014; de Jonge-Heesen et al., 2021), non-suicidal self-injury

(Gu et al., 2022), poor interpersonal functioning (Magson et al., 2019), psychological distress (Molnar et al., 2023) and burn out (Garratt-Reed et al., 2018).

Mental health concerns such as those associated with perfectionism are of growing concern, both in Canada and globally. According to the Government of Canada's Data Blog (2020), 1 in 3 Canadians will be affected by mental illness during their lifetime, with 5.5 million Canadians having accessed health services for mental illness between 2016 and 2017. These numbers may be increasing, as the percentage of Canadians under 19 years of age accessing mental health services rose an average of 2.6% per year between 2000 and 2017. The World Health Organization (2023a) states that depression and anxiety alone cost the global economy 1 trillion US dollars per year.

Interestingly, a recent study found perfectionism amongst young adults to be on the rise; up as much as 33% between 1989 and 2016 (Curran & Hill, 2019). This is of particular concern, considering the transdiagnostic characteristic of perfectionism and its negative implication on well-being. Furthermore, although the focus on adolescent perfectionism is more recent, the implications of perfectionism amongst this population have been well documented (Flett & Hewitt, 2022; Stoeber, 2018).

In fact, perfectionism, and the pressure to be perfect has been indicated as a key factor in the rise of suicidality amongst populations of adolescents in various communities around the world (Flett & Hewitt, 2022). For instance, in response to the rate of adolescent suicide doubling in the Netherlands in 2017, Mérelle et al. (2020) undertook an investigation into the underlying causes and triggers of 35 adolescent deaths by suicide. Their results highlighted perfectionism as a key theme. In Orange County, California, a rise in adolescent suicide prompted the American Academy of Pediatrics (AAP; 2018) to release information and suggestions to the public. The

AAP (2018) identified high achievers as at risk, and highlighted perfectionism and high social expectations as added risk factors.

The detrimental effect of perfectionism on mental health and well-being necessitates a focus on prevention and intervention supports.

Statement of the Problem

Despite a growing body of evidence indicating that perfectionism exists in youth with similar negative consequences as seen in adults, there is a lack of school-based education and resources that explicitly target perfectionism (Flett & Hewitt, 2022). In fact, competitive school programming that emphasizes scores on standardized testing, competition, and accomplishments may be contributing to perfectionism (Curran & Hill, 2019). Although we want students to set goals and work to achieve them, Curran and Hill (2019) hypothesize that our methods may be encouraging unrealistic goals and communicate the idea that unless you are flawless, you are a failure.

Furthermore, society's focus on achievement and materialistic representations of success along with the plethora of expertly edited and curated images presented on social media, feeds an unceasing pressure for perfection (Curran & Hill, 2019). Adolescents, who are developmentally primed to focus on their peers and the way others view them (Somerville, 2013), may be particularly vulnerable to this pressure. Studies suggest that between 25 and 30% of teenagers suffer from a maladaptive form of perfectionism (Flett et al., 2016; Sironic & Reeve, 2015). As previously mentioned, perfectionism is a vulnerability and maintaining factor for a range of psychopathologies (Limburg et al., 2017). In adolescents, perfectionism has been linked to depression, anxiety, eating disorders, and suicidality amongst others (Fett & Hewitt, 2022). There are many school-based initiatives targeting these mental health illnesses such as Everyday

Anxiety Strategies for Educators (Province of British Columbia, 2023), BC FRIENDS Program (Province of British Columbia, 2015) and NEED2 (NEED2, n.d.). However, a focus on perfectionism may be more effective. There is evidence to suggest that while programs targeting symptoms of other psychopathologies do not have clear effects on perfectionism (Huggins, 2008), programs that explicitly target perfectionism may improve maladaptive perfectionistic tendencies as well as symptoms of other mental health illnesses (Fairweather-Schmidt & Wade, 2015; Nehmy & Wade, 2015; Osenk et al., 2023; Vekas & Wade, 2017).

Furthermore, while most students spend a significant amount of their time in school settings between the ages of 4 and 18, several studies have indicated that teachers feel undertrained and under-resourced to handle mental health issues in the classroom (Shelemy et al., 2019; Reinke et al., 2011). However, with the Provincial Collective Agreement between the British Columbia Public School Employers' Association and the British Columbia Teachers' Federation (2023) stating that teacher counsellors will be in a ratio of 1 to 693 students, it is necessary that teachers are provided training and resources to support a comprehensive school program. Ultimately, there is a need for both school counsellors and teachers to be educated and aware of what perfectionism is and how to create an environment that encourages striving for excellence over perfection.

Purpose of the Paper

The objective of this capstone is to help school counsellors and teachers support the well-being of perfectionistic adolescents. To do so, this capstone aims to first provide information about the conceptual framework of perfectionism and its negative consequences amongst adolescents. As previously mentioned, perfectionism is often portrayed as a character strength in phrases such as practice makes perfect. This capstone aims to differentiate a healthy striving for

excellence from perfectionism, which can be potentially debilitating (Blasberg et al., 2016). Furthermore, by identifying the links between perfectionism and other mental health illnesses, this capstone aims to broaden the awareness of school counsellors who design and manage comprehensive school counselling programs. Additionally, by investigating current school-based interventions for perfectionism, this capstone aims to help school counsellors identify the most effective approaches to supporting perfectionistic adolescents.

Secondly, this capstone aims to provide resources for school community members. This includes universal prevention programming that can be implemented by both teachers and school counsellors as well as information and suggestions for parents. Recommendations are provided for early adolescent students but could be adapted for older or younger students as necessary. In providing resources for key stakeholders, this capstone aims to not only support the immediate well-being of students, but also be an initiator in shifting the environmental focus from a purely outcome-based drive for perfection to a progress-based striving for excellence.

In summary, this capstone aims to provide necessary information as well as easily accessible resources so that influential school adults, such as teachers and school counsellors can begin to support the well-being of perfectionistic adolescents.

Research Question

This capstone will address the following research question: How can teachers and/or school counsellors support the well-being of perfectionistic adolescents?

Theoretical Framework

This capstone will be guided by two developmental theories relevant to perfectionism in adolescents: Attachment Theory and Bronfenbrenner's Ecological System's Theory.

Attachment theory proposes that an individual's relationship with initial caregivers is the developmental foundation for the way the individual will learn to interact with the outside world (Fitton, 2012). Interactional patterns developed in these early relationships will be repeated in future relationships in the form of an attachment style. When primary caregivers are close, attentive and in tune with their child, they provide a secure base for the child to return to in times of distress. In this way, primary caregivers provide security, emotional regulation, and safety, leaving the child feeling confident to explore and engage with the outside world. A securely attached child is willing to explore when their primary caregivers are present as a safe haven, seeking them out when distressed and being soothed by their presence and engagement. However, when the relationship between primary caregiver and child has not adequately met the child's needs, this may result in an insecure attachment style, such as insecure/avoidant attachment, ambivalent/resistant attachment, or disorganized/disorientated attachment (Olson, 2014).

A child with insecure/avoidant attachment may easily explore their surroundings but does not appear to use their primary caregiver as a safe haven and may even appear to avoid or become uncomfortable in the primary caregiver's presence (Olson, 2014). A child with ambivalent/resistant attachment may seem distressed in a new environment and react poorly to separation from their caregiver but is also unable to be comforted by the primary caregiver's return or efforts to soothe the child. Finally, a child with disorganized/disoriented attachment style may not show a consistent attachment style, sometimes appearing insecure/avoidant and sometimes appearing ambivalent/resistant.

Despite the intense focus on the self, perfectionism is largely relational, developing in response to, and presenting within the context of relationships (Flett & Hewitt, 2022; Hewitt et

al., 2017). While the development of perfectionism is complex, layered, and heterogenous, insecure attachment has been identified as a fundamental antecedent (Hewitt et al., 2017). In fact, the Perfectionistic Social Disconnection Model indicates insecure attachment as a key factor in both the development of perfectionism and the association between perfectionism and psychopathologies (Flett & Hewitt, 2022; Hewitt & Flett, 2017). This model proposes that insecurely attached individuals have frustrated needs for belonging, security, and acceptance and that perfectionistic behaviors are used as unhelpful strategies to meet these needs. As perfection is impossible, these needs become further frustrated. Moreover, ineffective interactional patterns reflective of both perfectionism and attachment styles, continue to frustrate needs by creating social disconnection, eventually leading to symptoms of psychopathology.

The second theory applicable to this capstone is Bronfenbrenner's Ecological System's Theory. This theory proposes that an individual's development is contextual and influenced not only by multiple environments, but by the interaction between these environments (Nakkula & Toshalis, 2006). The theory identifies five environmental systems, along with the individual, that interact to influence development. Factors attributed to the individual include age, sex, health, abilities, and temperament, with the individual interacting and evoking responses from their environment (Darling, 2007). The next system is called the microsystem and refers to direct influences such as family or guardians, school, and peer group (Nakkula & Toshalis, 2006). The mesosystem refers to interactions between the factors in the microsystem, such as interactions between parents and the school or interactions between peers. The exosystem refers to environments in which people who are important to the individual are involved in, therefore indirectly affecting the individual. The macrosystem refers to the social context within which all

other systems are present. This includes social patterns, politics, and economic policies. Finally, the chronosystem refers to both personal and social changes in conditions over a lifetime.

Perfectionism is complex and its development cannot be attributed to any one factor (Flett & Hewitt, 2022; Hewitt & Flett, 2017; Stoeber, 2018). This paper will explore developmental and maintaining factors related to the individual, parents, and the environment. While parenting has often been identified as a key developmental factor, this paper will consider how the child also impacts the child-parent relationship. The macrosystem becomes particularly relevant, with the proliferation of social media and the societal value of meritocracy (Curran & Hill, 2019), as discussed previously. Furthermore, the chronosystem is relevant to this paper as adolescence is a time marked by an intense focus on peers and sensitivity to peer evaluations (Somerville, 2013). This capstone aims to make recommendations that are sensitive to the many environmental factors and the way they may interact, by offering resources that include teachers, counsellors, students, and parents.

Significance of the Study

This capstone focuses on perfectionism in adolescents because, as previously stated, 25 to 30% of teenagers have been found to suffer from maladaptive perfectionism (Flett et al., 2016; Sironic & Reeve, 2015). Furthermore, symptoms of many of the psychopathologies associated with perfectionism tend to manifest during adolescence, making this a particularly relevant age for prevention and intervention (Solmi et al., 2021).

In addition, there is evidence to suggest that certain aspects of perfectionism lead to an avoidance of seeking support, whether psychological (Abdollahi et al., 2017), or academic (Shim et al., 2016). Flett & Hewitt (2013) suggest that a need to not only be perfect, but appear perfect,

results in students concealing any effort or distress, making it difficult for teachers, counsellors, or parents to identify and support students in need.

Up until the age of 18, most adolescents spend a large portion of their time at school, making the school setting particularly influential for this age group. Curran and Hill (2019) theorize that increasing performance demands, focusing on results over process, and pressure to compete for coveted seats at recognized universities, encourage perfectionism. Fitting with this theory, Endleman et al. (2022), found that students who were academically successful were more likely to experience increased levels of perfectionism. However, Domocus and Damian (2018) found that teacher support acted as a protective measure against the maladaptive aspects of perfectionism. As such, the research question identifies important adults at school, namely teachers and school counsellors, and their role in promoting the well-being of perfectionistic adolescents.

Definition of Terms

Adolescence: The developmental period between childhood and adulthood, between the ages of 10 and 19 (World Health Organization, 2023b)

Contingent Self-Worth: The belief that one's value and ability to be accepted by others relies on performance, accomplishments, or productivity (DiBartolo et al., 2004; McArdle, 2009)

Perfectionism: A multidimensional personality orientation in which individuals focus on being perfect and/or seeming perfect. Perfectionism is complex and heterogenous but is often characterized by setting extreme or unrealistic goals accompanied by harsh self-criticism and fear of failure (Flett & Hewitt, 2022).

Perfectionistic Cognitions: Repeated thoughts about the desire to be perfect and not being perfect (Flett et al., 1998).

Perfectionistic Reactivity: Unhelpful, and often exaggerated reactions of perfectionists in response to problems, particularly in response to mistakes and failure (Flett & Hewitt, 2022).

Perfectionistic Self-Presentation: The interpersonal presentation style enacted to appear perfect. This includes nondisclosure of imperfections, nondisplay of imperfections, and perfectionistic self-promotion of perfection (Hewitt et al., 2011)

Trait Perfectionism: The aspects and dimensions of perfectionism that focus on the need to be perfect (Flett & Hewitt, 2022).

Transdiagnostic Process: A vulnerability or maintaining factor, present across a range of disorders (Limburg et al., 2017; Sauer-Zavala et al., 2016)

Outline of the Remainder of the Paper

Chapter 1 has outlined the prevalence and potential negative impact on well-being of perfectionism in adolescents, highlighting the relevance of the research question. Chapter 2 will provide a review of current literature related to perfectionism in adolescents. To answer the research question, three themes will be developed: defining perfectionism, development, and negative outcomes of perfectionism in adolescents and prevention and support in school settings.

The first theme in Chapter 2 will present research identifying the most prominent conceptualizations of perfectionism and measurement tools used amongst adolescent populations as well as key characteristics typical of maladaptive perfectionism. This will help to clarify the difference between setting high, but achievable, healthy goals and perfectionism. The second theme will explore developmental antecedents and maintaining factors as well as key negative outcomes of perfectionism specific to adolescents. This section will focus on the child, parents, and environment as key developmental factors and depression, anxiety, and suicide as major negative outcomes. This theme will identify targets of support as well as justify the need for

these supports. The final theme, school-based interventions for adolescent perfectionism, will help to identify barriers to support, the strengths, and weaknesses of current interventions, as well as possibilities for improvements. Due to a tendency for perfectionists to avoid help-seeking behaviour (Abdollahi et al., 2017; Shim et al., 2016), this section will focus on universal programs. This knowledge will inform the final recommendations and answers to the research question.

In the final chapter, Chapter 3, a recommendation will be made for a 9-week universal program to be implemented by teachers and school counsellors to grade 8 students. Chapter 3 will review the rationale, logistics and outline for this program. The goal of this chapter is to provide school counsellors and teachers with an easily accessible and applicable resource to begin their efforts in supporting perfectionistic adolescents in school.

Chapter 2: Literature Review

Introduction

Chapter 1 highlighted the prevalence of perfectionism amongst adolescents as well as its potential effect on well-being. Chapter 1 also identified that social messaging may, in fact, be encouraging or celebrating perfectionism. Furthermore, Chapter 1 discussed the lack of resources and supports in place in school settings that address perfectionism in adolescents. Therefore, the following research question was posed: How can school counsellors and/or teachers support the well-being of perfectionistic adolescents?

To effectively address the research question, Chapter 2 will review literature around three themes specific to adolescents: defining perfectionism, development and negative outcomes of perfectionism, and school-based support. The first theme will provide a foundational understanding of the most prominent models of perfectionism applied to adolescents. This will clarify the difference between what might be considered a healthy pursuit of excellence and the unrelenting striving of perfectionism. The second theme will explore the development and negative outcomes of perfectionism, allowing for a better understanding of the mechanisms that impact the development, maintenance, and enhancement of perfectionistic tendencies, as well as the mechanisms through which perfectionism is connected to maladjustment. This will provide justification for addressing perfectionism in schools as well as potential targets for interventions. The final theme will consider existent school-based intervention programs, identifying what has been successful and what might still need to be addressed. Together, this chapter will give both teachers and school counsellors a comprehensive understanding of perfectionism, how maladaptive perfectionism profiles in adolescents, the risks associated with perfectionism, and

how schools might implement support to mitigate negative outcomes. This chapter will inform the final recommendations offered in chapter 3.

Review of Research Literature

Defining Perfectionism

This section aims to both highlight the complexity of defining and measuring perfectionism, while providing a framework for understanding perfectionism in adolescents. Scales typically used to measure perfectionism among adolescents will be reviewed as well as studies that identify common characteristics of maladaptive perfectionism.

The Difficulties of Measuring Perfectionism. It is largely agreed upon in the literature that perfectionism is a multidimensional personality construct (Frost et al, 1990; Hewitt & Flett, 1991; Hewitt et al., 2017; Hill et al., 2004; Slaney et al., 2001; Stoeber, 2018), however, there remains ambiguity in terms of what the underlying dimensions are and how they are measured. There are numerous scales measuring perfectionism and each reflects a slightly different approach to conceptualizing the construct. The Comprehensive Model of Perfectionistic Behaviour (CMPB) proposes that perfectionistic behaviour arises from three levels of perfectionism: trait perfectionism, perfectionistic self-presentation, and perfectionistic cognitions (Hewitt et al., 2017). Scales used amongst adolescent populations for each level of the CMPB are discussed below.

Trait Perfectionism Measurement Scales. In a systematic review of 76 studies examining perfectionism in children and youth under 15, Leone and Wade (2018) suggests three self-report trait perfectionism scales for use amongst children and youth: Child and Adolescent Perfectionism Scale (CAPS), Frost Multidimensional Perfectionism Scale (FMPS), and Almost Perfect Scale-Revised (APS-R).

The CAPS was developed specifically for children and youth (Flett et al., 2016). The conceptualization of perfectionism behind the CAPS takes a relational and motivational approach focusing on both the origin of perfectionistic expectations as well as the target. The CAPS was designed to measure two core dimensions of maladaptive perfectionism: self-oriented perfectionism (SPP), characterized by an expectation of perfection of the self and socially prescribed perfectionism (SOP), characterized by a belief that others expect perfection of the self.

In their review, Leone and Wade (2018) determined that the CAPS has strong psychometric properties. CAPS results have been used in studies investigating perfectionism interventions amongst adolescents (Teixeira et al. 2017) and pre-adolescents (Fairweather-Schmidt & Wade, 2015) as well as the development of perfectionism (Damian et al., 2022) and influencing factors (Domocus & Damian, 2018). Furthermore, the maladaptive nature of SPP and SOP has been shown through associations with depression, anxiety, and eating disorders (Magson et al., 2019) amongst preadolescents.

However, despite its common use, there has been some controversy as to whether the scale should be comprised of two (SPP and SOP) or three (SPP, SOP-striving, and SOP-critical) factors (Flett et al., 2016). McCreary et al. (2004) first proposed the three-factor model using CAPS results from a population of 558 predominantly African American sixth graders. The authors suggested that SOP-critical is a maladaptive form of perfectionism characterized by negative self-evaluations while SOP-striving is an adaptive form of perfectionism characterized by endeavoring for perfection. Further support for the three-factor model was found by O'Connor et al. (2009) in a study of 624 predominantly white European adolescents between the ages of 15 and 16. Conversely, in a factor analysis, Sironic and Reeve (2015) found the two-

factor model was the best fit within a sample of 938 high school students. Furthermore, in a recent meta-analysis Vicent et al. (2019), found the original version of CAPS had higher reliability ratings than the three-factor model proposed by O’Conner et al. (2009). Despite the prominent use of CAPS, the discrepancy in factor models complicates the comparison of results between studies.

The second scale, the FMPS was developed by Frost et al. (1990) to measure perfectionism amongst adult populations. Although the conceptualization of perfectionism behind it does not consider motivations, the FMPS is like the CAPS in that subscales acknowledge both personal and social pressures. The FMPS measures six core dimensions: personal standards, doubts about actions, concern over mistakes, organization, perceived parental concern, and perceived parental criticism. Personal standards refer to setting extremely high personal goals. Concern over mistakes and doubts about actions reflect negative self-evaluations while perceived parental concerns and perceived parental critique acknowledge parenting as a key instrument in the etiology of perfectionism. The final dimension, organization, was identified as a method by which perfectionists go about setting and attempting to achieve high goals. However, Frost et al. (1990) found that organization was not strongly related to the other five dimensions and recommended omitting it from total perfectionism scores.

Parker and Stumpf (1995) found FMPS results amongst 855 academically gifted sixth graders were consistent with those of the female college students the instrument was originally developed with and concluded that the FMPS is appropriate for use with children. Consistent with adult populations, a factor analysis suggested that personal standards and organization reflect adaptive aspects of perfectionism, while doubts about actions, concern over mistakes, parental concern and parental critique reflect maladaptive aspects.

Building on these results, Gavino et al. (2019) investigated a Spanish version of the FMPS, omitting the organization subscale, in 1648 Spanish youth between 10 and 17 years old. By separating participants into younger (10-13) and older (14-17) children, the authors were able to confirm construct validity of the FMPS across age groups and gender. FMPS subscales were found to be positively associated with measures of psychopathology symptoms including anxiety and depression, lending credence to the usefulness of the FMPS amongst this age group.

However, there remain some concerns and inconsistencies in using the FMPS amongst youth. First, Hawkins et al. (2006) conducted a factor analysis of the FMPS with results from a sample of female Australian youth and, as proposed amongst adult populations (Stöber, 1998), suggest a four-factor model in which concerns over mistakes and doubts about actions form one measure and parental concern and parental critique are also combined. This model was supported in a sample of 938 Australian high school students (Sironic & Reeve, 2015) and potentially complicates the comparison of FMPS results across studies. Furthermore, Leone and Wade (2018) raise the concern that in studies of children and youth, FMPS measurements are often limited to the concern over mistakes subscale, potentially due to respondent burden. This limits responses and analysis to a single dimension of perfectionism.

Like the FMPS the third trait perfectionism scale, the APS-R developed by Slaney et al. (2001), was originally designed for adults but has shown good psychometric properties amongst adolescent populations (Sastre-Riba et al., 2016; Vandiver & Worrell, 2002). Unlike the FMPS and CAPS, the APS-R was specifically designed as an intra-personal measure, not including external motivations for perfectionism or behavioural outcomes. The APS-R measures three core dimensions: high standards, order, and discrepancy. High standards, defined as setting high personal expectations, and order, referring to a need for orderliness and organization, measure

adaptive features of perfectionism. Discrepancy, referring to a negative comparison between one's actual self and the standards set for oneself, measures maladaptive aspects of perfectionism.

The factor structure and psychometric properties of the APS-R have been supported in a population of gifted sixth grade students (Vandiver & Worrell, 2002) and amongst a sample of mixed ability children and youth between the ages of 9 and 16 (Sastre-Rita et al., 2016). Furthermore, studies have supported the maladaptive effects of discrepancy and adaptive effects of high standards in adolescent populations (Fredrick et al., 2017; Vandiever & Worrell, 2002). For instance, in a sample of 169 middle school students, Fredrick et al. (2017) found that discrepancy was positively associated with depression while high standards was negatively associated with depression.

However, as with the first two measures, there remains some concerns about the use of APS-R. First, Leone and Wade (2018) note a lack of test-retest reliability evidence in child and youth populations within the literature. In addition, when comparing two similar groups of gifted sixth graders, Vandiever and Worrell (2002) found some differences in the order subscale. In fact, the order subscale is often left out during measurement due to a concern that it is more likely a measure of conscientiousness than perfectionism (Flett & Hewitt, 2022). Furthermore, there has been controversy regarding the wording of the high standards subscale, with some authors arguing that it measures a striving for excellence as opposed to perfection (Blasberg et al., 2016). Unlike striving for excellence, Blasberg et al. (2016) posit that perfectionists have a need for perfection that reflects a maladaptive all or nothing approach. In samples of university students, the authors found that altering the language of the high standards scale to explicitly reflect striving for perfection resulted in associations with measures of distress, not present when

administering the original form of the scale. Finally, some studies have found it necessary to adapt the APS-R language for better clarity amongst adolescent populations (Fredrick et al., 2017).

Perfectionistic Self-Presentation and Perfectionistic Cognition Scales. The Perfectionistic Self-Presentation Scale – Junior Form (PSPS-JR) and the Perfectionism Cognitions Inventory (PCI) are two self-report scales used to measure inter- and intra-personal components of perfectionism that go beyond the trait level.

The PSPS-Jr, derived from an adult measurement scale, was developed by Hewitt et al. (2011) to measure the interpersonal expression of perfectionism amongst children and adolescence. This scale was built off the premise that perfectionistic individuals have a need to not only be perfect but be seen as perfect by others. This is achieved by promoting perfections and hiding imperfections (Hewitt et al., 2017). The PSPS-Jr measures three facets of perfectionistic self-presentation: perfectionistic self-promotion, described as the desire to seem perfect, nondisplay of imperfection, described as a desire to avoid seeming imperfect, and nondisclosure of imperfections, described as a desire to avoid verbally sharing any imperfections with others.

Although there are limited studies utilizing the PSPS-Jr, the initial development studies supported the psychometric properties of the scale amongst both clinical and non-clinical adolescent populations (Hewitt et al., 2011). The authors also found that self-presentation was associated but different from the trait perfectionism dimensions of SOP and SPP as measured by CAPS. Further, studies have highlighted the maladaptive effects of perfectionistic self-presentation through associations with depression as well as measures of social anxiety and dysfunctional attitudes in adolescent populations (Flett et al., 2012; Ko et al., 2019). However, as

Leone and Wade (2018) warn, there are few studies using the PSPS-Jr and even less studies presented by independent authors.

The PCI is a unidimensional scale developed by Flett et al. (1998) to measure the frequency of repeated thoughts about the desire to be perfect and not being perfect. Although this scale was initially developed for and predominantly utilized amongst adult populations, there is some evidence to support the validity of its use amongst adolescents (Flett, Hewitt et al., 2012).

Flett, Hewitt et al. (2012) found support for both the psychoanalytic properties and validity of the PCI using two samples of adolescents. The authors found that the PCI correlated with trait dimensions of perfectionism measured by CAPS, as well as measures of self-criticism, dependency, and automatic thoughts. Furthermore, the authors found that PCI scores predicted significant variance in depression beyond the variance caused by trait perfectionism dimensions or general negative automatic thoughts. Further studies established that elevated PCI scores are associated with rumination and worry (Flett et al., 2011) as well as burn out amongst youth rugby players (Hill & Appleton, 2011). A longitudinal study using a shortened form of the PCI also found that perfectionistic automatic thoughts mediated the connections between trait perfectionism, as measured by CAPS, and pre-competition emotions such as anxiety and anger in response to mistakes amongst youth football players (Donachie et al., 2019).

While there are limited studies applying either the PSPS-JR or PCI, and there is a need for studies by independent authors to limit bias, the existent evidence suggests that a comprehensive understanding of perfectionism must go beyond trait dimensions. However, the plethora of scales used to measure perfectionism complicates the comparison of study results. Overreliance on any one scale may lead to biased or skewed conclusions. Therefore, as a layered

and diverse construct, perfectionism may best be understood by considering the results of multiple scales together.

Common Maladaptive Characteristics of Perfectionism in Adolescents. Despite inconsistencies in measurement scales, there are common themes in the literature regarding typical maladaptive characteristics of perfectionism. The following discussion will show that adolescents suffering from maladaptive forms of perfectionism tie their self-worth to the achievement of excessively high standards, engage in frequent negative self-evaluation and lack coping mechanisms to effectively manage and respond to stress, mistakes, and failure.

Contingent Self-Worth. Contingent self-worth (CSW) refers to the belief that one's value and ability to be accepted by others relies on performance, accomplishments, or productivity (DiBartolo et al., 2004; McArdle, 2009). Studies examining adult populations have shown that perfectionists tend to condition their self-worth on meeting high personal standards, and that CSW is associated with maladaptive outcomes such as feelings of shame and failure as well as depression (DiBartolo et al., 2004; Hill et al., 2011; Sturman et al., 2009).

Building on work with adults, several studies have linked CSW to dimensions of perfectionism amongst adolescent populations. In a study of 187 academically talented 12- to 17-year-old students in Ireland, McArdle (2009) found that CSW specific to academic performance was significantly correlated to the FMPS subscales of personal standards, concern over mistakes, and doubts about actions. In a second study, McArdle (2010) found that domain specific CSW related to academic and athletic performance, was predictive of perfectionism in the respective domain.

Wang et al. (2012) also considered CSW related to academics amongst academically talented students in the United States. However, in this study, perfectionism was measured using

the high standards and discrepancy subscales from the APS-R. In their sample of 144 sixth to twelfth grade students, the authors found that academic performance related CSW was significantly correlated with high standards but not discrepancy. Although contrary to study results with adult populations, the authors concluded that the correlation to high standards may suggest that CSW can be adaptive in an academic context for gifted students as they might be more likely to meet the high academic standards they set for themselves. However, the authors suggest that CSW may still represent a vulnerability amongst this population should they increase their standards beyond their capabilities. It is also important to note that the three studies discussed (McArdle 2009, 2010; Wang et al., 2012) were conducted with academically talented youth, potentially limiting their generalizability to all adolescents.

Shih (2011) provided support for the relation between CSW and perfectionism in a more academically normative population of adolescents. In a sample of 481 Taiwanese eighth graders, the author investigated the tendency of individuals with varying perfectionistic profiles to base their self-worth on the approval of others. In this study a composite of the FMPS subscales organization and personal standards was used to measure adaptive perfectionism and a composite of the subscales concern over mistakes and doubts about actions was used to measure maladaptive perfectionism. The author defined three profiles of perfectionism: adaptive perfectionists (high adaptive perfectionism scores with low maladaptive perfectionism scores), maladaptive perfectionists (high maladaptive perfectionism scores with low adaptive perfectionism scores) and mixed perfectionists (high maladaptive and adaptive perfectionism scores). Contrary to the results of Wang et al. (2012), Shih (2011) found that both maladaptive and mixed perfectionists were more likely to base their self-worth on other's approval than adaptive perfectionists, suggesting that evaluative concerns, and not high personal standards, are

more important in connecting CSW and perfectionism amongst adolescents. However, it is worth noting that Shih (2011) only measured CSW related to other's approval, omitting any contingencies related to performance or productivity. Regardless of the differences, these studies provide support for the link between CSW and perfectionism across cultures and amongst both academically talented and normative adolescent populations.

Frequent negative self-evaluation. In the development of the FMPS, Frost et al. (1990) made the caveat that setting high standards was only perfectionistic when coupled with negative self-evaluations. This is represented by the concerns over mistakes and doubts about actions subscales in the FMPS as well as the discrepancy subscale from the APS-R.

In a study of 157 grade 3 to 6 students, DiBartolo and Varner (2012) were able to explicitly show this tendency to be self-critical using an object naming task. Although there were no significant differences in standard setting or performance, children who scored high on the CAPS SPP subscale were more likely than those with low SPP scores to report that they felt they should have performed better. These children also had higher self-report levels of anxiety prior to, during and after task completion.

Ford et al. (2023) found similar results in their investigation of perfectionism and math self-efficacy in 1683 grade 6 to 8 students. Students who scored high in SPP reported fewer mastery experiences irrespective of their math ability level, suggesting a tendency to perceive their performances as less successful than their peers. Like DiBartolo & Varner (2012), Ford et al. (2023) found that individuals with high SPP also reported higher levels of negative physiological and affective states, potentially indicating the taxing effects of consistent self-criticism.

Flett and Hewitt (2022) propose that the negative evaluative tendencies of perfectionists can also be seen in an inclination to make upward social comparisons. Flett and Hewitt (2022) describe an unpublished pilot study of 118 grade 4 to 8 students. Students completed the CAPS, PSP-Jr as well as a measure to indicate tendencies to make either upward social comparisons to high scoring standard setting peers or downward comparisons to peers who generally perform at lower levels. Both CAPS subscales as well as the self-promotion and avoid display subscales from the PSP-Jr were positively correlated to upward social comparison. This tendency to make upward comparisons may provide some explanation for why perfectionistic youth tend to rate their performance more negatively than their peers, regardless of ability or objective performance level. Although a perfectionistic youth may have performed well, this performance may be seen as a failure if it falls below that of high scoring, standard setting peers.

Expanding on these results, a study of 135 female adolescents with a mean age of 14.7 years old, found that appearance focused upward social comparison on social media was a mediating factor between a measure of perfectionism and depressive symptoms (Etherson et al., 2022). This study further suggests that perfectionistic youth, do not only compare themselves to peers, but also to ideals presented on online platforms, thus presenting a multitude of excessively high standards that can be used to self-critique.

In summary, these studies suggest maladaptive perfectionistic adolescents are highly evaluative and view their performance through a negative lens. Considering the tendency for perfectionists to have CSW, this critical view of performance is likely to contribute to the development of a negative self-view. Fittingly, maladaptive forms of perfectionism have been negatively linked to self-compassion (Stoeber et al., 2020) and positively correlated with feelings

of shame (Tan & Chun, 2014), fear, anxiety, and sadness (DiBartol & Varner, 2012; Stornelli et al., 2009).

Perfectionistic Reactivity. Flett and Hewitt (2022) describe perfectionistic reactivity as the “suboptimal reactions and responses that often accompany extreme perfectionism when things go awry” (p. 22). These reactions can be emotional, cognitive, or behavioural in nature. Hewitt and Flett (1993; 2002) indicate stress as a major factor in perfectionistic reactivity, proposing the diathesis-stress model. This model implies that perfectionistic tendencies interact with pre-existing stress by enhancing its unpleasantness, thereby generating additional stress.

Studies with adults have supported the idea that individuals with maladaptive perfectionistic traits experience a heightened amount of stress when faced with psychological distress (Hasel & Beshart, 2011; Wirtz et al., 2007) and a similar trend has been seen in perfectionistic adolescents who appear to experience heightened stress, or a heightened reactivity to stress (Hewitt et al. 2014; Molnar et al., 2023).

Hewitt et al. (2014) investigated the link between perfectionism and suicide in a sample of 55 depressed psychiatric patients with an average age of 15.7. The authors found SPP, as measured by CAPS, interacted with higher levels of daily hassles to increase the risk of suicide potential. The authors liken daily hassles to stress and suggest that SPP lowers the threshold of stress that an individual can tolerate before positively impacting suicide potential.

In a longitudinal study of adolescents before and during the two government mandated COVID-19 lockdowns in Ontario, Molnar et al. (2023) found evidence to suggest that not only does perfectionism relate to increased perceived stress, but that this stress is then related to increased rates of anxiety and depressive symptoms. Monar et al. (2023) conducted online surveys with a sample of 187 adolescents between the ages of 13 and 19. Participants completed

CAPS as well as measures of perceived stress, depression and anxiety symptoms. The authors found that individuals with higher levels of SPP as well as those with higher levels of SOP indicated greater perceived stress during the pandemic lockdowns than those with lower levels of SPP or SOP. Furthermore, increases in base level SPP or SOP traits overtime corresponded with increases in depressive or anxiety symptoms.

Taken together the results from Hewitt and Flett (2014) and Molnar et al. (2023) suggest that adolescents with perfectionistic traits have a heightened perception of stress and that this leads to greater vulnerability to psychological distress. Fittingly, maladaptive forms of perfectionism in adolescents have also been connected to negative affect (Harvey et al., 2017; Stronelli et al., 2009).

Stronelli et al. (2009) found that in a sample of 281 Canadian students in the fourth and seventh grade, those with higher levels of SOP or SPP indicated significantly higher levels of negative affect as indicated by fear and sadness. Participants for this study were taken from gifted, fine arts and regular school programs. Although there were no correlations between positive affect, as indicated by happiness, and SOP or SPP for the overall sample, both were negatively correlated with happiness for students in gifted programs. The authors postulate that the added pressure for achievement in these programs may increase fear of failure and failure reactivity which may present as increased levels of fear and sadness.

Harvey et al. (2017) found further support for the positive relation between maladaptive perfectionism and negative affect. This study measured only SOP-striving and SOP-critical as per the CAPS-14 (O'Connor et al., 2009) in a sample of 203 children aged 8 to 12 years old. The authors found that SOP-critical was significantly correlated with negative affect, and although only marginally, negatively correlated with positive affect. SOP-striving was not significantly

correlated with negative or positive affect. However, it is important to note that the studies by both Harvey et al. (2017) and Stronelli et al. (2009) were cross-sectional in design. While the results can support a relationship between perfectionism and affect, these results do not clarify causation.

Building on these findings, Damian et al. (2021) conducted a three-wave longitudinal study with 489 12- to 19-year-old adolescents to determine the directional effects of perfectionism and affect. The authors made use of three subscales from the FMPS to measure perfectionism: personal standards, concern over mistakes and doubts about actions. The doubts about actions and concern over mistakes subscales were combined to form a composite labeled evaluative concerns. In support of previous studies, Damian et al. (2021) found that evaluative concerns had a positive bidirectional relationship with negative affect. However, the authors did not find that evaluative concerns predicted any changes in positive affect over time or vice versa. Regardless, Damian et al. (2021) confirmed the positive correlation between maladaptive perfectionism and negative affect and provide initial support for a bidirectional causal relationship. This suggests that the heightened awareness of negative social evaluation along with the constant self-criticism seen in perfectionism may feed into negative mood states.

Further, in a longitudinal study Vois and Damian (2020) found evidence suggesting that certain forms of perfectionism negatively impact the development of emotion regulation skills in adolescents (Vois & Damian, 2020). The study included 189 Romanian youth between the ages of 14 and 16 years old. Participants completed CAPS as well as measures of emotion regulation at two times, one month apart. The authors concluded that while SOP contributed to adaptive emotion regulation strategies, SPP contributed to emotion regulation difficulties. Those high in SOP were more likely to develop the adaptive quality of reappraisal while also becoming less

likely to deny their emotional responses. Conversely, SPP tended to predict a lack of acceptance of emotional responses, an increasing inability to control impulsive behaviours while distressed, a decreasing ability to utilize adaptive emotion regulation strategies and an increasing inability to identify emotions.

Further highlighting the dysfunctional relationship between perfectionism and emotions, Flett and Hewitt (2022) describe an unpublished study in which perfectionistic self-presentation and perfectionistic cognitions were found to be related to lower bodily awareness of emotions and ability to differentiate emotions. The study utilized the PCI and PSPS-Jr in a sample of 88 adolescents. The authors also found a significant negative correlation between the nondisclosure subscale of the PSPS-Jr and both not hiding emotions and verbal sharing of emotions. This suggests that perfectionistic youth may be particularly vulnerable to becoming emotionally dysregulated but may also be hiding their emotional responses.

Finally, Flett et al. (2011) found evidence of cognitive perfectionistic reactivity in a sample of 81 grade 7 and 8 students. The authors found that perfectionistic automatic thoughts as well as SOP were related to worry and depressive symptoms. More importantly though, the authors discovered that rumination mediated the link between perfectionism and depressive symptoms. Lin et al. (2019) also found rumination to be a mediating factor between maladaptive perfectionism, as measured by the discrepancy subscale of the APS-R, and poor sleep in a sample of 1664 Chinese adolescents. Furthermore, this tendency for rumination has also been found to be related to identity formation in adolescents (Negru-Subtirica et al., 2021). In a three-wave longitudinal study of 744 adolescents with an average age of 15.2 years old at onset, Negru-Subtirica et al. (2021) found that SPP had a positive bidirectional relationship with ruminative exploration. The authors propose that the self-critical nature and heightened

sensitivity to approval of others, typical of SPP, may promote ruminative exploration which in turn further validates and amplifies SPP traits. Taken together, these three studies highlight negative cognitive reactivity amongst adolescent perfectionists and their vulnerabilities.

In summary, perfectionistic youth have been shown to have increased perceptions of stress, poor emotional regulation paired with negative affect and rumination. However, a tendency to mask imperfections may make these tendencies difficult to identify.

Development and Negative Outcomes of Perfectionism in Adolescents

This section will outline factors that play a role in the development, maintenance, and enhancement of perfectionistic symptoms as well as the ways in which these symptoms negatively impact the lives of adolescents. The Perfectionistic Social Disconnection Model (Flett & Hewitt, 2022; Hewitt et al., 2017) will be used as a framework connecting development and negative outcomes.

Development of Perfectionism. The PSDM suggests that while perfectionism is about the self, it develops and presents within the context of relationships (Flett & Hewitt, 2022; Hewitt et al., 2017). There is a plethora of factors at play in the development of perfectionism and each individual perfectionist will have their own constellation of influencing factors. However, Hewitt et al. (2017) indicate asynchrony in the initial relationship between primary caregivers and child as a key antecedent to the development of perfectionism. Hewitt et al. (2017) claim that this asynchrony leads to a lack of trust in others, with the child's needs for belonging, security and acceptance frustrated. Due to developmentally appropriate egocentrism, the child learns to blame themselves for their inability to meet these needs, laying the foundation for self-criticism, conditional self-worth, and a persistent need to prove oneself. Perfectionistic tendencies are, therefore, attempts to achieve unmet needs for acceptance, belonging and self-

esteem. As the child continues to develop, continued asynchrony in relationships along with factors that contribute to the inability to meet frustrated needs, further feed into and ingrain perfectionistic tendencies. The PSDM proposes three categories of factors that influence the development of perfectionism: child, parent, and environment (Flett & Hewitt, 2022; Hewitt et al., 2017).

Child Factors. Child factors involved in the development of perfectionism include attachment style, genetics, temperament, and personality (Flett & Hewitt, 2022). Flett et al. (2002) proposed a link between perfectionism and insecure attachment styles, specifically anxious and avoidant attachment. There have since been several studies that appear to support this theory (Boone, 2013; Ko et al., 2019). For instance, in a sample of 97 children and adolescents, Ko et al. (2019) found that SOP and SPP from CAPS as well as all three PSPS-Jr factors were positively associated with insecure attachment. These results support a previous study by Boone (2013) which also found that anxious attachment to both mothers and fathers was positively associated with SPP and perfectionistic self-promotion in a sample of 328 14- to 20-year-olds. While much of the research connecting perfectionism to attachment style in adolescents has made use of CAPS, there is some evidence that similar connections can be found with the discrepancy subscale of the APS-R amongst adults (Fitzsimons, 2011) and an adapted version of the FMPS amongst adolescents (Taylor et al., 2017). As attachment styles are thought to develop in response to relational patterns with primary caregivers during infancy (Fitton, 2012), these studies provide support for the theory that early asynchrony in initial relationships is an important piece in the development, and potentially maintenance, of perfectionism. However, Flett and Hewitt (2022) note that primary caregivers are not solely responsible for asynchrony in initial relationships. Innate qualities of the child may impact the way caregivers interact with the

child. Instead of the child being a blank slate, there is evidence to suggest that genetics, temperament, and personality may influence perfectionism development.

A recent study by Burcaş and Cretu (2021) investigated the heritability of perfectionistic concerns, a composite of the concern over mistakes and doubts about actions subscales from the FMPS, and the discrepancy subscale from the APS-R. The study included 678 Romanian twin pairs between the ages of 14 and 44 years old. The authors found that differences in perfectionistic concerns were indicative of both genetic and nonshared environmental effects, reflecting results of previous studies (Iranzo-Tatay et al., 2015; Tozzi et al., 2004). These studies suggest that perfectionism may be moderately heritable.

Flett et al. (2002) theorized that perfectionists may have temperaments characterized by high emotionality and fearfulness accompanied by high levels of persistence. They suggested that this temperament may predispose children to perfectionism as they would be more sensitive to negative evaluations and more likely to persevere in the pursuit of high standards. As discussed previously, perfectionism has since been linked to negative affect, specifically fear and sadness (Damian et al., 2021; Harvey et al., 2017; Stronelli et al., 2009). An additional study by Stoeber and Roche (2014) further found evidence to suggest that greater affect intensity predicted perfectionistic self-promotion and nondisplay of imperfection, as measured by the PSPS-Jr, amongst a sample of 119 adolescents between the ages of 11 and 16.

Affrunti and Woodruff-Borden (2017) further found a negative correlation between observed maladaptive perfectionistic behaviour and effortful control. Effortful control is a temperament factor described as the ability to inhibit a dominant response in favour of a subdominant one. The authors found that increased effortful control predicted lower levels of perfectionism in a sample of 59 children between the ages of 7 and 13. This suggests that

effortful control may be a protective factor and that individuals with low effortful control may be more vulnerable to developing maladaptive perfectionism. The authors theorized that individuals with perfectionistic tendencies and low effortful control may struggle to cease persistent perfectionistic striving, worrying over negative evaluations and repetitive efforts to correct imperfections.

Finally, personality factors such as neuroticism and conscientiousness have been consistently linked to perfectionism (Smith et al., 2019). An individual with a neurotic personality may be described as moody and nervous, while conscientiousness is characterized by responsibility, determination, and goal-directed behaviour. At extreme levels, these characteristics are reminiscent of a perfectionist's concern about negative evaluations and unrelenting dedication to unrealistic goals. Fittingly, Stoeber et al. (2009) found that conscientiousness predicted increases in SOP in a longitudinal study of 214 adolescents between the ages of 14 and 19. This study did not find the same relationship between neuroticism and SPP. However, other studies utilizing different scales for perfectionism and cross-sectional designs have found support that neuroticism predicts perfectionism in children (Oros et al., 2017) and adolescents (Basirion et al., 2014). Taken together, these studies provide some support for the theory that individuals with particular attachment, genetic, temperamental and personality profiles may be more vulnerable to the development of perfectionism.

Parent Factors. The role of parents in the development of perfectionism has been extensively studied and acknowledged (Flett & Hewitt, 2022; Hewitt et al., 2017; Stoeber, 2018). A recent study by Damian et al. (2022) investigated the developmental trajectories of perfectionism in conjunction with perceived parental behaviours. This four-wave, two-year longitudinal study involved a sample of 744 adolescents between the ages of 11 and 19. SOP and

SPP, as measured by CAPS, were each found to have three trajectory patterns which were differentially linked to perceived parenting behaviours. SOP was found to have low decreasing, medium and high decreasing, and high stable trajectory patterns, while SPP was found to have low stable, medium increasing and high stable trajectory patterns. Perceived parental psychological control was consistently and significantly higher for individuals with high as opposed to low levels of SPP and SOP. Psychological control can be described as creating internalized pressure through guilt induction, shaming and love withdrawal to control actions, feelings, and thoughts. The results from Damian et al. (2022) support past research that has indicated a relationship between actual controlling parental behaviour (Kenney-Benson & Pomerantz, 2005) as well as perceived psychological control (Soenens et al., 2005, 2008) and measures of perfectionism. Although to a lesser degree, Damian et al. (2022) found a similar pattern regarding SPP and SOP with perceived parental behavioural control, described as structuring and monitoring behaviour by clearly communicating expectations and standards for acceptable behaviour. This fits with past research that has found a correlation between high parental involvement and perfectionism (McArdle, 2009).

Damian et al. (2022) also investigated perceived parental responsiveness, described as the parental warmth, empathy, and responsiveness to needs, as well as perceived autonomy support, described as parental support of independence and encouragement to follow personal motives. As expected, levels of perceived responsiveness and autonomy support were significantly and consistently lower for individuals with high as opposed to low levels of SPP. Interestingly, this was not the case for SOP. Individuals with high levels of SOP were found to have higher levels of perceived parental responsiveness than those with low levels of SOP. Furthermore, no differences between SOP groups were found in relation to autonomy support, suggesting that this

parental behaviour is not significantly related to the development of SOP during adolescence. Damian et al. (2022) note that the link between SOP and parental behaviours typically espoused to be beneficial, as well as those typically seen as detrimental reflects the dual nature of SOP. In fact, using the three-factor model of CAPS proposed by O'Connor et al. (2009), Harvey et al. (2017) found that while SOP-striving was positively correlated to parental expectations and academic achievement, SOP-critical was correlated with parental criticism and negative affect in a sample 203 8- to 12-year-olds. This may suggest that the positive characteristics of SOP, such as personal striving, are linked to typically beneficial parenting practices, such as responsiveness. Regardless, these studies indicate that perceived parental behaviour plays a role in the development of maladaptive perfectionism. More specifically, psychological control and parental criticism seem to be especially relevant as risk factors and perceived parental responsiveness and autonomy support may potentially act as protective factors.

Environmental Factors. Going beyond the individual and family unit, environmental factors contributing to the development of perfectionism may include community climates, teachers, peers, and social media.

One example of the impact of community climate comes from Lyman and Luthar (2014) who studied differences between academically gifted students attending either an inner-city public school or affluent private school. The public-school sample represented low socioeconomic status (SES), while the private school represented high SES. Students completed a battery of self-report tests including two subscales from the FMPS meant to represent parental criticism and parental expectations. Results indicated that while there was a general pattern for parental criticism and expectations to be associated with self-described tendencies for nondisplay and nondisclosure of imperfection, body dissatisfaction and envy of peers' looks, this pattern was

much more pronounced within the high SES student population. The authors theorize that the small private school setting along with parental pressures increased competitiveness and heightened a need to both be and present as perfect.

Building on these results, Stricker et al. (2019) aimed to investigate the impact of school climate on the dimensions of perfectionism represented in the FMPS. The authors conducted a two-wave longitudinal study, assessing school satisfaction, derived from a measure of school climate, and perfectionism. Results indicated significant positive relationships between school satisfaction and both personal standards and organization. The authors also found small, but significant, negative correlations between school satisfaction and both doubts about actions and concern over mistakes.

While Lyman and Luthar (2014) and Stricker et al. (2019) have identified some potential environmental risks at school, Domocus and Damian (2018) have emphasized the potentially protective factor of teacher support. In a two-wave longitudinal study of 265 14- to 19-year-old adolescents, Domocus and Damian (2018) found that teacher support negatively predicted SOP as well as perfectionistic concerns, a composite measure of doubts about actions and concerns over mistakes from the FMPS. The authors also investigated the impact of teacher pressure. Results indicated that while there did appear to be a positive cross-sectional correlation between teacher pressure, SPP and perfectionistic concerns, teacher pressure was not predictive of any of the perfectionism subscales measured. It appears that teachers are more likely to act as potential protective factors against maladaptive perfectionism.

Peers are another important consideration, particularly as adolescents are developmentally primed to focus on the evaluations of peers (Guyer et al., 2014). There are some studies with undergraduate student populations that indicate a relationship between peer relationships and

perfectionism (Livazović & Kuzmanović, 2022; Smith, Sherry, Glowacka et al., 2019). In a sample of 312 undergraduate students with an average age of 20.2 years, Smith, Sherry, Glowacka et al. (2019) found that having a friend who displays tendencies to demand perfection of others contributes to SPP. The results of this study suggest that peer pressure may enhance maladaptive perfectionistic symptoms. Furthermore, a study by Livazović & Kuzmanović (2022) indicated that poor peer relationship quality predicted doubts about actions and concern over mistakes, as measured by the FMPS, in a sample of 134 undergraduate students between the ages of 18 and 25. The heightened focus on peer relationships during adolescents (Guyer et al., 2014) would suggest that the impacts of peer relationships seen in the studies above would be present, if not heightened during adolescence. Furthermore, as previously discussed, perfectionists appear to have a proclivity to upward social comparisons (Flett & Hewitt, 2022). Therefore, being surrounded by high achieving peers would likely encourage the continuation or, potentially, the enhancement of perfectionistic symptoms.

However, peers are not the only source for upward social comparison. There appears to be some evidence that social media use may impact perfectionism. For instance, in a sample of 902 university students between the ages of 18 and 24, Simon et al. (2022) found a connection between worrying about being imperfect and social media use. Furthermore, in a sample of 385 women aged 18-25, Sulistyono et al. (2022) found that not only was social media linked to the APS-R measure of discrepancy, but both discrepancy and personal standards were positively correlated with feeling body image related pressure from social media.

These studies build off results from Fioravanti et al. (2020) who found that social media may be part of a positive feedback loop. In a sample of 400 university students, the authors found that social hopelessness and the APS-R subscale of discrepancy were motivators for social media use.

Upward social comparison on social media then resulted in heightened personal standards as well as discrepancy measures, which in turn, motivated further social media use. These results are fitting with a study that linked perfectionism to social media addiction in adolescents (Bilgin et al., 2020). While studies of the relationship between social media and perfectionism are still in their infancy, it appears that social media provides an extensive resource for upward social comparison. For perfectionists, the above studies suggest that social media use embellishes their feelings of inadequacy and encourages setting extreme, often unrealistically high, expectations of themselves.

The above discussion highlights the potential heterogeneity of the development of perfectionism and the need to consider child, parent, and environmental factors.

Negative Outcomes of Perfectionism. The PSDM proposes that the perfectionistic qualities that develop in response to frustrated needs for belonging, acceptance and self-esteem inadvertently exacerbate these needs by thwarting social connection. Negative views of self and others become self-fulfilling prophecies as the perfectionistic individual is confronted with actual social disconnection in response to displays of interpersonal hostility as well as perceived disconnection through the experience of interpersonal sensitivity (Flett & Hewitt, 2022; Hewitt et al., 2017). In support of this, Parker (1997) found that a group of adolescents termed, dysfunctional perfectionists, were more defensive, socially detached, anxious and moody, as well as more sensitive to the negative evaluations of others. Parents of these youth also indicated that they were often alone, unaccepted by peers and picked on. Perfectionists may view this disconnection as confirmation of a defective self and a personal inability to form social connections. They are then vulnerable to feelings of intense loneliness, shame, and self-

alienation which, in turn, may lead to psychological turmoil, emotional distress, dysfunction and diagnosable disorders (Hewitt et al., 2017).

Recognized as transdiagnostic, perfectionism has been linked to numerous psychopathologies (Limburg et al., 2017). However, the following discussion will focus on the link between perfectionism and anxiety, depression, and suicide amongst adolescents through the lens of the PSDM.

Anxiety and Depression. There have been several studies that have found various dimensions of perfectionism to positively correlate with both anxiety and depression amongst adolescents (Fredrick et al., 2017; Gavino et al., 2019; Sironic & Reeve, 2015). More recently, longitudinal studies have provided initial evidence to suggest that anxiety and depression are not simply coinciding morbidities but may be predicted and maintained by perfectionism (Damian et al., 2017; Levine et al., 2019; McCreary et al., 2004; Smith et al., 2021).

Levine et al. (2019) surveyed 174 high school students in grade 7 to 11 in the fall and spring of the same school year. The authors found that a composite measure of concern over mistakes and doubts about actions, labelled self-critical perfectionism, predicted depressive symptoms in the spring when controlling for mental health in the fall. The authors did not find any predictive relationship between personal standards and depression over the school year. Levine et al. (2019) concluded that self-critical, but not personal standards perfectionism is a risk factor for the development of depression. However, a meta-analysis of 67 longitudinal studies examining the relationship between perfectionism and depression in a variety of samples, found slightly different results (Smith et al., 2021). In support and building on the results of Levine et al. (2019), Smith et al. (2021) found that perfectionistic concerns, comprising measurements of SPP, concern over mistakes, doubts about actions, discrepancy, self-criticism, and perfectionistic

attitudes, held a bidirectional positive correlation with depression. While perfectionistic concerns predicted increases in depression, increases in depression also predicted increases in perfectionistic concerns. However, while no bidirectional relationship was found, perfectionistic striving, comprising measures of SOP, personal standards, and high standards, was found to be a risk factor by predicting depressive symptoms. This contrasts with the findings of Levine et al. (2019) and may suggest the importance of considering multiple perfectionism measurements. Nevertheless, both studies support that perfectionism acts as a risk factor for depressive symptoms.

Damian et al. (2017) investigated the relationship between anxiety and perfectionism over a nine-month period. Like Smith et al. (2021), the authors investigated not only whether perfectionism would predict anxiety, but if anxiety would predict increases in perfectionism. This study was designed as a three-wave longitudinal study with a community sample of 489 adolescents aged 12-19. The authors considered perfectionistic concerns and perfectionistic strivings. Perfectionistic concerns were measured via SPP, doubts about actions and concern over mistakes, while perfectionistic strivings were measured via SOP and personal standards. Results indicated that perfectionistic concerns were predictive of anxiety symptoms, but only in adolescents between the ages of 16 and 19, suggesting that the role of perfectionism in the development of anxiety may be more important in later adolescence. Interestingly, although perfectionistic strivings did not predict anxiety symptoms at any age, there was a time specific correlation with anxiety symptoms. The authors theorize that while personal strivings may not be a risk or maintaining factor, they may positively correlate with anxiety during specific situations, such as heightened stress. Finally, unlike depression, Damian et al. (2017) did not find any evidence of a bidirectional relationship between perfectionism and anxiety. Regardless, this

study supports previous longitudinal studies (McCreary et al., 2004) that suggest increased perfectionism results in increased symptoms of anxiety.

Moving beyond trait level perfectionism, further studies have also indicated relationships between affective disorders and perfectionistic self-presentation and perfectionistic cognitions (Donache et al., 2019). For instance, in a study of 352 adolescent footballers, Donache et al. (2019) found that individuals with high levels of SOP and SPP tended to experience more pre-competition anxiety due to increased perfectionistic cognitions. In this study perfectionistic cognitions, as measured by the PCI, acted as a mediator between trait perfectionism and anxiety symptoms. Furthermore, in a sample of 88 adolescents in grades 7 and 8, Flett et al. (2012) found that all three facets of the PSPS-Jr were significantly positively related to all facets of a three-factor measurement for social anxiety. Furthermore, regression analysis showed that perfectionistic self-presentation was more influential than trait perfectionism in predicting social anxiety facets.

Perfectionistic cognitions and perfectionistic self-presentation have also been found to be positively associated with depression in adolescents (Castro et al., 2004; Hewitt et al., 2011; Flett, Hewitt et al., 2012). In a study of 250 adolescents with an average age of 15.98 years, Flett, Hewitt et al. (2012) found that not only were PCI scores positively correlated to depressive symptoms, but they also accounted for significant variations in depressive symptoms beyond that caused by SOP and SPP. Similarly, studies by Castro et al. (2004) and Hewitt et al. (2011) found that perfectionistic self-presentation may impact the development of depression. Using the adult version of the PSPS-Jr, Castro et al. (2004) found that SOP, SPP, and all three facets of perfectionistic self-presentation were significantly related to higher levels of depression in a sample of adolescents diagnosed with anorexia nervosa. Supporting these findings, Hewitt et al.

(2011) found that while all three facets of the PSPS-Jr were positively correlated with depression, nondisplay and nondisclosure of imperfection were predictive of depression in a sample of 121 adolescents referred as outpatients to a psychiatric clinic. Taken together, these studies indicate that trait perfectionism may not be the sole link between perfectionism and affective disorders.

Recent studies have provided the initial evidence to support the pertinent roles of attachment style and social disconnection in the link between perfectionism and affective disorders, as proposed by the PSDM (Ko et al., 2019; Magson et al., 2019). Magson et al. (2019) investigated the validity of the PSDM amongst a population of 510 preadolescents with an average age of 11.2 years. The authors investigated measures of interpersonal functioning including social isolation, belonging, parent and peer support, peer victimization, and rejection sensitivity. Participants also completed the CAPS and measures of eating disorder, depression, and anxiety symptoms. SOP and SPP were found to be positively correlated to all three measures of psychopathology symptoms to a similar degree. SPP was also found to be positively correlated with lower parent and peer support, low belonging, increased peer victimization and increased social isolation. Apart from low peer support, this pattern of relationships was also seen, although to a weaker extent, with SOP. Finally, in support of the PSDM, results indicated that SPP predicted increases in rejection sensitivity and social isolation which consequently predicted increases in eating disorder pathology, depression, and anxiety. Despite the more self-directed nature of SOP, a similar mediational pattern was also found between SOP and psychopathology symptoms.

Expanding on these results, Ko et al. (2019) found evidence that perfectionistic self-presentation may also be relevant to the PSDM. In a sample of 97 8–15-year-olds, the authors

found significant positive correlations between insecure attachment, perfectionism, and depression. In addition, SPP and both nondisplay and nondisclosure of imperfection, as measured by the PSPS-Jr, were determined to be mediators between insecure attachment and depression.

Taken together, the studies by Magson et al. (2019) and Ko et al. (2019) provide evidence for the PSDM that maps out the path from asynchrony in early child-caregiver relationships, as indicated by attachment style, to perfectionistic traits and behaviours which lead to interpersonal dysfunctions and then ultimately to psychopathology symptoms such as anxiety and depression.

Suicide. Numerous studies have found links between perfectionism and suicide potential (Hewitt et al., 2014; Roxborough et al., 2012) and ideation (de Jonge-Heesen et al., 2021) in adolescents. Flett et al. (2014) argue that perfectionists are particularly vulnerable to the risk of suicide. The authors argue that the conscientious and potentially compulsive planfulness typical of perfectionists may result in more successful suicide attempts. Further, the authors suggest that an intense need to outwardly appear perfect, expressed as emotional perfectionism and perfectionistic self-presentation, may inhibit perfectionists from seeking help while also allowing them to hide symptoms that may alert others of their need for support. A study by Roxborough et al. (2012) found initial support for the potentially detrimental effect of perfectionistic self-presentation on suicide risk in adolescents. The study sample included 158 psychiatric outpatients between the ages of 8 and 20 years, who were being treated for anxiety and/or depression. Roxborough et al. (2012) investigated correlational links between suicide risk and both trait perfectionism as well as perfectionistic self-presentation. Findings indicated that SPP, perfectionistic self-promotion as well as nondisplay and nondisclosure of imperfection were significantly and positively related to suicide potential. Furthermore, the authors found additional

support for the PSDM. Social hopelessness and being bullied, representative of social disconnection, mediated the relationship between perfectionistic self-presentation and suicide risk. Additionally, social hopelessness was found to mediate the relationship between SPP and suicide risk. The authors did not find SOP to be a risk factor for suicide and determined that this may be due to SOP having a more intrapersonal as opposed to interpersonal focus. However, like with anxiety and depression, this study highlights how both trait perfectionism and perfectionistic behaviour may lead to negative outcomes through interpersonal dysfunction and social disconnection.

Prevention and Support in School Settings

Barriers to Support. To best support youth with perfectionistic tendencies, it is pertinent to consider factors that may limit access or effectiveness. One important factor is an individual's willingness or desire to change perfectionistic tendencies (Flett and Hewitt, 2014). In fact, a common theme found in a qualitative study of perfectionistic adolescents was commitment to perfectionism despite acknowledging adverse consequences (Molnar, Blackburn et al., 2023). This is reflective of results with adult populations (Egan et al., 2020) and may impact a perfectionist's willingness to take part in interventions.

Furthermore, with a strong correlation between trait perfectionism and perfectionistic self-presentation (Hewitt et al., 2011), it is likely that many perfectionistic youths are hiding their suffering. Additionally, studies have indicated that perfectionists have decreased help-seeking behaviour in terms of both psychological (Abdollahi et al., 2017) and academic help (Shim et al., 2016). Further, in a sample of 132 high school students DeRosa et al. (2000) found that perfectionistic self-presentation, in the form of nondisclosure of imperfections, was significantly and positively correlated to negative help-seeking attitudes and self-concealment. Taken

together, these studies suggest that it may be difficult for school staff to identify individuals in the most need of support and these individuals are unlikely to seek the support for themselves.

Finally, as previously discussed, parents (Damian et al., 2022) and environment (Lyman & Luthar, 2014; Stricker et al., 2019) play an important role in the development and maintenance of perfectionism. While parents have the potential to negatively impact perfectionistic traits, they also have the potential to play a supportive and beneficial role (Damian et al., 2022; Flett and Hewitt, 2014). Similarly, Domocus and Damian (2018) found that teachers have the potential to play a protective role against maladaptive perfectionism. Programs that do not engage parents and teachers are not addressing potentially key etiological factors which may impact the long-term effectiveness of programs (Flett and Hewitt, 2014; Flett and Hewitt, 2022).

Flett and Hewitt (2014) call for the use of universal school prevention programs that include education for parents and teachers. By taking a universal approach, not only will all students benefit, but those with perfectionistic tendencies will automatically be included without having to be singled out or self-identifying. Furthermore, by including parents and teachers, the environmental climates that adolescents move through may be more likely to support program effectiveness.

Research on Current Universal Prevention Programs. Universal prevention programs utilized in school settings have had mixed results in terms of their impact on perfectionism (Flett and Hewitt, 2022; Stoeber, 2018). While most programs have been delivered during class time and are grounded in Cognitive Behavioural Theory (CBT), they vary in terms of primary outcome targets, length and topics covered.

Essau et al. (2012) evaluated the effects of the FRIENDS program (Barrett et al., 2000) in a randomized control study of 638 9- to 12-year-olds attending schools in Germany. The

FRIENDS program is CBT based and includes 10 60-minute weekly sessions for children, four adult only sessions, as well as two booster sessions at 1- and 3-months posttreatment. Although the FRIENDS program was developed to target anxiety and depression, lessons related to eliminating self-critical thoughts and rewarding oneself for partial successes are particularly relevant to perfectionists who have been shown to be excessively self-critical (DiBartolo & Varner, 2012; Ford et al., 2023) and view anything less than perfection as failure (Blasberg et al., 2016). Furthermore, a theme of being open to emotional experiences may be helpful to combat perfectionistic self-presentation and emotional perfectionism. Essau et al. (2012) found that individuals who had taken part in the FRIENDS program had lower total CAPS scores, anxiety, and depressive symptoms relative to individuals in the control group. The positive effects of intervention were maintained at the 12-month posttreatment follow up. Additionally, the authors found that perfectionism mediated the reduction of anxiety symptoms, highlighting the importance of targeting perfectionism.

Huggins et al. (2008) found further support for the importance of targeting perfectionism in universal prevention programs. Huggins et al.'s (2008) sample included 409 10- to 11-year-olds who had completed a universal program aimed at preventing anxiety and depression symptoms 18 months prior, as well as 377 same aged peers who had acted as controls. The authors investigated the predictive ability of SOP and SPP in the diagnosis of depression. Results indicated that heightened perfectionism, specifically SPP, predicted increased levels of depression regardless of participation in the prevention program. In this case, the program was the Aussie Optimism: Positive Thinking Skills program. Like FRIENDS, this program is CBT based and includes 10 60-minute weekly sessions. However, unlike FRIENDS the Aussie Optimism: Positive Thinking Skills program lacks the focus on self-criticism. Huggins et al.

(2008) concluded that targeting perfectionism may be necessary in prevention programs aimed at affective disorders.

Further studies have investigated the ability of prevention programs targeting perfectionism specifically, to improve various measures of functioning and mental health (Fairweather-Schmidt & Wade, 2015; Nehmy & Wade, 2015; Osenk et al., 2023; Vekas & Wade, 2017).

Nehmy and Wade (2015) investigated the effectiveness of the Healthy Minds program on reducing negative affect and risk for psychopathology. The Healthy Minds program targets unhelpful perfectionism in 8 weekly group lessons adapted from the CBT framework for perfectionism (Shafron et al., 2002). Topics include what perfectionism is, costs of perfectionism, cognitive errors associated with perfectionism and flexible thinking, media literacy, emotional literacy, and helpful thinking. Nehmy and Wade (2015) conducted a quasi-experimental study with 688 adolescents between 11 and 18 years old from Australian schools. Grade levels were non-randomly assigned to either intervention (Healthy Minds program) or control (class as normal). Although there were no between group differences immediately posttreatment, the intervention group had lower perfectionism dysfunctional attitudes, negative affect, and self-criticism relative to the control group at the 6 month follow up. Further examination of a subgroup with what was considered healthy levels of negative affect at baseline, found that the intervention group had significantly lower levels of negative affect at the 6-month follow up suggesting successful preventative effects. However, only perfectionism dysfunctional attitude scores remained significantly different between groups at the 12 month follow up. The authors suggest that although the Healthy Minds program showed promise for

preventing negative affect, the effect was not sustainable, and it may be necessary to include booster sessions.

Three additional studies have investigated the effects of the Minding Young Minds (MYM) program on various measures of functioning and well-being amongst preadolescents (Fairweather-Schmidt & Wade, 2015; Vekas & Wade, 2017) and adolescents (Osenk et al., 2023). Like the Healthy Minds program, the MYM program was developed as a universal school-based intervention program targeting perfectionism and based on Shafran et al.'s (2002) CBT framework for perfectionism.

In the first study, Fairweather-Schmidt and Wade (2015) found initial support for the potential emotional and behavioural benefit of the MYM program. The authors conducted a randomized control study including 125 children from three schools with an average age of 11.6 years. Those assigned to the intervention group participated in the MYM program which included two 45-minute lessons one week apart, while those in the control had lessons as usual. The authors took measures of perfectionism via the CAPS-14, behavioural and emotional adjustment as well as over-concern with weight and shape at baseline, immediately posttreatment and at four weeks posttreatment. Results indicated that the intervention group had significantly lower SOP-striving post-intervention and this difference was maintained at the four week follow up. Interestingly, there were no between group differences in SOP-critical or SPP. Fairweather-Schmidt and Wade (2015) suggest that this may indicate these dimensions are more pervasive and require longer or more intensive forms of interventions. However, the study did find that the intervention group had significant reductions in hyperactivity and emotional problems relative to the control. Despite the lack of change in SOP-critical and SPP, this study showed that

reductions in some dimensions of perfectionism as well as in behavioural and emotional concerns can be seen with the implementation of only two school-based lessons.

Building on these results, Vekas and Wade (2017) evaluated the effectiveness of an extended form of the MYM program on self-criticism and well-being in preadolescence. In this study the MYM program was delivered over three 45-minute lessons with the third lesson focusing on self-compassion. The study included classes from five separate schools with a total of 212 children between the ages of 10 and 12 years. Classes were non-randomly assigned to the intervention (MYM) or control (classes as usual) and measures of SOP-striving, self-criticism and well-being were taken 1 week prior to intervention, 1 week post intervention and at a 3 month follow up. The intervention group was found to have significantly lower levels of SOP-striving and greater levels of well-being at the 3 month follow up. Furthermore, the authors found that reductions in SOP-striving mediated the relationship between the intervention and well-being. While past studies with adults have shown that measures representative of perfectionistic concerns mediate the relationship between intervention and quality of life (Handely et al., 2015), Vekas and Wade (2015) claim this study proves that reductions in perfectionistic strivings can also be beneficial. Interestingly though, the addition of self-compassion in this study would have been particularly relevant for those with high perfectionistic concerns. However, measures representative of perfectionistic concerns, such as SOP-critical and SPP, were not measured and no significant between group differences were found for self-criticism. Although further studies measuring for perfectionistic concerns would be necessary, the lack of significant between group differences in self-criticism may indicate that one lesson on self-compassion is not adequate to enact change.

The final study by Osenk et al. (2023) further extended the MYM program and investigated its effectiveness on perfectionism, well-being, self-compassion, academic motivation, and negative affect amongst high school students. In this study, the MYM program included five classroom lessons that were delivered by classroom teachers. The additional lessons included increased content on self-compassion versus self-criticism as well as a component on social media in relation to perfectionism. A total of 636 year 8 and 9 students across four schools participated in the study. Classes were randomly assigned to intervention (MYM program) or control (classes as normal). In contrast to the previous studies mentioned (Fairweather-Schmidt & Wade, 2015; Vekas & Wade, 2017), Osenk et al. (2023) used subscales from the adult version of the CAPS, the FMPS and APS-R to measure the composites, perfectionistic concerns, and perfectionistic strivings. In this study, perfectionistic strivings were represented by SOP and personal standards, while perfectionistic concerns were represented by discrepancy. Contrary to previous results with the MYM program, no intervention effects were found, with no significant reductions in either perfectionistic concerns or perfectionistic strivings. However, the results did indicate that the intervention may have some preventative effects. For instance, at the 3 month follow up, the control group showed a significant increase in anxiety symptoms, not seen in the intervention group. Furthermore, females in the control group also showed a significant decrease in well-being relative to the control group between post-intervention and the 3 month follow up. Finally, for a subgroup of students with high perfectionistic concerns, those in the intervention group had significantly lower perfectionistic strivings compared to the control at the 3 month follow up. Osenk et al. (2023) conclude that the five-lesson version of the MYM program has preventative potential amongst adolescent populations when administered by teachers. However, the lack of intervention effect was

unexpected. This may indicate that perfectionism in adolescents is more resistant to change than in preadolescence. Other research has indicated a sleeper effect for perfectionism interventions (Nehmy & Wade, 2015), so further studies may find follow-ups at 6 or more months post-intervention yield different results. Overall, the MYM program has shown promising intervention results amongst preadolescents and prevention results amongst adolescents.

A final study by Molfield and Chakraborti-Ghosh (2010) suggests that even when the overall effects of universal programs are limited, they may be particularly important for adolescents with extreme levels of perfectionism. The study included 153 intellectually gifted grade 6 to 8 students enrolled in a gifted program from four schools. Classes were non-randomly assigned to take part in an affective curriculum termed Searching For Perfect Balance (intervention) or classes as usual (control). The Searching for Perfect Balance was delivered over 9 lessons by classroom teachers. The aim of the study was to determine the effects of the program on perfectionism amongst gifted students. An adapted form of the FMPS was used to measure perfectionism pre and post intervention. In the initial analysis, no significant between group differences were found. However, when results were analysed for a subgroup of participants identified as having a heightened level of perfectionism at baseline, the intervention group had significantly lower concern over mistake scores. The authors suggest that although only those with high levels of baseline perfectionism appeared to benefit, the program may become useful to those with lower levels of perfectionism when faced with future struggles. Taken together, the results of the studies discussed in this section indicate that universal prevention programs, particularly those based in CBT and explicitly targeting perfectionism, can be effective in terms of reducing perfectionistic tendencies and increasing measures of well-

being. Furthermore, although there are likely long-term benefits to all students, these programs may be most important for those with the highest levels of perfectionism.

Considerations for Future Prevention Programs. Although research with existent school-based perfectionism intervention programs have shown some promise, further work is needed to develop a program with more consistent and long-lasting effects (Flett and Hewitt, 2022). In consideration of the literature and their own clinical experience, Flett and Hewitt (2022) outline key features that they believe necessary for a comprehensive school-based intervention program. With the PSDM and CPBM in mind, the authors highlight the need for programs to be grounded in positive psychology and the development of a positive sense of self as well as healthy connections to self and others.

One key recommendation is to build awareness and motivation for change (Flett and Hewitt, 2022). As previously discussed, perfectionists may not initially be interested in changing perfectionistic tendencies (Egan et al., 2020; Molnar, Blackburn et al., 2023). Aldea et al. (2010) found evidence to suggest that providing maladaptive perfectionists with information about their behaviour and its negative outcomes was enough to enact positive change in 60 young adults. Fittingly, the programs discussed in the previous section that targeted perfectionism all included information about what perfectionism is and what the potential drawbacks are. However, family and school environments have the potential to support or thwart intervention efforts (Damian et al., 2022; Domocus & Damian, 2018; Lyman & Luthar, 2014; Stricker et al., 2019) and very few of these programs included a parent and/or teacher component. While perfectionism has been clearly tied to negative consequences in the literature, it may still be viewed as a positive, and encouraged, trait in society (Flett and Hewitt, 2022). Future school-based programs should aim

to include psychoeducation specific to perfectionism not only for students, but for the parents and teachers who support them.

A second recommendation from Flett and Hewitt (2022) is to ensure that all levels of the CMPB are addressed. All the perfectionism targeted programs discussed in the previous section address perfectionistic traits such as being self-critical and striving for perfection. These programs also addressed perfectionistic thinking. Most were CBT based, with specific focus on perfectionistic cognitions, cognitive errors, and ways to address them. Even the affective program assessed by Molfield and Chakraborti-Ghosh (2010) included a lesson on cognitive restructuring in response to perfectionistic cognitions. Furthermore, many of the programs focused on decreasing the importance of being perfect, highlighting both the benefits of making mistakes and normalising imperfection. Chan (2012) found that unhealthy perfectionism as measured by the APS-R subscale of discrepancy was significantly and positively associated with a fixed mindset in a sample of 251 gifted Chinese students. Although mindset was not a focus of any of the programs previously mentioned, building a growth mindset may be another way to help maladaptive perfectionists embrace mistakes.

Unlike the focus on perfectionistic cognitions, the previously discussed programs were lacking in a focus on perfectionistic self-presentation. Beyond the lessons on media literacy, the one program that explicitly addressed perfectionistic self-presentation was the affective program investigated by Molfield and Chakraborti-Ghosh (2010). This program included a lesson asking participants to explore who they really were beyond what they present to others. Future programs should consider ways to promote authenticity and genuine identity exploration to combat perfectionistic self-presentation.

Additionally, Flett and Hewitt (2022) suggest that intervention programs should encourage mattering as a measure of self-worth as opposed to achievement. When an individual feels that they matter, they believe that others are both interested in them and concerned about their well-being. They may also feel that they are depended on by others. Anti-mattering has been found to be a mediator of the link between perfectionism and depressive symptoms (Etherson, Smith et al., 2022). This was not explicitly addressed in any of the perfectionism targeted programs previously discussed. While parent and teacher education may increase the chances of important adults expressing an interest in adolescents to support their feelings of mattering, involving adolescents in leadership or mentoring opportunities may also be helpful (Flett and Hewitt, 2022). Future programs may consider having students create a project aimed at supporting younger students or peers.

Finally, Flett and Hewitt (2022) emphasize the need to decrease perfectionistic reactivity and self-generated stress. They suggest the need to teach flexible problem-solving as well as both cognitive and emotional self-regulation. Previously discussed programs targeting perfectionism had lessons focused specifically on emotional intelligence (Molfield & Chakraborti-Ghosh, 2010; Nehmy & Wade, 2015), coping strategies, and helpful behaviour in the face of disappointment (Fairweather-Schmidt & Wade, 2015; Molfield & Chakraborti-Ghosh, 2010; Nehmy & Wade, 2015; Vekas & Wade, 2017). Furthermore, an emphasis on self-compassion was evident in most of the perfectionism targeted programs (Nehmy & Wade, 2015; Vekas & Wade, 2017; Osenk et al., 2023). This is fitting as self-compassion has been negatively associated with maladaptive forms of perfectionism and shown to mediate the link between perfectionism and subjective well-being (Stoeber et al., 2020). Mindfulness may also be helpful to minimize stress for perfectionists who are prone to ruminating about the past and worrying

about the future (Flett and Hewitt, 2022). Mindfulness was not explicitly mentioned in any of the previously discussed programs targeting perfectionism but has been shown to be effective in reducing the levels of SOP in a sample of 42 gifted middle school students (Olton-Weber et al., 2020).

In conclusion, although there are several promising school-based intervention programs targeting perfectionism, it may be possible to enhance the effectiveness of these programs by taking a more comprehensive approach that includes all levels of the CMPB and addresses environmental factors.

Summary

This chapter reviewed research pertinent to answering the research question, which seeks to find ways for school counsellors and teachers to support the well-being of perfectionistic adolescents. First, the CMPB was used to identify perfectionism as both multileveled and multidimensional encompassing both interpersonal and intrapersonal aspects. Scales typically used to measure trait perfectionism, perfectionistic cognition and perfectionistic self-presentation were reviewed with the conclusion that a comprehensive understanding of perfectionism likely needs to involve the cumulative findings from multiple scales. Relevant literature was then used to identify characteristics commonly associated with maladaptive perfectionism, such as CSW, frequent negative self-evaluation and perfectionistic reactivity. Next, literature investigating the development of perfectionism and its negative outcomes was presented within the framework of the PSDM. Research considering the developmental and maintaining factors of child, parents, and environment were reviewed indicating a variety of potential developmental pathways to perfectionism. Further, literature was reviewed to examine the link between perfectionism and the specific outcomes of anxiety, depression, and suicidality. Finally, research related to

providing school-based support for perfectionism in adolescents was reviewed. Literature was presented to suggest potential barriers to support, analyse the effectiveness of current programs and identify potential gaps. CBT based programs with a focus on self-compassion along with coping and regulation skills were found to have some success. Possible gaps included a lack of parent and teacher education, minimal focus on perfectionistic self-presentation, opportunities to build a sense of mattering and potentially the inclusion of mindfulness. The next chapter will outline a recommendation for a 9-week universal program for grade 8 students, providing education around perfectionism, its consequences and strategies for building healthier thinking and behaviour patterns.

Chapter 3: Summary, Recommendations and Conclusions

Summary

The aim of this capstone has been to address the negative effects of perfectionism on the well-being of adolescents. Despite sometimes being portrayed as a positive quality in colloquial phrases, Chapter 1 referenced the extensive empirical research implicating perfectionism in a range of mental illnesses and adverse consequences. In fact, as previously stated, perfectionism has been labeled a transdiagnostic process, identified as both a vulnerability and maintaining factor for a range of mental illnesses and symptoms including affective disorders, eating disorders, self-harm, and suicide (Limburg et al., 2017). Of particular concern is the evidence that perfectionism is on the rise (Curran & Hill, 2019) and as many as 30% of adolescents have been shown to suffer from a maladaptive form of perfectionism (Sironic & Reeve, 2015). Further, adolescence typically marks the onset of many of the mental illnesses associated with perfectionism (Oleguer Plana-Ripoll et al., 2022). As the developmental task of adolescence is identity formation (Negru-Subtirica et al., 2021), it is pertinent to address perfectionism before it becomes an entrenched identity marker. Despite the potential negative outcomes of maladaptive forms of perfectionism (Limburg et al., 2017), important adults such as teachers have the potential to act as buffers against the proliferation and negative consequences of perfectionism (Domocas & Damian, 2018). As adolescents spend a significant amount of time in the school setting, this capstone has aimed to address the following central question: how can school counsellors and teachers support the well-being of adolescent perfectionists?

Chapter 2 aimed to synthesize findings in the literature into themes that would aid in answering the central question. To help identify perfectionism in adolescents, the first theme was centered on clarifying the various conceptual understandings and characteristic expressions of

maladaptive perfectionism. A review of literature pertaining to perfectionism measurement tools used with adolescents indicated that perfectionism is multidimensional and includes aspects of needing to not only be but appear perfect. Beyond the persistent striving for unrealistically high standards, key characteristics consistently mentioned in the literature included CSW, frequent negative self-evaluation and intense emotional and behavioural reactivity to mistakes, failure, and stress. These characteristics help to differentiate the pursuit of excellence, which implies a focus on progress and growth, from perfectionism, an all or nothing concept where a mistake means not only failure of the task at hand, but of the self.

The second theme investigated the developmental antecedents, maintaining factors and negative outcomes of perfectionism. Key developmental factors related to the child, parents, and environment were explored. This resulted in the identification of the potential impact of media, teachers, peers, and school environment which are particularly relevant within the school setting. The PSDM was used to identify and bridge the connection between the development of perfectionism and associated mental illness with a focus on attachment styles and behaviours resulting in social disconnection. Depression, anxiety, and suicidality were highlighted as negative consequences particularly relevant to perfectionism in adolescents.

Finally, literature presenting and examining current school programs and supports targeting perfectionism in adolescence were explored. Potential barriers to supports were identified, including reduced help seeking behaviours, misconceptions about the nature of perfectionism as well as masking signs of distress. This investigation supported the use of CBT-based universal programs that provide explicit education about what perfectionism is and its consequences. Addressing both inter- and intra- personal aspects of perfectionism, countering self-criticism, practicing self-compassion as well as mindfulness were also identified as

potentially beneficial components of universal programs targeting perfectionism. However, current programs have had mixed results and suggestions have been made to include aspects that explicitly address perfectionistic behaviours related to traits, cognitions, and self-presentation. Further suggestions have indicated that opportunities for mattering may help to offset CSW (Flett & Hewitt, 2022).

Recommendations

In consideration of the findings in chapter 2, this section proposes the implementation of a 9-week universal program targeting perfectionism in middle school students. While these sessions will be described in detail in this chapter, a brief outline of the sessions can be found in Appendix A. However, one of the issues in addressing perfectionism that has been identified in this capstone, is the contradictory messages about the nature of perfectionism in social messaging versus empirical research. In line with this is the issue of differentiating perfectionism from a pursuit of excellence. As such, there may be some resistance or hesitation from school staff and parents regarding program implementation. Therefore, this recommendation also includes an informational pamphlet, as presented in Appendix B, to be distributed to school staff and parents prior to program implementation, as well as parent handouts reflecting program content, as shown in Appendix C, to be sent home after each of the first eight sessions.

Group Logistics

This group was developed for grade 8 students as they are between the ages of 12 and 13 and are therefore early adolescents. As such, they are just beginning the developmental task of identity formation which may suggest they are more amenable to change. Furthermore, grade 8 marks the final year of middle school before transitioning to high school for many students in British Columbia. This transition comes with increased academic pressures and there is some

evidence to suggest it may be particularly relevant in the development or exacerbation of perfectionistic traits (Endleman et al., 2022). Furthermore, to provide opportunities for mattering, this program provides an opportunity to share learning with younger students, something more easily done with the oldest grade in a school.

The recommendation takes a universal approach to avoid singling students out or missing students that may be masking their symptoms to appear perfect as discussed by Flett and Hewitt (2013). Furthermore, the concepts covered throughout the program could benefit all students and may be particularly useful in maintaining well-being. As presenting information in an engaging way has been shown to enact greater effects (Stice, 2007), this program will be presented using a Google Slide presentation, as seen in Appendix D, making use of pictures, quotes, and short videos, as well as interactive activities and discussions. This presentation will also include teacher instructions in the notes section.

As previously mentioned, an informational pamphlet (Appendix B) will be distributed to teachers at the beginning of the year or term that the program is meant to be implemented. This pamphlet will also be emailed to parents and will detail what perfectionism is, how it is different from the pursuit of excellence, along with information about negative consequences and the program session outline. While the goal would be for classroom teachers to run the sessions independently, to build understanding and confidence with the program, the school counsellor would co-teach with the classroom teachers for the first year. The term facilitator will be used as an interchangeable term for the teacher or counsellor running the program throughout the rest of this capstone. The program will take place once a week during Physical Health and Education (PHE) class, with all students taking part. The program will cover the following curricular competencies for grade 8 PHE in British Columbia:

- Create strategies for promoting the health and well-being of the school and community,
- Describe and assess strategies for promoting mental well-being, for self and others,
- Describe and assess strategies for managing problems related to mental well-being.

The program will also cover the following grade 8 PHE content:

- Sources of health information,
- Signs and symptoms of stress, anxiety, and depression.

As previously mentioned, parents will be emailed a handout after each session (Appendix C).

Each handout will summarize the information and topics covered during the session, offer ways parents can support their children with these topics, and additional resources. In Chapter 2, parents were identified as important factors in the development and maintenance of perfectionism. The goal of these handouts is to provide parents with information and resources that will allow them to reinforce what the students are learning in the sessions at home.

Important Considerations

Although this group encourages students to be vulnerable and explore thoughts, emotions, and behaviours, it is also important to remember that this group is psychoeducational and not group counselling. As such it is important that the facilitator considers and then outlines the boundaries of what is appropriate and safe to share during these sessions with the students. Further to this, any students who appear to be struggling should be referred to the school counsellor for one-on-one support, or outside referrals.

It would also be helpful for the facilitator to be aware of any students who may find the content of these sessions particularly difficult. For instance, students suffering from trauma or those with a psychiatric history may find it difficult to explore personal thoughts and emotions and may, in fact, suffer an increase in symptoms because of mindfulness (Baer et al., 2019). It is

important that the facilitator be sensitive in their presentation of these topics and provide opportunities for students to engage with the content while distancing themselves enough to feel comfortable. Mindfulness practices should always be framed as an invitation, not as a mandatory task.

Finally, it is important that perfectionism is not presented in a way that is targeting, blaming, or shaming. Facilitators should take the approach that perfectionism is unhelpful, as opposed to bad or wrong. Perfectionists are particularly prone to shame (Tan & Chun, 2014), and singling out any students or presenting perfectionism as wrong may be more harmful than helpful.

Expected Outcomes

- Students will understand the difference between perfectionism and the pursuit of excellence,
- Students will understand the negative consequences of perfectionism including mental illness and poor self-esteem,
- Students will be able to set and assess realistic goals,
- Students will learn to identify unhelpful thinking patterns related to perfectionism,
- Students will learn tools and strategies to support balanced and helpful thinking patterns,
- Students will learn healthy coping strategies to manage emotions and stress, including mindfulness and self-compassion,
- Students will consider the impact of social media on well-being and ways to use social media that mitigates unnecessary stress,
- Students will understand the benefits of authenticity and explore ways to be more authentic,

- Students will take a leadership role by preparing and sharing their learning to younger students in the school.

Session Descriptions

Session 1: Course Introduction and Perfectionism Versus Striving for Excellence.

The goal of this first session is to introduce the program to the students and outline expectations for participation, confidentiality, and expected outcomes. This session will also introduce the topic of perfectionism, negative outcomes of perfectionism and the difference between perfectionism and striving for excellence. This is in line with the recommendation to increase motivation for change (Flett and Hewitt, 2022) and evidence that providing explicit information about perfectionism and its negative consequence can be the catalyst for change (Aldea et al., 2010).

Although this program was developed to address perfectionism specifically, the content and skills covered are beneficial to overall well-being. Therefore, in the introduction, the facilitator will describe the overall program goals as helping students build skills, strategies and thinking styles that will support their well-being. The facilitator will explain that in this 9 session program students will be engaging in group and class discussions, completing worksheets, and taking part in interactive activities. The facilitator will also inform students that the final session will be used to create a group project that represents their key takeaways in a way that can be shared with younger students in the school. It is important that the facilitator stresses that there will be a lot of flexibility in the form of the project and how it is presented, giving examples, to help alleviate performance anxiety. The facilitator will explain that the sessions will, at times, include personal topics and review informed consent with students. At this point the facilitator can remind students that although they will need to engage with course content covering PHE

curriculum, they may choose whether to take a more personal approach and how much they would like to share with the group. Furthermore, the facilitator will review confidentiality, the limits of confidentiality and how each relates to facilitator and student responsibilities and expectations for the session. The facilitator will then lead the class in a discussion to come up with a class contract that will ensure everyone feels safe to participate. Guiding questions may include:

- What do you need in terms of how you respond to others and how others respond to you to feel comfortable and safe to participate?
- How can we express a difference of opinion in a respectful way?
- How do we ensure everyone feels included?
- How do you want to share your ideas?
- What should you and others say or do if you are asked to share something that you are uncomfortable with?
- What should happen if someone breaks confidentiality or does not follow our agreement?

The facilitator and students will sign the final class contract. In a final piece of the introduction, the facilitator will remind students that although we might be sharing some personal feelings and experiences, this program is not counselling, and everyone will therefore need to be mindful that what they are sharing is appropriate for a group setting. The facilitator will encourage students to reach out to the school counsellor should they feel they need additional support and share potentially helpful resources for outside support using the Google Slides presentation (Appendix D).

Once the introduction is complete, the facilitator will show students pictures of famous fictional and nonfictional perfectionists and invite students to guess what the first topic will be.

Once perfectionism is identified, the facilitator will then go over the session goals with the students. This includes understanding perfectionism and its negative consequences as well as the difference between perfectionism and striving for excellence. The facilitator will then ask students to share what they think perfectionism is. Prompts for this discussion may include:

- What are typical perfectionistic behaviours?
- What motivates perfectionism?
- What feelings might be attached to perfectionism?
- Is perfectionism helpful or unhelpful? Why?

Using the class responses, the facilitator will outline a class definition of perfectionism to write on the board. This definition will then be compared to the following definition:

Perfectionism is characterized by setting excessively high standards, self-criticism, doubts about actions and feeling pressure to be perfect (Flett & Hewitt, 2022). After discussing any similarities and differences between this definition and the one described by the class, the facilitator will use a short video of the fictional character, Randall Pearson, (xfoxyamanda11, 2020) to engage students in a discussion about the negative impacts of perfectionism.

Conversation prompts may include:

- What perfectionistic behaviours does the character show?
- How do you think the character feels?
- How do you think the character's perfectionism impacts their relationship with others?

The facilitator will then explain that perfectionism has been linked to several mental health issues such as depression, anxiety, and eating disorders (Limburg et al., 2017), as well as indicators of poor well-being such as heightened stress, social disconnection, and low self-esteem (Flett & Hewitt, 2022). After allowing time for discussion or questions, the facilitator

will explain that it is impossible to be perfect and that perfectionism is often self-defeating, but that that does not mean we should not set goals or standards for ourselves. Students will then be shown a clip from a video with Tony Hawk (Tom Bilyeu, 2018) that represents a pursuit of excellence. Students will be asked if they think Tony Hawk is a perfectionist. The facilitator will help students compare the video of Randal Pearson with this new video of Tony Hawk to differentiate striving for excellence, something that is process based and progress focused, from perfectionism, which is impossible, reflects all or nothing thinking and is solely outcome focused. Students will then be asked to use what they have learned to create a realistic goal for the week that reflects striving for excellence. To help with this task, students can be given the following prompts:

- How likely is it that you will achieve your goal by the end of the week?
- What obstacles might you face and are you capable of overcoming them? If so, what tools or strategies would you need to do so?
- Would you think it was a good goal if a friend set it?

The facilitator may invite students to share their goals as a final wrap up, supporting any students that may have reached a little too high with their goal for the week. The facilitator will email the Session 1 parent handout to parents.

Session 2: Embracing Mistakes and Celebrating Partial Success. The purpose of this session is to begin to address perfectionistic reactivity, by reframing the way students view and think about mistakes. The objective of this session is to introduce growth versus fixed mindset. Following a growth mindset, students will learn that mistakes and failure are normal and necessary for growth. Furthermore, students will discuss ways to celebrate partial successes instead of lamenting over mistakes or failures. To open the session, the facilitator will show

students a quote referring to mistakes as opportunities. The facilitator will encourage discussion using following prompts:

- Do you agree with the quote?
- How might a mistake be an opportunity?
- What is the alternative to thinking of a mistake as an opportunity?
- How might thinking mistakes are failures versus opportunities change the way you learn, behave, or feel?

After going over the session objectives with students, the facilitator will show students a short video about growth mindset and how recognizing mistakes can rewire your brain (Mineola Grows!, 2022). Following the video, the facilitator will ask the students to consider whether we always learn from every mistake, what might stop us from learning from a mistake, and what the benefits of seeing a mistake as an opportunity are. The facilitator will then go over the difference between growth mindset and fixed mindset in reference to mistakes. Key points include that a fixed mindset sees a mistake as an exposure of limitations and a failure while a growth mindset appreciates that mistakes are normal and that they present an opportunity to learn (Cote, 2022). Students will then be given two or three slips of paper with statements that reflect growth and fixed mindsets. Example statements can be found in Appendix E. Students will be asked to decide whether each of their statements represents growth or fixed mindset. The facilitator will allow time to review and discuss responses.

Students will then be shown two idioms: half a loaf is better than none, and a bird in the hand is worth two in the bush. The facilitator will ask students how they think these idioms might relate to the session topics. The facilitator will lead students to understand that these idioms remind us to be grateful for what we have, even if it is less than what we wanted or expected.

Similarly, we should be grateful and celebrate partial successes. Even when we don't meet our goals, we can acknowledge and celebrate partial success as steppingstones toward the final goal. Students will be invited to share a partial success they have had recently. The facilitator will then lead a discussion about ways that partial successes could be celebrated. Some examples may include a jar of awesome, sharing with a friend, doing a happy dance, or taking a break. As a final activity, students will complete the Flip that Flop activity, as seen in Appendix F (Morrow, 2017) in which they will write about a mistake they made, what they learned from it and how they celebrated or could have celebrated partial success. If there is time, the facilitator may invite students to share their stories with the class. The completed handouts can be displayed in the classroom. The facilitator will email the Session 2 parent handout to parents.

Session 3: Thoughts, Feelings, and Behaviours. This session outlines the basic unit of CBT: the cognitive triangle. The purpose is to help students understand that they have some autonomy over their thoughts and to begin addressing maladaptive perfectionistic thinking patterns. The objectives of this session are for students to understand the connection between thoughts, feelings, and behaviour, identify thinking errors common to perfectionism, and to practice recognizing, rationalizing, and replacing thinking errors. To engage the students in thinking, the facilitator will hand out strips of paper with thoughts, feelings, and behaviours on them to small groups. Examples can be found in Appendix G. The facilitator will ask students to identify each of the strips as a thought, a feeling, or behaviour. The rationale behind this activity is that thoughts are often prefaced with "I feel" which sometimes makes differentiating between thoughts and feelings difficult. Once students have finished, the facilitator can go over the definitions of each of the three terms, which are presented in the Google Slides presentation (see Appendix D), and review answers with the students. The facilitator will then introduce the

cognitive triangle and the idea that our thoughts, feelings, and behaviours all impact each other. The facilitator will tell the students that the way we perceive, or think about, a situation impacts our emotions and behaviour (Beck, 2020) and provide examples of how different ways of thinking about a situation results in different behaviours. Example situations such as seeing a spider and a friend not answering the phone can also be found in the Google Slides presentation (Appendix D). Next the facilitator will use a comic strip to introduce the idea of automatic negative thoughts. The facilitator will explain that these are thoughts that come up so fast we rarely take time to question them and generally take them at face value, no matter how realistic they may be (Beck, 2020). The facilitator will invite students to discuss examples of their own negative thinking, by providing example situations that could cause automatic negative thoughts. Although the situations are likely to bring up uncomfortable thoughts, it is important that the facilitator choose scenarios that would not bring up extremely negative or triggering thoughts. For example:

- Thoughts about what caused a noise downstairs,
- Thoughts about their intelligence after receiving a poor test score,
- Thoughts about the way people might judge them after a mistake.

The facilitator will show a picture of Lisa Simpson, from The Simpsons television show, getting a B plus and ask students to suggest what she might be thinking. To tie this to the cognitive triangle, students will be invited to share what emotions the suggested thoughts might bring up and how those emotions may, in turn, affect Lisa's behaviour. The facilitator will tell students that negative thinking is common and invite students to share why they think that might be. The facilitator will then share a short video about negative thinking (Fig. 1 by University of California, 2019) and ask students what their main takeaways from the video are. The facilitator

will aim to highlight that negative thinking is normal and meant to be protective, however negative thinking is not always helpful in modern day society. The facilitator should also highlight that we can change the way we think, but this takes time and effort.

Using the Google Slide presentation (Appendix D), the facilitator will introduce thinking errors that are common to perfectionism, including all or nothing thinking, overgeneralization, catastrophizing, and should and must statements (Anxiety Canada, 2023). The facilitator will explain that often our negative automatic thoughts are overly negative and can be seen as thinking errors. Learning to recognize thinking errors is the first step to changing our thinking patterns to be more balanced. The facilitator will then use the presentation to go over the definition for each of these thinking errors, leaving space for questions or personal examples.

The facilitator will then introduce a common CBT strategy for addressing thinking errors: Recognize, rationalize, replace (RRR). In this strategy students are taught to first recognize an automatic negative thought is occurring, rationalize the thought by identifying the thinking error it represents, and then replacing the thought with a more balanced thought. By recording thinking errors, students can start to become more aware of when and what type of thinking errors they are prone to. The facilitator will walk through an example of RRR provided in the Google Slides presentation (Appendix D) with the students. Finally, students will work in small groups or pairs to practice the RRR with three case scenarios. Example scenarios can be found in Appendix H. Students will be given the scenarios along with a handout, found in Appendix I, of the four types of thinking errors covered and a table to record their answers. To finish the session, students will be invited to share their RRR responses for one of the scenarios they were given. The facilitator will email the parent handout for Session 3 to parents.

Session 4: Emotions and Stress Management. The purpose of this session is to continue addressing perfectionistic reactivity and self-generated stress as suggested by Flett and Hewitt (2022). This will be achieved by building emotional intelligence, self-awareness, and healthy coping strategies. This is in line with studies indicating that perfectionists may struggle to differentiate emotions and are less aware of physical manifestations of emotions (Flett & Hewitt, 2022), as well as studies that suggest maladaptive perfectionism negatively impacts emotion regulation skills (Vois & Damian, 2020).

To start the session, the facilitator will share the key objectives of this session with the students, which include being able to name a range of emotions, recognize physiological signs of emotions, learn the purpose of emotions, and identify strategies to manage emotions. The facilitator will then use the Google Slides presentation (Appendix D) to show and explain an image of the Mood Meter (Brackett, 2019). The facilitator will highlight that our moods are a combination of both emotion and energy levels with energy ranging from low to high and emotions ranging from uncomfortable to comfortable. It is important that the facilitator makes use of the terms comfortable and uncomfortable as opposed to good and bad to enforce the idea that no emotions are wrong. As discussed previously, perfectionistic self-presentation often includes the masking of uncomfortable emotions as these might be seen as a flaw or an indication of imperfection (Flett & Hewitt, 2022). The facilitator will then invite students to use a sticky note placed on the projected Mood Meter (Brackett, 2019) to indicate where they currently are at, leaving space for questions or observations about class placement. The facilitator will emphasize that self-awareness is the first step to being able to manage and process our emotions in a healthy way. The facilitator will then explain that scientists know that emotions are linked to physical sensations, and there is some evidence to suggest that individual

emotions have unique physiological responses in the body (Volynets et al., 2020). The facilitator will invite students to discuss their own experiences of physical responses to emotions. Some prompts may include:

- Have you noticed that you feel certain emotions in certain parts of your body?
- Do you notice that some emotions result in higher energy or arousal while others lead to low energy or arousal? Which ones?

The facilitator will then read a fictional scenario to students aimed at eliciting disgust (see Appendix D) and use this to engage students in a discussion about specific physiological sensations attached to this emotion. Some prompts may include:

- Where do you feel the emotion in your body?
- What parts of your body feel energized, warm/hot or tense, if any?
- What parts of your body feel deenergized, weak, loose, or even unnoticeable?
- Is everybody's experience of disgust the same? How are they the same and how are they different?
- Why might we feel energized in certain areas because of disgust? Why might we feel deenergized in certain areas because of disgust?
- Did you feel any emotion other than disgust? Where and how did you feel it in your body?

Now that the students have a better picture of how we might describe the physical sensations of an emotion, the facilitator will lead the students to participate in a chalk talk. The facilitator will lay out three to five body silhouettes around the room labeled with different emotions such as disappointed, anger, joy, and satisfaction. Students will be sent to different silhouettes in small groups and asked to use markers to indicate where and how they feel the given emotion on the

silhouette. Students will be told that they are allowed to make small notes to describe sensations and that groups do not need to agree on where or how they feel each emotion. Each student can mark off their own experience of the emotion. Groups will have a minute or so at each silhouette. Once all groups have visited all the silhouettes, the facilitator will show the silhouettes to the class and facilitate a discussion. Prompts may include:

- Did everyone feel the emotions in the same spot? In the same way?
- Which emotions seem to be related to being more energized? Deenergized?
- How might this be connected to the cognitive triangle discussed last session?
- What does this suggest about the purpose of emotions?

The facilitator will then show a short video on the purpose of emotions and ask students to listen for the four purposes mentioned: impact survival, decision making, communication and taking action (Enlighten Me, 2019). The facilitator will ask students to identify these purposes after the video and invite students to share their opinions and connections. Next the facilitator will introduce the topic of coping strategies, highlighting that although all emotions are acceptable and important, we do not want them to take over. Managing our emotions means that we can temper the emotion enough to use both the thinking, reasoning, logical parts of our brain as well as our emotional brain for optimal problem solving (Siegel & Bryson, 2011). The facilitator will explain that while the first steps to managing emotions is recognizing what emotions we are feeling and why, we often need additional strategies to help calm or temper more uncomfortable emotions like anger, sadness, and disappointment. The facilitator will explain that healthy coping strategies do not mask or numb emotions by trying to forget them but help tame the emotions so that they are easier to work with. The facilitator can give examples such as exercise to reduce the energy of anger or connecting with a loved one to soothe sadness.

The facilitator will then ask students to come up with three healthy coping strategies with their desk partner and then invite students to share with the class. Finally, students will be given a handout, as presented in Appendix J, that will ask them to identify an uncomfortable emotion, colour in a silhouette based on where and how they feel that emotion, explain a short example in which this emotion is or was felt, and then identify three helpful coping strategies that would work for them when feeling this emotion. If there is time, students will be invited to share their examples with the class. The facilitator will email the parent handout for Session 4 to parents.

Session 5: Social Media and Mental Health. The purpose of this session is for students to reflect on how their use of social media may impact their mental well-being and how they might make changes that would minimize any potential negative outcomes. Studies have indicated that perfectionists tend to make upward social comparisons that perpetuate perfectionistic thoughts and behaviours, and that social media can be a particularly harmful resource for these comparisons (Etherson et al., 2022; Fioravanti et al., 2020; Flett & Hewitt, 2022).

It is important that when introducing this topic, the facilitator highlights that the goal of this session is not to vilify social media, or to encourage them to stop using social media, but instead help them identify how they can use social media in a way that results in the most benefits and least harm to their mental health. The facilitator will begin by going over the objectives of this session, which include understanding that not all online content is real, recognizing the impact of social media on mental health, discussing ways to use social media that minimizes unnecessary stress, and identifying things that bring joy. The facilitator will then invite the students to play a game that requires students to look at several pictures and decide if the pictures are real or fake. Some of the pictures will be authentic and others will have been edited. After the game, the

facilitator will invite students into a discussion about their experiences in the activity and its relevance to social media and mental health. Prompts may include:

- How easy was it to identify which images were real and which were fake?
- How might this connect to social media?
- Do you think your friends and/or influencers you follow post only completely accurate photos? Why or why not?
- Do you think social media affects your mental health? Why?
- Do you or your friends compare yourselves and/or your lives to what you see on social media? How could this be harmful?
- Can social media have positive and negative influences? How so?

The facilitator will then introduce a Ted Talk (Tedx Talks, 2017) about the effect of social media on mental health. The facilitator will ask students to listen for the specific stressors mentioned in the video: highlight reels, social currency, fear of missing out, and online harrassment. After playing the video, the facilitator will encourage discussion using the following prompts:

- What were the stressors mentioned?
- Do you experience these as stressors? If yes, how so?
- Which stressor impacts you the most? Least? Why?
- Which of these stressors impacts your friends the most? Least? Why?
- Do you feel pressured to have, or use social media? Why or why not?
- What might it be like to go a day, a week, a month without social media?
- Do social media companies manipulate their users? How and why?

The facilitator will then explain that social media is not going away and that there may be some positives to using it. The facilitator will then invite students to discuss ways youth their age can use social media in a way that allows them to gain benefits but avoid unnecessary stress.

Prompts may include:

- How much time do you spend on social media and when do you spend that time?
- Do you manage your notifications and, if so, how?
- Who and what do you follow on your social media accounts? What accounts give you joy? What accounts make you feel pressured or stressed?
- What do you post on your own social media accounts?
- What are your reasons for using social media?

When students share ideas of how to mitigate stress, the facilitator will write these on the board.

The facilitator can also use tips provided on the Google Slide presentation (Appendix D).

Finally, the facilitator will introduce the activity for this session. In this activity students will be creating fictional phone apps that represent things in their lives that bring them joy. The template for this activity was designed by Counselor Keri (2019) and can be found in Appendix K. The point of this exercise is to have students be mindful about how things affect them and potentially start considering ways that they can balance their social media use or make adjustments so that social media brings them joy without unnecessary stress. If there is time, students can share their work with the class and then the final work can be displayed in the classroom. The facilitator will then email the parent handout for Session 5 to parents.

Session 6: Authenticity. The purpose of this session is to address perfectionistic self-presentation through the exploration of authenticity as per the recommendations of Flett and Hewitt (2022). Furthermore, the quality of peer relationships was identified as a potential factor

in the development and maintenance of perfectionism (Livazović & Kuzmanović, 2022), and one of the benefits of authenticity is improved relationships (Wickham et al., 2018).

The facilitator will break students up into small groups and give each group a quote related to being authentic. Quotations can be found in Appendix L, as well as in the Google Slides Presentation (Appendix D). The facilitator will ask students to discuss what their quote means and whether they agree with the message. The facilitator will then invite groups to share their quote along with their thoughts. After this short discussion, the facilitator will ask the students what they think the session topic is, and hopefully, students will suggest authenticity. The facilitator will then guide students in a conversation to determine a class generated definition of authenticity. The facilitator will then ask students whether they think being authentic matters and how it may help them in terms of their well-being. The facilitator will then go over the session objectives, which include defining authenticity, identifying the benefits of authenticity, and identifying an area of their lives that they could, and want, to be more authentic. The facilitator will then present six benefits of being authentic, including improved self-respect and self-esteem, increased comfort in sharing true thoughts and beliefs, improved emotional stability, improved trustworthiness, improved overall well-being, and the fact that genuine smiles improve social interactions (The Umbrella Project, 2019). Considering these facts, the facilitator will then lead a short discussion about the barriers to authenticity. Some prompts might include:

- Do you think people are always authentic? Why or why not?
- Are you always authentic? Why or why not?
- When are you or others most authentic? When are you or others least authentic? Why?
- Why is it so difficult to be authentic?

The facilitator will then introduce a short video reviewing a lived experience of authenticity (Great Big Story, 2019). The facilitator will present the following questions prior to playing the video, with the intention of discussing the answers after the video is played:

- How is this video an example of authenticity?
- What challenges did this person face in relation to being authentic? How did they overcome these challenges?
- How did authenticity improve the well-being of the person in the video? How did it improve the well-being of others?
- How else does being authentic benefit this person?

The facilitator will then ask students to speak with a partner about a time when they or someone they know did not use authenticity and how it affected them and the people around them. Once partners have discussed this, they will be asked to share an example of when they or someone they knew did use authenticity and how that affected them and people around them. Students will be invited to share with the class. The final activity for this session is journaling. Students will be asked to journal for about 10 minutes, responding to the following prompt and questions:

- Think of one area in your life in which you could be or want to be more authentic.
- Why is it difficult for you to be authentic in this area?
- What might help you overcome these difficulties?
- What are you missing out on from not being authentic in this area?
- How might being authentic in this area benefit you?
- What advice would you give a friend in your position?

- What is one small step you could take toward becoming more authentic in that area of your life?

The facilitator will invite students to share their thoughts or examples from their journaling if they would like to. The facilitator will email the parent handout for Session 6 to parents.

Session 7: Self-Criticism and Self-Compassion. The purpose of this session is to address the perfectionistic characteristic of frequent negative self-evaluations and self-criticism (Flett & Hewitt, 2022; Stoeber et al., 2018). Furthermore, in line with Flett and Hewitt's recommendation, as well as the findings that perfectionists tend to be low in self-compassion (Stoeber et al., 2020), this session aims to build on that skill.

To introduce the session, the facilitator will use the Google Slides presentation (Appendix D) to show the students two contrasting pictures of coaches; one image will show a coach yelling aggressively at a player, and the other will show a coach cheering his players on. The facilitator will guide a think, pair, share activity using the following prompts:

- What are each of the coaches saying?
- How do you think it is making the player(s) feel? How would it make you feel?
- Which coaching style do you think will result in the best outcome? Why?
- Which coaching style would you choose for your friends? Which would you choose for yourself?

After some discussion about the coaches, the facilitator will ask the student what they think the images and discussion have to do with the session topic of self-criticism and self-compassion. The facilitator will then share the session outcomes with the students, including identifying the negative effects of self-criticism, defining self-compassion, and identifying its benefits, and practicing self-compassion. The facilitator will then tell the students they will be

watching a short video about our inner critic versus inner coach (Mental Health UK, 2021). After playing the video, the facilitator will invite the students to engage in self-reflection using the following prompts:

- Is your inner coach or inner critic stronger? Why?
- Is your inner coach stronger in certain situations or environments? What about your inner critic?
- Is it more difficult for you to be kind to yourself than your friends? Why do you think people find it difficult to be kind to themselves?
- Is it important to strengthen our inner coach? Why?
- How can we strengthen our inner coach?

The facilitator will explain to the students that criticism often leads to us feeling defeated, frustrated, and deflated, which then impacts our motivation. The facilitator will tell students it is important to practice patterns of thinking that encourage us, strengthen our self-concept, and build resiliency. The facilitator will then present the following inner critic comments:

- I'm not successful at anything.
- Don't try, you're going to fail.
- No one is interested in my opinion.
- I'm so behind, everyone has got it together.

The facilitator will ask students to think about what an inner coach would say instead of these comments. The facilitator will invite students to offer suggestions and, if necessary, support students with coming up with more balanced or motivating replacement statements.

After going through the comments, the facilitator will engage students in conversation by inviting them to share how the way they speak to themselves might change the way they feel and

behave in response to failures or mistakes. The facilitator may encourage students to give examples from their own lives.

The facilitator will then use the Google Slides presentation (Appendix D) to introduce the concept of compassion. The facilitator will use the following prompts to guide the students into a definition of compassion and consider how it may be applied to the self:

- What does compassion mean to you?
- Is compassion the same as empathy? If so, how? If not, why?
- How do you show compassion to friends, family, or animals?
- What is self-compassion?
- Do you show yourself compassion? If so, how?

The facilitator will then go over the definition of self-compassion described by Neff (2011). In this definition, self-compassion is broken into three parts: self-kindness, common humanity, and mindfulness. Self-kindness refers to being loving and kind as opposed to being critical to the self. Common humanity refers to the acknowledgement that we are not alone in our suffering. Mindfulness refers to being present and aware of our feelings without self-judgment which allows us to respond instead of reacting. The facilitator will then ask the students what benefits may result from self-compassion, sharing the following list after students have made suggestions:

- Increased well-being
- Increased happiness
- Increased connectedness
- Decreased anxiety, depression, and fear of failure (Neff, 2009).

Going into more depth on self-kindness, the facilitator will ask students how they can be kind to themselves. The facilitator will explain that speaking kindly to ourselves, especially in the face

of mistakes and failure is an important part of self-kindness. The facilitator will explain that when we use short kind phrases to lift ourselves up, we are using positive affirmations.

Practicing daily positive affirmations is one thing we can do to change our thinking patterns from critical and judgmental to kind and uplifting. The facilitator will play a short video clip of Lizzo (animechow3, 2019) for the students, explaining that this is an example of positive affirmations. The facilitator will then ask students if they can think of any other positive affirmations and write them on the board. The facilitator will give each student a sticky note and ask them to write down three affirmations that resonate with them. Students will then be asked to place their sticky note somewhere that they will see it and remember to practice their affirmations. Examples might be in their agenda, their locker, or inside their binder cover.

The facilitator will then invite students to engage in a mindfulness exercise to practice the final two parts of self-compassion: common humanity and mindfulness. The facilitator will remind students that this exercise is an invitation and that it is not mandatory that students participate. However, if students choose not to participate, they should find a quiet activity to do at their desks, such as drawing, colouring, writing or reading. The facilitator will then read a self-compassion mindfulness script which encourages students to think of a struggle in their lives that is not too big, but something that is causing them discomfort (Bluth, 2021). The script for this exercise can be found in Appendix M. During the exercise students will be guided to acknowledge their discomfort in a non-judgmental way, see that they are not alone in their suffering and offer themselves some form of soothing touch and kind words. Once the exercise is complete the facilitator will invite students to share how they experienced the exercise. Some prompts may include:

- How did you feel before the exercise? How do you feel now?

- What part of the exercise was hard or easy? Why?
- How did you offer yourself a soothing touch? What was the effect?
- What kind words did you use? What was the effect?
- Do you think it would be easy or difficult to practice this form of self-compassion in a moment of struggle? How could we make it easier?

For the final activity, the facilitator will tell the students they will be writing a compassionate letter to their past selves during a difficult time, using what they have learned in this session. Like the mindful exercise, students should choose a situation that caused them discomfort, but not the worst or most difficult thing in their lives. Students are welcome to use the same situation that they thought of during the mindful exercise or choose a new one. In their letter, they should aim to include all three parts of self-compassion: self-kindness, common humanity, and mindfulness. If students are struggling to write, the facilitator will tell them to imagine they are writing to a friend in a similar situation, attempting to treat themselves as they would a friend. If there is time at the end of the session, the facilitator can invite students to share parts of their letter or discuss the experience of writing a self-compassionate letter to themselves. The facilitator will email the parent handout for Session 7 to parents.

Session 8: Mindfulness and Stress Management. The purpose of this session is to offer students more tools for managing stress, as perfectionists have been found to have heightened stress and reactivity to stress (Hewitt et al., 2014; Molnar et al., 2023). Mindfulness has been found to have a positive effect on perfectionism (Olton-Weber et al., 2020). Furthermore, mindfulness has also been linked to enhanced effortful control (Terjestam et al., 2016) which is negatively associated with perfectionism (Affrunti & Woodruff-Borden, 2017). In this session

students will explore ways that they can manage stress, including mindfulness and the Healthy Mind Platter (Rock et al., 2012).

The facilitator will start the session by going over the objectives of the session, which include understanding what mindfulness is and how it can be used for stress management and identifying ways to build and maintain a healthy mind. The facilitator will then guide the students in a think, pair, share about patterns of thinking, feeling, and behaviour while stressed. The facilitator can use the following prompts:

- Do you have familiar patterns of thinking when you are stressed? How about familiar patterns of feeling or behaving? What are they?
- Do you generally know you are stressed before, or after you notice these patterns?
- Are these patterns helpful or harmful?
- Have you noticed this in yourself before today? Have you ever stopped to consider it?
- Is there any benefit to noticing these patterns?

Once students have had a chance to share with the class, the facilitator will ask students what they already know about mindfulness and write the ideas on the board. The facilitator will ask students how they think the conversation about stress patterns relates to the topic of mindfulness and stress management. If not already clear from the conversation, the facilitator can tell the students that mindfulness is paying purposeful attention to what is happening in the moment, with kindness and curiosity, and without judgement (Kabat-Zinn, 2003). We can be mindful of many things, such as our emotions, our breath, our physical sensations, and our thoughts. We can also be mindful of unhelpful patterns. When we are aware of unhelpful patterns, it is easier to change them.

The facilitator will then go over the following benefits to mindfulness taken from Davis and Hayes (2011):

- Reduced repetitive negative thinking,
- Stress reduction,
- Increased focus,
- Less emotional reactivity,
- Flexible thinking,
- Immune functioning,
- Well-being.

At this point the facilitator will ask the students if any of them practice mindfulness already and if they have noticed any of these, or other, benefits.

Once students have had a chance to share, the facilitator will explain that although mindfulness takes practice, it does not have to take a lot of time. The facilitator will introduce the S.T.O.P. mindfulness technique:

- Stop and pause,
- Take a deep breath,
- Observe what is going on in the moment and notice any thoughts, feelings, and bodily sensations,
- Proceed mindfully with awareness and kindness towards yourself and others (Kabat-Zinn, 2003).

The facilitator will then explain that using S.T.O.P. can help us to respond instead of reacting. The facilitator will explain that although reacting can be helpful in life-or-death situations, taking time for a pause and then responding mindfully and thoughtfully is more helpful in day-to-day

situations. The facilitator will ask students if they can think of example situations when it would be more helpful to react without pause and when it would be more helpful to pause for a mindful moment before responding.

The facilitator will then invite students to take part in a mindful exercise led by a video (Mindful Breaks, 2016). The facilitator will remind students that this is an invitation to practice mindfulness and that if they choose not to participate, they should engage in a quiet activity at their desk such as drawing, writing or colouring. When the exercise is over, the facilitator can engage students in a conversation about their experience using the following prompts:

- Do you notice any differences in your mood or focus?
- Did you find it difficult to stay in the moment? Why or why not?
- What are some strategies that you used to stay in the moment?

Once students have finished sharing, the facilitator will introduce the Healthy Mind Platter (Rock et al., 2012). The facilitator will explain that just as we need to consider balancing the nutrients that we eat to maintain a healthy body, we need to consider and balance the way we spend our time each day to maintain a healthy mind. The facilitator will review the following seven components of the Healthy Mind Platter as explained by Rock (2012):

Sleep time

Giving our body the amount of rest, it requires allows us to consolidate learning and restore energy spent during the day.

Physical time

The brain becomes stronger in several ways when we move our bodies, especially if we can move aerobically.

Focus time

Deep connections are formed in the brain when we focus on specific goals and take on challenges.

Time-in

By being reflective of our internal experiences and focusing on sensations, images, feelings, and thoughts we are better able to balance and connect the parts of our brains that think and process with the parts focused on emotions.

Down time

When we allow ourselves time to be unfocused, with no particular goals, and our minds are free to wander and relax it allows our brain to recharge.

Playtime

We can form new connections in the brain when we playfully engage with novel experiences, act spontaneously or creatively.

Connecting time

Taking time to connect and appreciate both the natural world and the people around us, activates and reinforces the brain's relational circuitry.

While going through the seven components, the facilitator can offer suggestion activities and invite students to share examples. The facilitator will then ask students to think, pair, share about how their own mind platter currently looks, what they are getting enough of and what they may need more of. Once students have had a chance to share with each other and the class, the facilitator will make note of how paying attention to the various parts of the Healthy Mind Platter (Rock et al., 2012) is a form of mindfulness. The facilitator will then give each student a Healthy Mind Platter handout, as shown in Appendix N, and ask students to complete it with activities that they enjoy or could do for each of the seven components. If there is time, the facilitator will

invite students to share what they have included on their personalized Healthy Mind Platter. The facilitator will email the parent handout for Session 8 to parents.

Session 9: Sharing Our Learning. As perfectionists tend to have CSW (McArdle 2009, 2010; Shih, 2011; Wang et al., 2012), this session aims to counter this by offering an opportunity to gain a sense of mattering, as suggested by Flett and Hewitt (2022), through service to the school. This session also offers an opportunity to consolidate learning and gives students a chance to enact their leadership role in the school. The facilitator will begin the session by asking students to engage in a think, pair, share about their biggest takeaways from the program. The facilitator can use the following prompts:

- What session do you remember the most? Why?
- Have you made any changes to your life or thinking? Why or why not?
- What do you think would be important for others to know? What do you think would be the most important message for younger students from this program?
- What do you think the most important thing to remember about this program was? Why?
- Did you have any Ah ha! Moments during this program? What were they?
- What do you wish you had known or done earlier?

The facilitator will write ideas and thoughts on the board as students share. The facilitator will then tell students that they will have the rest of the session to work with a partner or in small groups to create a project that will share their learning with the other students of the school. The facilitator will provide suggestions of what that project could be, such as a poster to be displayed in the hallways, a short speech to be delivered on the morning announcements or a short video. The facilitator will explain that students should focus on one key message or one key takeaway from the program as opposed to trying to include everything they have learned. Furthermore, the

facilitator should remind students what they learned about realistic goals in the first session and encourage students to consider whether their project goals are realistic and achievable in a single block before getting started. Depending on the facilitator's discretion, the students will either choose their own groups or be assigned to groups by the facilitator. The students should be provided with paper, art supplies and Chrombooks or iPads, if available.

If there is time at the end of the session, students will briefly present their projects and explain what they have created and why. The facilitator will then collect work and ensure that it is either displayed in the school or shared with the school community in an appropriate way.

Limitations and Future Considerations

Despite a growing body of research on perfectionism in adolescents, the focus on adolescents and children is relatively new, and there are several limitations to consider in the literature used in this capstone. First, as noted in Chapter 2, there are multiple measuring tools used to assess perfectionism, each with their own conceptualization of what perfectionism is. Drawing conclusions based on only one conceptualization may not provide a full picture. Further, as Leone and Wade (2018) discusses, only very few of the tools used to measure perfectionism amongst children and youth have been designed for this age group, and much of the research using specialized tools has been carried out by the same researchers who designed them. There is also a need to include more comprehensive assessment techniques as the main tools are all self-report. Incorporating parent, teacher or behavioural assessments may provide a more accurate picture of the way perfectionism presents and impacts individuals in context.

Another limitation is the lack of longitudinal studies to provide causal, as opposed to correlational, relationships between perfectionism and both developmental factors and indicators

of well-being. While this paper has discussed several longitudinal studies, these are still a minority of the studies investigating perfectionism in youth and children.

Moving forward, it will be important for school counsellors to stay up to date with the most recent findings related to perfectionism and adolescents. As noted previously, perfectionists are often resistant to change (Molnar, Blackburn et al., 2023) and unlikely to seek out support (Abdollahi et al., 2017; Shim et al., 2016). It is therefore important that universal programs such as the one recommended here, align with the most recent findings to maximize their potential effects. While this program is unlikely to eliminate perfectionism, it may help students to begin evaluating their thoughts and thinking patterns, help all students move toward healthier thinking and potentially help important adults support an environment that encourages the pursuit of excellence over perfectionism.

To build on the potential effects of this program, it would be helpful for teachers, educational assistants, and administration to have further professional development. It may also be beneficial for school counsellors to seek out resources or provide information to teachers that would help them continue working on healthy thinking and behaviour patterns in the classroom beyond this program.

Conclusion

Despite a large body of research indicating negative consequences, a heavy focus on achievement and outward appearances in our society may be encouraging perfectionism amongst adolescents (Curran & Hill, 2019). While some may still view perfectionism as a positive quality, it has been found to be both a maintaining and developmental factor for a range of mental health issues (Limburg et al., 2017). Adolescent perfectionists have been found to struggle with forming quality peer relationships (Livazović & Kuzmanović, 2022), have CSW

(McArdle 2009, 2010; Shih, 2011; Wang et al., 2012), frequent negative self-evaluation (DiBartolo & Varner, 2012; Ford, 20203), heightened reactivity to stress (Hewitt et al. 2014; Molnar et al., 2023), and a higher likelihood of suffering symptoms of depression, anxiety (Fredrick et al., 2017; Gavino et al., 2019; Sironic & Reeve, 2015), suicide potential (Hewitt et al., 2014; Roxborough et al., 2012) and ideation (de Jonge-Heesen et al., 2021).

As the developmental task of adolescents is identity formation (Negru-Subtirica et al., 2021), it is imperative to begin addressing perfectionistic behaviours and thinking patterns early in this stage, before they become intertwined with identity. School is an ideal setting to address perfectionism as adolescents spend a large majority of their time in school and research has shown the potential impact of teachers and peers (). As this capstone has suggested, addressing perfectionism needs be a whole school community effort, shifting goals from perfectionism to striving for excellence.

The goal of this capstone has been to provide some initial tools and resources that are both easily accessed and implemented by either school counsellors or teachers to support the well-being of perfectionistic adolescents.

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Appendix A

Session Outline

Session 1: Introduction and Perfectionism Versus Striving for Excellence

Objectives	Introduce course content, confidentiality, and expectations. Students will know what perfectionism is and that it is associated with negative outcomes. Students will know the difference between striving for excellence and perfectionism.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator presenting content • Analyzing video clips displaying perfectionism and striving for excellence • Small group and whole group brainstorming • Setting realistic goals
Discussion Topics	How can we create an environment where everyone feels safe participating and engaging? What is perfectionism? What are the negative effects of perfectionism? What is the difference between perfectionism and striving for excellence?
Activity	Students will set a healthy goal for themselves that week that reflects striving for excellence and not perfectionism.

Session 2: Embracing Mistakes and Celebrating Partial Success

Objectives	Students will be introduced to growth versus fixed mindset. Students will learn that mistakes and failures are normal and necessary for growth/improvement. Students will learn to celebrate partial successes.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator presenting content • Watching short videos • normalizing/celebrating mistakes and failures • Identifying personal failures and what can be learned/gained from them
Discussion Topics	<ul style="list-style-type: none"> • What is growth versus fixed mindset? • How does mindset change the way we behave and feel? • How do we learn from mistakes/failure? • What is a partial success? • How can we celebrate partial successes?

Activity	Students will write about a mistake they have made, how they learned from it and how they could/did celebrate it as a partial success.
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Session 3. Thoughts, Feelings, and Behaviour

Objectives	Students will understand that thoughts, feelings, and behaviours are all connected and that the way we perceive experiences impacts our responses. Students will be able to identify four cognitive distortions common to perfectionism and use the RRR method to address automatic negative thoughts.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator will present content • Class discussion • Watching a short video • Analysis of case studies
Discussion Topics	<ul style="list-style-type: none"> • How do our thoughts impact feelings and behavior? • Why do we think negatively? • What are unhelpful ways of thinking?
Activity	Students will use the RRR method to identify thinking errors in three separate case studies and suggest replacement thoughts.

Session 4: Emotions

Objectives	Students will be able to name a range of emotions. Students will be able to connect physiological sensations to emotions. Students will understand that emotions have a purpose. Students will be able to name healthy strategies to help them cope with uncomfortable emotions.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator will present content • Small group and class discussion • Chalk talk identifying emotions in the body • Watch a short video • Personal reflection of emotions and strategies
Discussion Topics	<ul style="list-style-type: none"> • How do emotions relate to arousal and physical sensations and arousal? • Where do you feel emotions? • Why do we have emotions? • What strategies can we use to cope with uncomfortable emotions?

Activity	Students will complete a handout identifying where they feel emotion on their bodies, a situation that causes/caused that emotion and healthy strategies that could help them cope.
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Session 5. Social Media and Mental Health

Objectives	Students will understand that what we see online is often not the whole picture Students will consider how social media impacts their mental health and causes stress Students will consider how they can use social media in a way that does not cause unnecessary stress <ul style="list-style-type: none"> • Students will identify things that bring them joy
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator will present content • Small group and whole group discussion • Watch a video • Students will create a visual of things that bring them joy
Discussion Topics	<ul style="list-style-type: none"> • What are the pros and cons for social media in regards to mental health? • How can teens use social media in a way that does not cause unnecessary stress? • What brings you joy? What do you need in your life?
Activity	Students will draw a phone and create fictional apps that represent things that will bring them joy in their lives.

Session 6: Authenticity

Objectives	Students will be able to define authenticity and its benefits to self and others. Students will identify an area in their own lives that they want to be more authentic and one small step they can take toward being more authenticity in this area.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator presenting content • Small group and class discussions • Watch a short video • journaling
Discussion Topics	<ul style="list-style-type: none"> • What is authenticity? • Why does authenticity matter and what are the benefits? • Why might being authentic be difficult? • How might authenticity impact the well-being of self and others?

Activity	Students will journal about an area in their life that they could be or want to be more authentic. They will identify a small step that they can take toward becoming more authentic in this area.
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Session 7: Self-criticism and Self-compassion

Objectives	Students will identify the emotional effect of being self-critical. Students will be able to define self-compassion as three pronged (self-kindness, common humanity, mindfulness). Students will understand the benefits of self-compassion. Students will practice being self-compassionate.
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator will present content • Small and whole group conversations • Students will make personal affirmations • Students will participate in a mindful self-compassion exercise • Students will write a compassionate letter to themselves
Discussion Topics	<ul style="list-style-type: none"> • What is an inner critic versus inner coach? • How does being self-critical affect well-being? • What is self-compassion? • What are the benefits of self-compassion and how can we practice it?
Activity	Students will write a letter to their past selves at a time when they were facing a difficulty. Students will use all three parts of self-compassion in their letter: self-kindness, common humanity, and mindfulness.

Session 8. Mindfulness and Stress Management

Objectives	<ul style="list-style-type: none"> • Students will learn what mindfulness is and how to practice it • Students will learn about Daniel Siegal's Healthy Mind Platter • Students will consider how mindfulness and balance can be used for stress management
How will this be achieved?	<ul style="list-style-type: none"> • Facilitator will present content • Small group and whole group class discussions • Mindfulness practice • Students will identify activities to help balance their own healthy mind platter
Discussion Topics	<ul style="list-style-type: none"> • What are your stress patterns? • What is mindfulness and how can it benefit your mental health?

	<ul style="list-style-type: none"> • What is the difference between a response and a reaction? How are these linked to mindfulness? • What are you lacking in your life to create more balance for a healthy mind?
Activity	<ul style="list-style-type: none"> • Students will create a visual of their own healthy minds platter with activity options under each category.

Session 9: Sharing Our Learning

Objectives	Students will reflect on their learning. Students will create a project representing their learning to share with younger students
How will this be achieved?	<ul style="list-style-type: none"> • Small group and whole class discussion • Facilitator presenting information • Small group work to create a project
Discussion Topics	<ul style="list-style-type: none"> • What was your biggest take away from the past 8 sessions? • What do you wish you had known or done earlier? • What do you think younger students would benefit most from learning?
Activity	Students will work in small groups on a project that will share their learning with younger students. Projects will represent one key takeaway in the form of a poster, a video, a slide show presentation etc.

Appendix B

Parent and Teacher Informational Pamphlet

“Personal growth is about progress not perfection.”

Hal Elrod

Understanding Perfectionism

Perfectionism is not just about having high standards. Unlike striving for excellence, reaching for perfectionism is an all or nothing, self-defeating concept.

Perfectionism is often characterized by setting unrealistically high standards, fear of failure, doubts about actions, self-criticism, and feeling pressure to be perfect (Flett & Hewitt, 2022).

Perfectionism has been identified as a potential developmental and maintaining factor for a number of mental illnesses and symptoms such as depression, anxiety, eating disorders and suicidal ideation (Limbug et al., 2017).

Perfectionism is on the rise in adolescents (Curan & Hill, 2019), but due to a need to hide imperfections, it may be difficult to identify students suffering from the unhealthy consequences of perfectionism (Flett & Hewitt, 2022).



Building Healthy Minds Program

Rational

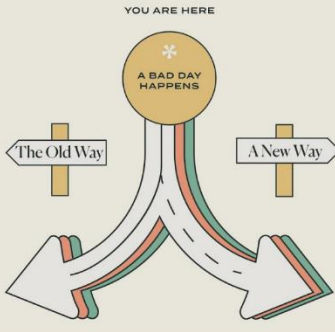
As emerging adolescents, grade 8 students are beginning to develop personality traits and behavioural habits that will impact the way they interact with the world. This makes it an ideal time to reflect on how we can develop healthy thinking and coping patterns. Although combating perfectionism is a key goal for this program, all students can benefit from the topics covered.

Implementation

This program will be co-taught to all grade 8 students by classroom teachers and the school counsellor. Sessions will take place during Physical and Health Education (PHE) classes, once a week for 9 weeks. Students will engage in hands-on, multi-modal activities that build positive thinking habits, build self-awareness, and teacher healthy coping strategies and tools. Each week parents will receive a one-page handout outlining the content of the session, ways to support at home, and additional resources.

BC PHE Curricular Links

- Create strategies for promoting the health and well-being of the school and community
- Describe and assess strategies for promoting mental well-being, for self and others
- Describe and assess strategies for managing problems related to mental well-being
- Sources of health information
- Signs and symptoms of stress, anxiety and depression



CONTACTS

School Administration:
Name:
Email:

School Counsellor:
Name:
Email:

REFERENCES

Curan, T., & Hill, A. P. (2019). Perfectionism is increasing over time: A meta-analysis of birth cohort differences from 1989 to 2016. *Psychological bulletin*, 145(4), 410-429. <https://psycnet.apa.org/doi/10.1037/bu00009138>


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Session Outline

- 1 **Perfectionism Versus Striving for Excellence**
Students learn the importance of setting realistic goals and focusing on progress as well as outcomes.
- 2 **Embracing Mistakes**
Students learn that mistakes are opportunities and to celebrate partial success.
- 3 **Thoughts, Feelings, and Behaviour**
Students learn the connection between thoughts, feelings, and behaviour, as well as how to make changes.
- 4 **Emotions**
Students learn to name a range of emotions, identify where they feel these emotions and coping tools for uncomfortable emotions.
- 5 **Social Media and Mental Health**
Students consider how social media may cause stress and how to use social media in a way that minimizes this stress.
- 6 **Authenticity**
Students consider the barriers and benefits to being authentic and make plans for being more authentic in their lives.
- 7 **Self-Criticism and Self-Compassion**
Students learn to identify and combat negative self-talk and to practice self-compassion.
- 8 **Mindfulness and Stress Management**
Students learn how to practice mindfulness and consider daily activities to manage stress.
- 9 **Sharing Our Learning**
Students create a project that represents their learning to share with the school community.

Combating Perfectionism



Building Healthy Minds

A 9-week universal school-based program

Appendix C

Parent Session Handouts

In the emailed PDF documents, pictures under the heading of “Additional resources” would be hyperlinked to specific resources. These can be seen at:

<https://www.canva.com/design/DAFfuPdfC68/E5WTHws8pJ4ZQS8u2gHgcQ/edit>

SESSION 1: PERFECTIONISM VERSUS STRIVING FOR EXCELLENCE

What is perfectionism?

Perfectionism can be described as the need to be or appear perfect. It is characterized by setting excessively high, and unrealistic, high standards, self-criticism, fear of making mistakes and doubts about actions.



Negative outcomes

Perfectionism has been linked to a number of mental health concerns amongst adolescents including anxiety, depression and eating disorders (Magson et al. 2019). Perfectionists have also been found to experience greater levels of stress, procrastination and burnout (Flett & Hewitt, 2022).

Striving for excellence

Perfectionism is a losing game, but that doesn't mean that we don't want our youth to set goals and work to achieve them. Instead of encouraging excessively high standards and focusing only on outcome, we can help our adolescents strive for excellence by setting more realistic goals and focusing on progress over perfection.



References

- Flett, G. L. & Hewitt, P. L. (2022). Perfectionism in childhood and adolescence: A developmental approach. American Psychological Association.
- Magson, N. R., Oar, E. L., Fardouly, J., Johnco, C. J., & Rapee, R. M. (2019). The preteen perfectionist: An evaluation of the perfectionism social disconnection model. *Child Psychiatry & Human Development*, 50, 960-974. <https://doi.org/10.1007/s10578-019-00897-2>

How to support your child at home

1. Work on setting healthy goals:

- Talk to your child about their goals/expectations and encourage them to consider what obstacles or challenges may get in the way.
- Are their goals realistic or do they need a bit of tweaking?

2. Focus on progress:

- Engage your child in conversations about HOW not WHAT they have accomplished.
- Highlight evidence of improvement and avoid focusing solely on outcomes.

Additional resources



SESSION 2: GROWTH MINDSET AND CELEBRATING PARTIAL SUCCESS

Mindset

Mindset refers to the way we think about our intelligence, abilities and talents. Someone with a **fixed mindset** believes these qualities are stable and do not change overtime. Someone with a **growth mindset** believes they can be improved through effort. Maladaptive perfectionism has been linked to fixed mindset (Chan, 2012).



Celebrating partial success



Even when a goal is not met, every effort represents a small step toward it. Stopping to celebrate these partial successes reminds us that progress and process are just as important as the final outcome.

References

- Flett, G. L. & Hewitt, P. L. (2022). Perfectionism in childhood and adolescence: A developmental approach. American Psychological Association.
- Chan, D. W. (2012). Life satisfaction, happiness, and the growth mindset of healthy and unhealthy perfectionists among Hong Kong Chinese gifted students. *Roeper Review*, 34(4), 224-233. <https://doi.org/10.1080/02783193.2012.715333>

Growth mindset and mistakes

Taking a growth mindset, we can acknowledge that mistakes are normal and provide learning opportunities! Although it may be uncomfortable to make mistakes, we can use those feelings to motivate us to make a change, try something different and learn in the process!

How to support your child at home

1. Model a growth mindset:

- Actions speak louder than words! Acknowledge when you have made mistakes and share what you learn.
- Talk openly about mistakes and give yourself grace.

2. Celebrate partial success:

- Even when we haven't reached our goal, we make small steps toward it.
- Try starting Jar of Awesome in your home. Write down partial successes and small wins and put them in a jar. Celebrate at the end of each week.

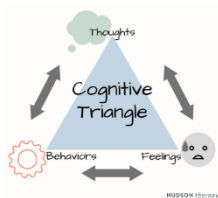
Additional resources



SESSION 3: THOUGHTS, FEELINGS, AND BEHAVIORS

Cognitive Triangle

Our thoughts, feelings, and behaviours are all connected. The way we perceive or think about a situation can change our emotional and behavioural responses. For example, someone who receives an 8/10 on a quiz and thinks "that's only 2 wrong," might feel happy and encouraged. They might be motivated to continue studying and improving. On the other hand, someone who thinks "I got 2 wrong again! Why can't I get them all right?" might feel frustrated and discouraged. They may even decide to give up.



Thinking Errors

Negative thoughts often follow inaccurate patterns. Recognizing thinking errors can help us replace them with more balanced, realistic thoughts which will, in turn, positively impact our feelings and behaviour. Some common thinking errors include:



Black and White Thinking - seeing the world in complete opposites



Should and Must Statements - constantly making should or must statements to yourself creating pressure and stress



Overgeneralization - applying information from one event to others, regardless of whether they are related, circumstantial or comparable



Catastrophizing - making little problems or worries seem like big problems

How to support your child at home

1. Model Self-Awareness

Eliminating thinking errors is a life long practice that we all need to work on. Model recognizing and acknowledging your own thinking errors. Talk to your child about your common thinking errors and how you work around them.

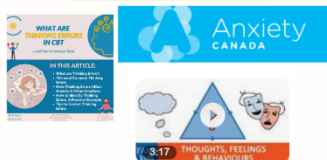
2. Recognize, Record, Replace (RRR)

Help your child discover patterns and consequences of thought errors by using a thinking record. This may encourage self-awareness as well as provide an opportunity to practice more balanced thinking.

References

Beck, J. S. (2020). Cognitive behavior therapy (3rd ed.). Guilford Press.
Hudson Therapy. (n.d.). *The cognitive triangle: What is it and how it works.* <https://hudsontherapygroup.com/blog/cognitive-triangle>

Additional resources



SESSION 4: EMOTIONS

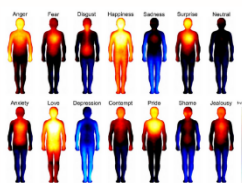
Emotional Intelligence

Emotional intelligence refers to our ability to recognize, manage and express emotions. Emotional intelligence has been positively linked to wellbeing in adolescents (Llamas-Diaz et al., 2022).



Emotions in the body

Emotions are linked to physiological reactions in our bodies. Some emotions may cause certain areas of our body to be energized, tense, or hot, while others may cause areas to be numb, weak or cold (Volynets et al., 2020). Identifying these bodily responses can help us become more aware of our emotions.



Managing emotions

Although it is important to acknowledge and accept all emotions, we don't want to let them take over. We want to find a balance between our thinking brain and our emotion brain. The first step to doing that is recognizing and acknowledging an emotion. The second step is engaging in healthy coping strategies. These are activities that help us regulate our energy levels so that we can better process the emotion and problem solve. Healthy coping strategies do NOT include activities that help us numb or ignore emotions. While these strategies may be different depending on the person, situation or day, some examples of healthy coping strategies include:

How to support your child at home

1. Model Emotional Intelligence

Tell your child what you are feeling and how you know by identifying body cues. Body cues may include tense shoulders, sweaty palms or tight chest.

2. Identify and practice coping strategies

Talk to your child about coping strategies that work for them. It is important to practice using coping strategies while calm so that they are more easily accessible when emotions begin to take over.

References

Llamas-Diaz, D., Cabello, R., Megias-Robles, A., & Fernández-Berrocal, P. (2022). Systematic review and meta-analysis: The association between emotional intelligence and subjective well-being in adolescents. *Journal of Adolescence*, 94(7), 925-938. <https://doi.org/10.1002/jad.12075>
Volynets, S., Glerean, E., Hietanen, J. K., Hari, R., & Nummenmaa, L. (2020). Bodily maps of emotions are culturally universal. *Emotion*, 20(7), 1127-1136. <https://doi.org/10.1037/emo0000624>

Additional resources



SESSION 7: SELF-CRITICISM AND SELF-COMPASSION

Inner critic vs. inner coach

The way we talk to ourselves matters. Our inner critics will tell us that we can't, that we aren't good enough, that we should do better and the more we hear it, the more we believe it. Self-criticism can lead to poor self-esteem, fear of failure, and fear of others' judgment (Blatt et al., 1993). On the other hand, speaking positively to ourselves and strengthening our inner coach can have the opposite effect (Ford, 2015).

inner critic says	inner wisdom responds
"I'm not successful at anything"	"I have strengths and talents that I'm not seeing at the moment"
"don't try, you're going to fail"	"I can do things for fun, even if I am not good at them."
"no one is interested in my opinion"	"my voice, story, and input deserve to be honored"
"I'm so behind, everyone has got it together"	"there is no universal timeline, I can make my own"

Self-Compassion is:



Benefits of self-compassion

- Increased well-being
- Increased happiness
- Increased connectedness
- Decreased anxiety, depression, and fear of failure

How to support your child at home

1. Listen and validate

Although you may want to downplay when your child expresses a negative self-belief, this is more likely to encourage them to keep these ideas to themselves than eliminate the thought. Create a safe place for your child to express and explore these thoughts.

2. Offer a realistic approach

Instead of immediately countering with negative beliefs with extreme positives, encourage your children to consider the evidence for and against, and consider the situation from multiple perspectives. The goal is to have BALANCED thinking.

3. Model positive self-talk and self-compassion
Don't be shy to share when you make mistakes or are unhappy with your performance, but make sure you voice self-compassionate self-talk.

4. Help practice thought stopping

Help your child recognize when they are having self-critical thoughts, so that they can acknowledge it and address it.

References

FBlatt, S. J., Hart, B., Quinlan, D. M., Leadbeater, B., & Auerbach, J. (1993). Interpersonal and self-critical dysphoria and behavioral problems in adolescence. *Journal of Youth and Adolescence*, 22, 253-269. <http://dx.doi.org/10.1007/BF01537791>

Ford, F. D. (2015). Exploring the impact of negative and positive self-talk in relation to loneliness and self-esteem in secondary school-aged adolescents.

Additional resources



SESSION 6: AUTHENTICITY

What is authenticity?



Why is authenticity important?

1. Improves self respect and self esteem
2. Increases your comfort in sharing your true thoughts and beliefs
3. Improves emotional stability
4. Genuine smiles (over polite smiles) improve our social interactions
5. Improves our trustworthiness
6. Improves overall wellbeing

Authenticity and perfectionism

Some perfectionists have a need to appear perfect to others. This may be done by hiding imperfections or not talking about imperfections. It could also be doing by promoting an image of perfection. This can interfere with forming healthy relationships, mask mental health issues, and increase feelings of inadequacy (Flett & Hewitt, 2022)

How to support your child at home

1. Embrace the messiness

The main developmental task of an adolescence is identity work. During this time, youth will be experimenting with different aspects of their identity including different clothes, attitudes and interests. Do your best to embrace each new expression of identity and celebrate creativity. Create an atmosphere of acceptance that boosts your youth's confidence to define their identity based on what feels right, not based on the approval of others.

2. Model authenticity

Maybe you are sick of seeing the word model, but it really is important! Kids learn so much more from what you DO than what you SAY. In our session we chose one area in our lives where we could be more authentic and came up with one small step to get there. Where and when could you be more authentic? What is your small step?

Additional resources

References

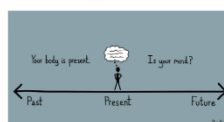
Flett, G. L. & Hewitt, P. L. (2022). Perfectionism in childhood and adolescence: A developmental approach. *American Psychological Association*.



SESSION 8: MINDFULNESS AND STRESS MANAGEMENT

What is mindfulness?

Mindfulness is paying attention to what's happening on purpose with kindness and curiosity and without judgment (Kabat-Zinn, 2003). Mindfulness takes practice, but it doesn't have to take a lot of time. We can use the S.T.O.P. acronym to have a short mindful moment.



- S** Stop what ever you are doing
- T** Take a few deep breaths
- O** Observe your feelings and needs
- P** Plan then proceed

What are the benefits of mindfulness?

- Reduced repetitive negative thinking
- Stress reduction
- Boosts working memory
- Increased focus
- Less emotional reactivity
- Flexible thinking
- Immune functioning
- Wellbeing (Davis & Hayes, 2012)

Stress management

We all experience stress, but perfectionists have been found to not only experience more stress, but to be more reactive to it (Hewitt et al. 2014; Molnar et al., 2023). We often fall into similar patterns of thinking and behaviour when we are stressed. Sometimes these patterns actually add to our stress. Staying mindful helps us to recognize and address unhelpful patterns.

The Healthy Mind Platter



The Healthy Mind Platter suggests a balance of 7 daily activities for a healthy mind. Being mindful about what we need more or less of in a day can help us maximize our brain's functioning and tolerance for stress.

How to support your child at home

1. Make mindfulness a family routine
Mindfulness takes practice and kids will learn most from what they see around them. Set a time during the day to practice mindfulness together. This could be a short meditation, a body scan, or even just a check in to see what everyone is feeling and where.

2. Do an Healthy Mind Platter audit
Sit down with your youth and go through the 7 activities in the Healthy Mind Platter. Which ones do you get enough of? Which ones could you use some more of? Is it possible for your family to meet these needs together or maybe just provide some accountability for each other?

Additional resources



References

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- Molnar, D. S., Blackburn, M., Tacuri, N., Zinga, D., Flett, G. L., & Hewitt, P. L. (2023). "I need to be perfect or else the world's gonna end": A qualitative analysis of adolescent perfectionists' expression and understanding of their perfectionism. *Canadian Psychology*. <https://doi.org/10.1037/cap0000357>

Appendix D

Google Slide Presentation Link

[https://docs.google.com/presentation/d/1-](https://docs.google.com/presentation/d/1-ZCTem6_MPY5enoYZb6s8QFTKWUwiwPE1ZX0mkmdz0/edit?usp=sharing)

[ZCTem6_MPY5enoYZb6s8QFTKWUwiwPE1ZX0mkmdz0/edit?usp=sharing](https://docs.google.com/presentation/d/1-ZCTem6_MPY5enoYZb6s8QFTKWUwiwPE1ZX0mkmdz0/edit?usp=sharing)

Google Slide Deck



Introduction

Building Healthy Minds is a 9 session program aimed at providing **skills, strategies** and **thinking styles** to **support your wellbeing** both in and out of school.



Outside Support



What do all these characters/people have in common?

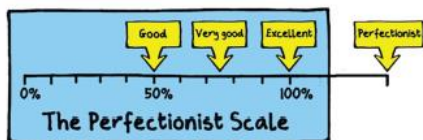


Learning Objectives

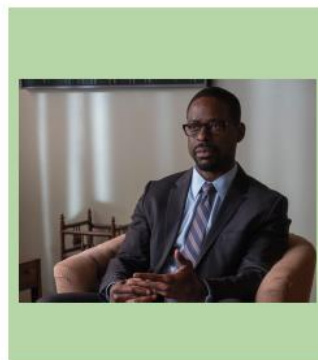
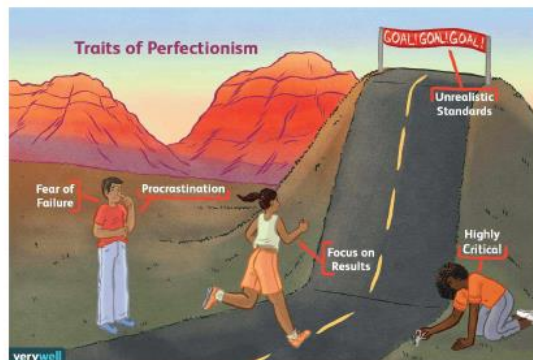
- Understand what perfectionism is
- Become familiar with the negative impact of perfectionism
- Understand the difference between perfectionism and striving for excellence



What does perfectionism look like?



Consider perfectionistic behaviours, motivations and feelings.
Is perfectionism good, bad, or neutral?



Impact of Perfectionism

- What behaviours show that Randall is a perfectionist?
- How do you think it makes him feel?
- How do you think his perfectionism impacts his relationships with others?



Progress Over Perfection



Striving for Excellence Vs. Perfectionism

Striving for excellence	Perfectionism
High standards that can be met with effort, practice and persistence	Impossible high standards that cannot be met
Mistakes are normal and help us learn	Anything less than perfect is a failure - mistakes are failure and should be avoided
Value process, not just the outcome	Only value in the outcome
Flexible thinking, goals can be adjusted, plans can change	Rigid thinking, there is only one way to do things, one way to be successful

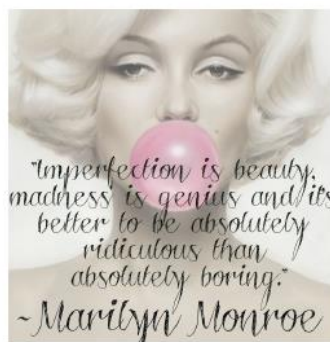
Activity



Set one goal for yourself for this week that reflects **striving for excellence**. When writing your goal, make sure to include not only what your goal **IS**, but also **HOW** you plan to achieve it, **WHEN** you will have achieved it by, and how you will **KNOW** that it is complete.

To make sure you are not being perfectionistic, consider:

- How likely it is that you will achieve your goal by then end of the week?
- What obstacles might you face and are you capable of overcoming them?
- Would you think it was a good goal if a friend set it?



Do you agree?

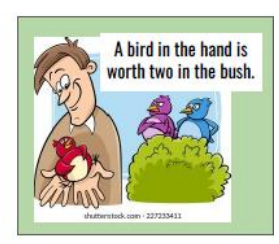
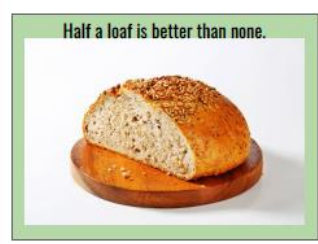


Learning Objectives

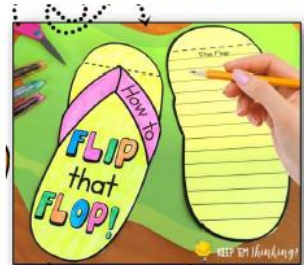
- Understand growth versus fixed mindset
- Understand that mistakes are normal and necessary for growth
- Learn to celebrate partial successes



What do these idioms have in common?

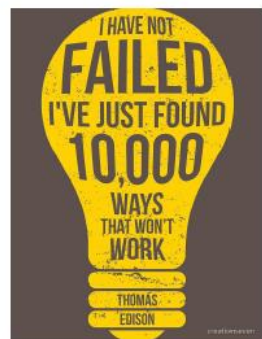


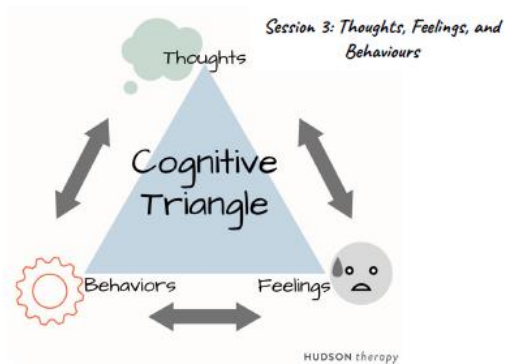
Final Activity: Flip that Flop



Describe a time when you made a mistake or felt like you failed but were able to turn it into a learning opportunity or celebrate the partial success.

Describe how you flipped it around to see things with a growth mindset and what you learned.



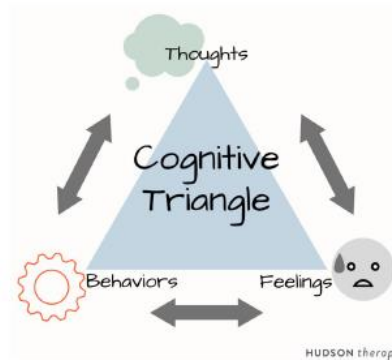
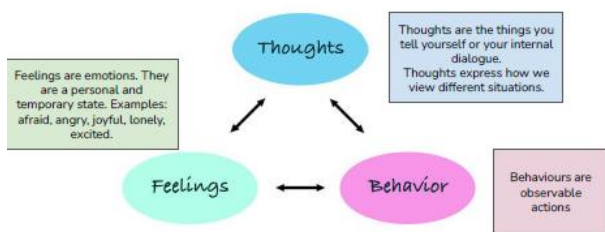


Learning Objectives

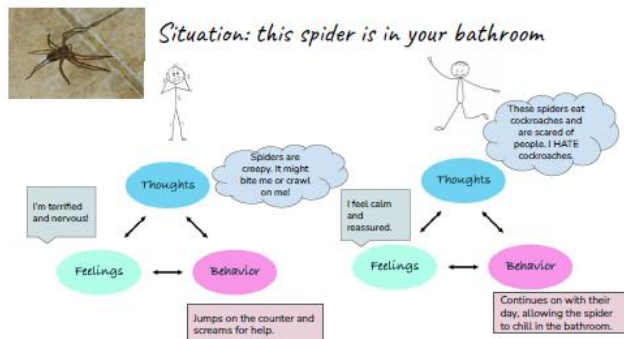
- Understand that thoughts, feelings, and behaviour are all connected
- Identify thought errors
- Use the RRR strategy to recognize and replace thought errors



Do you know the difference?



Situation: this spider is in your bathroom



Situation: your friend is not answering their phone

① When this happens...



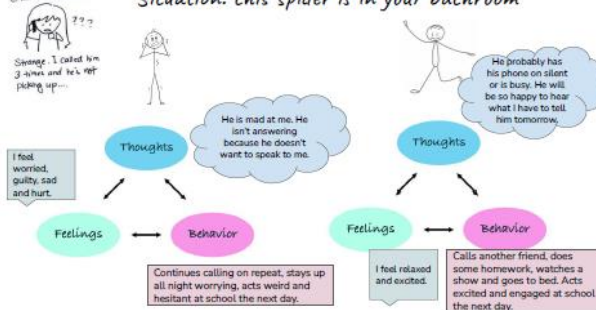
Strange. I called him 3 times and he's not picking up...

① When this happens...



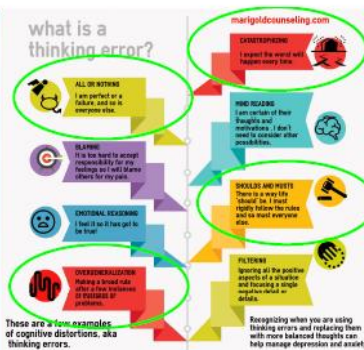
Strange. I called him 3 times and he's not picking up...

Situation: this spider is in your bathroom



Automatic Negative Thoughts

Automatic negative thoughts are thoughts that we have so quickly we may not even know we have had them. We may notice the emotions they cause first. Because they come up so quickly, automatic negative thoughts are often not questioned and we take them at face value no matter how realistic they are.



Thinking Errors:
Just because you think it doesn't make it true!

Often automatic negative thoughts follow patterns of thinking that are inaccurate. These are called cognitive distortions or THINKING ERRORS.



All or Nothing Thinking

- Also called **black and white thinking**
- Characterized by seeing the world in complete opposites with no in between
- Examples, "If I don't get an A on this test I am a failure", "you are either thin or fat", "If you are not right you are wrong", "If you are not my friend, you are my enemy".



Overgeneralization

- Characterized by applying information from one event to others, regardless of whether they are related, circumstantial or comparable in anyway.
- Examples, "I didn't do well on my math quiz. I am terrible at tests", "I didn't make it onto the volleyball team. I will never make it onto a team", "I broke a dish while setting the table. I mess everything up!"



Catastrophizing

- Characterized by making little problems or worries seem like big problems or constantly thinking of the worst case scenario.
- Examples: "If I fail this test I won't be able to go to university", "This is the absolute worst day of my life", "If there is a spider in my bathroom it will bite me and it will get infected and I will have to go to the hospital".



Shoulds and Musts

- Constantly making should or must statements to yourself creating pressure and stress
- Examples: "I should be at the top of the class", "I shouldn't be taking a break right now", "I must make sure that everyone likes me", "I must have the newest iPhone".

RRR: Recognize, Record, Replace



To change our thinking patterns we can follow **RRR**:

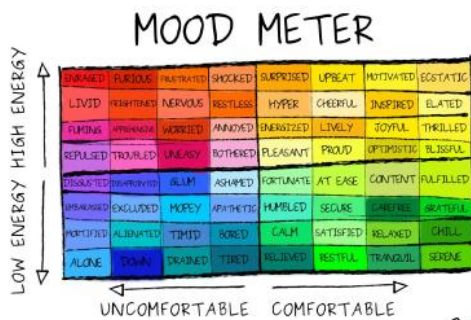
- **RECOGNIZE** that you have had a negative automatic thought
- **RECORD** the the thought, the error it represents and the situation (this will help you identify triggers and when you need to be more alert to thought errors)
- **REPLACE** the thought error with something more balanced or realistic.

Activity: Recognize, Rationalize, Replace

Sam's art teacher has asked them to stay after class for a quick chat today. Sam immediately thinks about their last assignment. They are sure that she is going to tell them it wasn't good enough and they will have to do it again. They really put a lot of effort into it, but they obviously aren't as talented as they thought they were. They will be lucky to make it through this class with a developing and then any dream of going to art school is just that... a dream.

By the time the class is over, Sam is feeling dejected and defeated. They haven't bothered to try today's project.

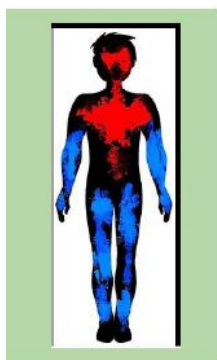
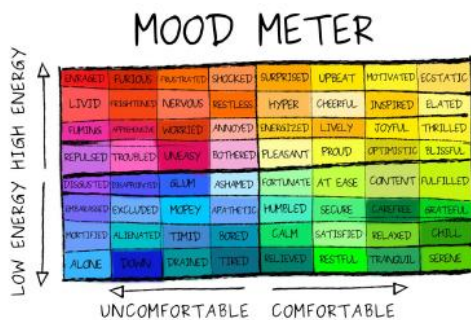
Situation	Thought (Recognize)	Thought Error Type (Rationalize)	Balanced Thought (Replace)
Sam's teacher asked to talk to him after class.	"My project isn't good enough and so I will never go to art school."	Catastrophizing	"It might be something negative about my last project but it might not be. If it is, this is a chance to improve!"



Session 4: Emotions

Learning Objectives

- Name a range of emotions
- Recognize physiological signs of emotions
- Understand that emotions have a purpose
- Identify and use strategies to manage emotions



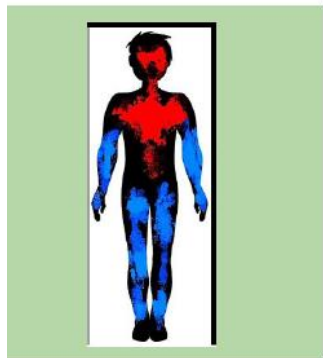
Where do you FEEL your emotions?

Scientists have long understood that **our emotions are related to sensations, activation and deactivation in the body.** What is NOT agreed upon is whether individual emotions have unique physiological responses in the body that help us identify the emotion in our thoughts.



Example: Disgust

Where do you feel it in your body?
 What parts of your body feel energized, warm/hot or tense?
 What parts of your body feel deenergized, weak, loose or maybe even unnoticeable?

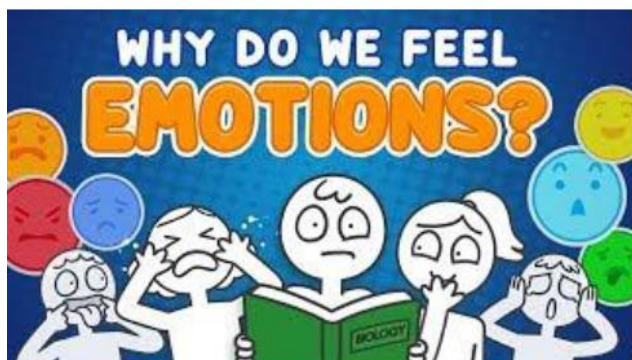
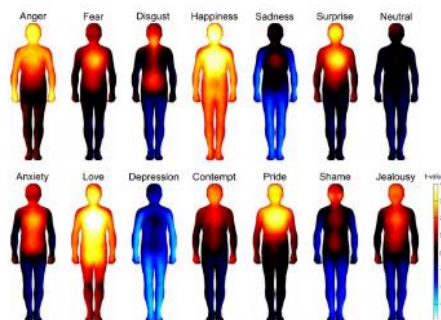


Activity

On each of the emotion body diagrams mark off areas in your body that you feel the emotions.

Use the red felt to indicate areas that feel energized or tense.

Use the blue felt to indicate areas that you feel weak, de-energized, heavy or numb.



Coping Strategies

All emotions are important and serve a purpose, but we don't want them to take over.

We want a balance between our thinking brain and our emotion brain.

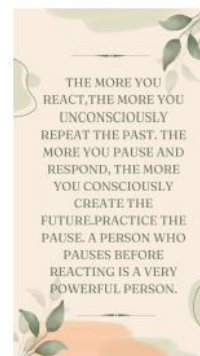
The first step to managing our emotions is to RECOGNIZE and identify them (remember the video), but what can we do after that?



Activity

On the handout provided:

1. Identify an uncomfortable emotion (for example, disappointed, lonely, embarrassed, frustrated)
2. Colour in the silhouette to identify where and how you feel that emotion
3. Give an example of a time when you felt the emotion.
4. Identify at least 3 coping strategies that you could use when you have this emotion so that you can better balance your emotion and thinking brains.





Session 5: Social Media and Mental Health

Learning Objectives

- Understand that what you see online is not always true
- Recognize the impact of social media on mental health
- Identify ways to use social media that does not cause unnecessary stress
- Identify things that bring you joy



www.teen toolkit.net



Activity

Create your own phone apps of things that bring you joy and happiness in your lives and NOT stress.



Can you guess the topic of our session today?

Consider the Quotes: What do they mean? Do you agree?

"Consider the fact that makeup, just makeup... beauty and worth aren't found in a makeup bottle or a salon-fresh hairstyle or a fabulous outfit. Maybe our sparkle comes from somewhere deeper inside, somewhere so pure and authentic and REAL, it doesn't need gloss or polish or glitter to shine." - Marilyn Hill

"Confidence is knowing who you are and not changing it a bit because of someone's version of reality is not your reality." - Shannon L. Nicks

"The more of me I be, the clearer I can see." - Ethel Andrews

"Nothing has transformed my life more than realizing that it's a waste of time to evaluate my worthiness by weighing the reaction of the people in the stands." - Brene Brown

"Authenticity is a collection of choices that we have to make every day. It's about the choice to show up and be real. The choice to be honest. The choice to let out true selves be seen." - Brene Brown

"Find out who you are and do it on purpose!" - Dolly Parton

Learning Objectives

- Define authenticity
- Identify the benefits of authenticity
- Identify one area in your life that you could and want to be more authentic



Research Based Outcomes of Authenticity
From The Umbrella Project

1. Improves self respect and self esteem
2. Increases your comfort in sharing your true thoughts and beliefs
3. Improves emotional stability
4. Genuine smiles (over polite smiles) improve our social interactions
5. Improves our trustworthiness
6. Improves overall wellbeing



How is this video an example of authenticity?

What challenges did this person face in relation to being authentic? How did they overcome these challenges?

How did authenticity improve the wellbeing of the person in the video? How did it improve the wellbeing of others?

How else does being authentic benefit this person?



Watch and Discuss

Pair Talk

Tell your partner about a time when you or someone you know DID NOT use authenticity. How did it affect them and the people around them?

Now tell your partner about a time when you or someone you know has used authenticity and how that was different.

Is there anything you want to share with the class? What stood out for you? Do the benefits of authenticity outweigh the risks? Why or why not?



Journal

Think of one area of your life in which you could be/want to be more authentic.
 Why is it difficult for you to be authentic?
 How might being authentic in this area benefit you?
 What advice would you give a friend in your position?
 What is one small step you could take toward becoming more authentic in that area of your life?



Session 7: Self-Criticism and Self-Compassion

What kind of coach do you want?



Learning Objectives

- Identify the negative effects of self-criticism
- Define self-compassion and identify its benefits
- Practice self-compassion



Inner Critic Versus Inner Coach



inner critic says

"I'm not successful at anything"
 "don't try, you're going to fail"
 "no one is interested in my opinion"
 "I'm so behind, everyone has got it together"

inner wisdom responds

"I have strengths and talents that I'm not seeing at the moment"
 "I can do things for fun, even if I am not good at them"
 "my voice, story, and input deserve to be honored"
 "there is no universal timeline, I can make my own"

Practice using your inner coach.

Criticism often leads to feeling defeated, frustrated and deflated. These feelings eat away at motivation and our self-concept.

It's important to practice thinking patterns that ENCOURAGE us, strengthen our self-concept and build resiliency.

Look at the inner critic comments, what would the inner coach say instead?



Self-Compassion is:

		
Self Kindness Be loving towards ourselves, instead of self-critical.	Common Humanity Everyone suffers. You are not perfect. No one is. You are not alone.	Mindfulness Notice our struggle. Feel it, instead of being reactive. Be with it, avoiding self-judgement or overreaction.

From the work of Kristin Neff | LuminarWellness.com

Self-Compassion results in:

- Increased well-being
- Increased happiness
- Increased connectedness
- Decreased anxiety, depression and fear of failure



Self Kindness
Be loving towards ourselves, instead of self-critical.

Positive Affirmations



Positive Affirmations

- I deserve happiness.
- I am enough.
- I love myself.
- My potential is unlimited.
- I am worthy.
- Today I will learn and grow.
- I am grateful.
- Today is full of possibilities.
- I am focused.
- I will never give up on my dreams.
- I believe in myself.
- I am in charge.

@naourahouglow

Self-Kindness

Write 3 positive affirmations for yourself to practice throughout the week.

If we practice everyday, it will be easier to remember these affirmation in the face of failure or disappointment.

	
Common Humanity Everyone suffers. You are not perfect. No one is. You are not alone.	Mindfulness Notice our struggle. Feel it, instead of being reactive. Be with it, avoiding self-judgement or overreaction.

LuminarWellness.com

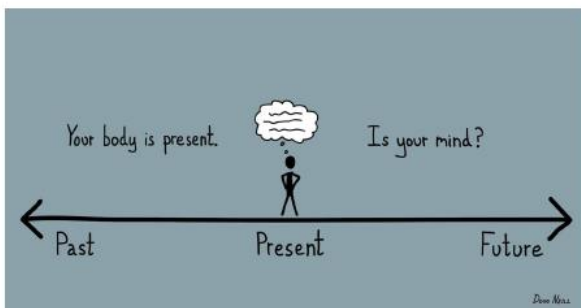
Self-Compassion Exercise



Activity: Compassionate Letter



Consider what you know about self-compassion.
Write a compassionate letter to your past self during a difficult time - if you are struggling, imagine what you might write to a friend in the same situation.



Session 8: Mindfulness and Stress Management

Learning Objectives

- Understand what mindfulness is and how it can be used for stress management
- Identify ways to build and maintain a healthy mind

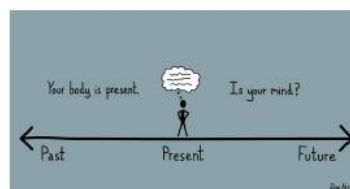


Mindfulness as a Tool for Stress Management



When we are in different states of **stress** we tend to exhibit **familiar patterns of thinking, feeling and doing**. Sometimes we **might not realize** how stressed we are until we see some of these signs. - olivemecounseling.com

Mindfulness for stress management



Mindfulness is **paying attention** to what's happening **on purpose** with **kindness and curiosity** and **without judgment**.

Benefits of Mindfulness

- Reduced repetitive negative thinking
- Stress reduction
- Boosts working memory
- Increased focus
- Less emotional reactivity
- Flexible thinking
- Immune functioning
- Wellbeing (Davis & Hayes, 2012)



STOP – It Just Takes a Moment to be Mindful

STOP

Stop just stop and pause
Take a deep breath and mindfully rest the mind back into the body
Observe what's going on right now notice any thoughts or feelings and bodily sensations
Proceed mindfully with awareness and kindness towards yourself and others

Benefits of Mindfulness

Reacting vs. Responding

What is the difference between these two?

Reacting (Insecure)	Responding (Secure)
<ul style="list-style-type: none"> • An immediate and emotional reply • Instincts and learned behavior take over • No second thought for whether the reaction will have a negative or positive outcome • Comes from a place of fear 	<ul style="list-style-type: none"> • You evaluate the situation and slow down • You can identify and become aware of unpleasant or uncomfortable emotions and mindfully select your response • Weighs long-term effects • Comes from a place of love and respect



Healthy Mind Platter - Daniel Siegel

Have plenty of vegetables and fruits

Choose whole grain foods

The Healthy Mind Platter

The Healthy Mind Platter for Optimal Brain Matter

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Healthy Mind Platter - Dr. Daniel Siegel

The Healthy Mind Platter for Optimal Brain Matter

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The Healthy Mind Platter

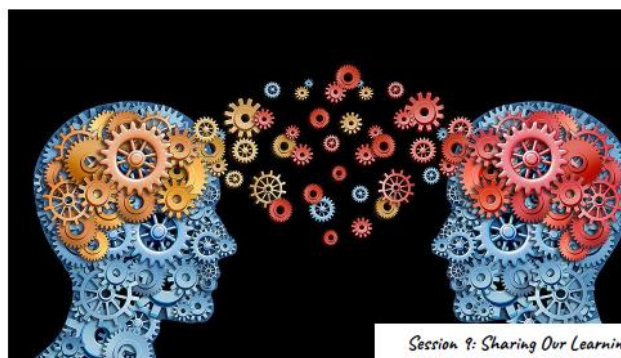
The Healthy Mind Platter for Optimal Brain Matter

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INSTEAD OF ASKING, "HAVE I WORKED HARD ENOUGH TO DESERVE REST?" I'VE STARTED ASKING, "HAVE I RESTED ENOUGH TO DO MY MOST LOVING, MEANINGFUL WORK?"
© 2011 MANTRA BAND

So, what if, instead of thinking about solving your whole life, you just think about adding additional good things. One at a time. Just let your pile of good things grow.
 -Rainbow Rowell
 MANTRABAND.COM

Our thoughts and emotions can be everywhere and be about everything. Our bodies, however, can only be at one place at a one time. Use your physical body to anchor yourself to the present. - @oliviamecounseling



Session 9: Sharing Our Learning

What's your biggest takeaway from this program?



Project Time: Sharing your learning

Create a project that shares your biggest takeaways from this program.

You might consider a poster, a comic strip, a video or audio recording. Be creative!



*“Consider everything
an experiment.”*

— Cortina Kent

Thoughts above.com

“I dare you to take off
the mask of
perfection and
show up as you are.
Feel the freedom,
the relief,
the lightness.
Because when we are
real, that's when we
actually heal.
And those around us
just might heal, too.”

— Ashley Hetherington

*“There is no perfection,
only beautiful versions of
brokenness.”*

SHANNON L. ALDER

TICKLETHINK.COM

Appendix E

Example Growth Versus Fixed Mindset Phrases

Growth Mindset Phrases

- Most successful people have failed many times.
- Your math skills are inspiring. Can you give me any tips?
- I can practice improving my speaking skills and confidence to present in front of the class.
- I got a developing in English because I didn't really understand. Next time I will ask the teacher for some extra help.
- We lost our last soccer game, but now we know what we need to practice.

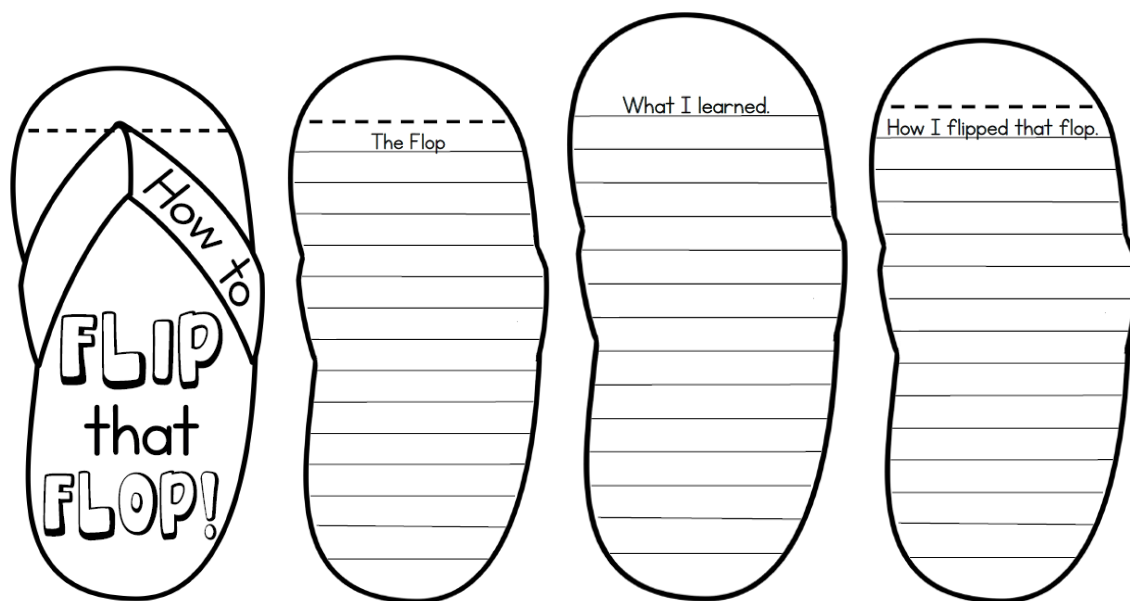
Fixed Mindset Phrases

- Successful people are successful because they are lucky or talented.
- I wish I was as good at math as you. It's not fair!
- I'm too shy to present in front of the class.
- I got a developing in English because I'm not any good at it.
- We lost our last soccer game because the other team was better.

Appendix F

Flip that Flop Activity Template and Examples

The following template and examples are from Morrow (2017).



Appendix G

Example Thought, Feeling, and Behaviour Statements

Thought Statements

- I feel like they don't like me.
- I'm the only person who cares.
- This feels wrong. I don't like it.
- I feel stupid.
- I've been betrayed.

Feeling Statements

- I'm embarrassed and shy.
- I'm furious and enraged.
- I feel calm and relaxed.
- I feel sad and ashamed.
- I feel hurt.

Behaviour Statements

- Avoiding speaking to anyone.
- Yelling at my friend.
- Blushing and stooping over.
- Asking a question,
- Taking a deep breath

Appendix H

Example Situations for RRR Practice

Example 1

Julie used to be confident in math class. She almost always finishes before the other students in class and is often asked to help others. However, this week things have been different. There were at least 5 students who finished their work before her on Monday, and today, she will have homework because she wasn't even able to finish her work. As she puts her stuff away, she is feeling low. She should be good at math. She should have been able to understand what the teacher was saying the first time, or at the very least she should have been able to work it out for herself quickly. She is starting to question whether she really is good at math.

Example 2

Jordan's teacher tells him he is a very talented violinist and that he should join the school talent show next month. Jordan decides to go for it, and, in typical Jordan fashion, he spends the next month practicing for hours. After Jordan's performance, his teacher congratulates him on a fabulous performance. However, when Jordan is called up to receive his prize for third place, he refuses. Jordan says that he wasn't the best and therefore doesn't deserve the prize. He storms out feeling angry and disappointed in himself.

Example 3

This weekend is a long weekend and Levi is really excited about all the things he is going to do. He decides he would like to hang out with his friend Jake and suggests to him that they should see a movie. Unfortunately, Jake says he already has plans with Everliegh and suggests that they see a movie another time. Levi barely hears Jake's suggestion because he is too upset.

Jake is always busy, and he never wants to hang out with Levi. In fact, all of Levi's friends are busy all the time and Levi is always left on his own. Levi spends the rest of the day sulking.

Appendix I

RRR Practice Handout

RRR PRACTICE

Use the information about 4 types of thinking errors to complete the RRR chart for your given scenario.

	<p>All or Nothing Thinking</p> <ul style="list-style-type: none"> Also called black and white thinking Characterized by seeing the world in complete opposites with no in-betweens Examples: "If I don't get an A on this test I am a failure", "you are either thin or fat", "if you are not right you are wrong", "if you are not my friend, you are my enemy". 		<p>Overgeneralization</p> <ul style="list-style-type: none"> Characterized by applying information from one event to others, regardless of whether they are related, circumstantial or comparable in anyway. Examples: "I didn't do well on my math quiz, I am terrible at tests", "I didn't make it onto the volleyball team, I will never make it onto a team", "I broke a dish while setting the table, I mess everything up".
	<p>Shoulds and Musts</p> <ul style="list-style-type: none"> Constantly making should or must statements to yourself creating pressure and stress Examples: "I should be at the top of the class", "I shouldn't be taking a break right now", "I must make sure that everyone likes me", "I must have the newest iPhone". 		<p>Catastrophizing</p> <ul style="list-style-type: none"> Characterized by making little problems or worries seem like big problems or constantly thinking of the worst case scenario. Examples: "If I fail this test I won't be able to go to university", "This is the absolute worst day of my life", "If there is a spider in my bathroom it will bite me and it will get infected and I will have to go to the hospital".

SITUATION	THOUGHT (RECOGNIZE)	THOUGHT ERROR (RATIONALIZE)	BALANCED THOUGHT (REPLACE)

Appendix J

Emotions and Coping Strategies Handout

EMOTIONS AND COPING STRATEGIES

Name an uncomfortable emotion that you have felt. Some examples might include disappointment, embarrassment, anger, sadness, or loneliness.

Emotion: _____

Colour or mark the silhouette below to indicate where and how you feel this emotion. Use **red** to indicate areas that feel energized or tense and **blue** to indicate areas that feel de-energized or numb.



Describe a time when you felt the emotion that you identified above.

Name 3 healthy coping strategies that you could use to manage this emotion:

1. _____
2. _____
3. _____

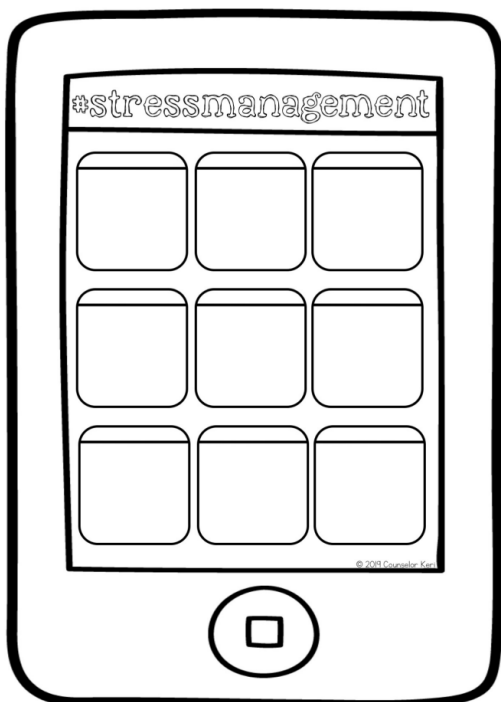
Appendix K

Applications of Joy Template and Example

The following template and examples are from Counselor Keri (2019).

Instructions:

1. Think about the things, people, or activities in your life that bring you peace and calm (not stress).
2. Create "apps" to represent these things. Draw symbols on your apps and name your apps.
3. Color your phone and apps.



Appendix L

Authenticity Quotations

“Consider the fact that maybe...just maybe... beauty and worth aren’t found in a makeup bottle, or a salon-fresh hairstyle, or a fabulous outfit. Maybe our sparkle comes from somewhere deeper inside, somewhere so pure and authentic and REAL, it doesn’t need gloss or polish or glitter to shine.” - Mandy Hale

“Confidence is knowing who you are and not changing it a bit because of someone’s version of reality is not your reality.” - Shannon L. Alder

“The more of me I be, the clearer I can see.” - Rachel Andrews

“Nothing has transformed my life more than realizing that it's a waste of time to evaluate my worthiness by weighing the reaction of the people in the stands.” - Brene Brown

“Authenticity is a collection of choices that we have to make every day. It’s about the choice to show up and be real. The choice to be honest. The choice to let our true selves be seen.” - Brene Brown

“Find out who you are and do it on purpose.” - Dolly Parton

Appendix M

Self-Compassion Meditation Script

Think of a situation in your life that is difficult or causing you stress. Please choose a situation that is not the worst or most difficult in your life, but something that is causing you some discomfort.

When you think of this situation, can you feel the experience in your body, perhaps discomfort such as tightness in the chest, gripping in the stomach? Now say to yourself: “In this moment, a part of me is struggling.” This is mindfulness. You might choose to say, “Whoa, this feels awful,” or “this sucks,” or maybe, “this is stress.”

Now say to yourself: “This kind of struggle is a part of life.” This is common humanity. Lots of people struggle in this same way. You might choose to say, “Other kids feel this way too,” or “I’m not alone with this feeling,” or “This is a part of being a teen and so many other kids struggle just like me.” Or “All teens feel this at some time or another!”

Now offer yourself a kind and soothing supportive touch – maybe a hand on your heart, or another gesture that feels right for you. Feel the warmth of your hand coming through to your body. Now, saying to yourself: “May I be kind to myself.” Remembering that as teens, you’re going through so many transitions – your brains are changing, your bodies are changing, you may be in a new school or thinking about college, so many pressures and so many changes. SO be gentle with yourself.

For more personal language, ask “What do I need to hear right now?” Or if you have trouble finding what words to say, ask yourself “What would I say to a good friend who was going through this? Can I say those words to myself?”

- May I give myself the compassion that I need.

- May I accept myself as I am.
- May I learn to accept myself as I am.
- May I forgive myself.
- May I be strong.
- May I be safe.
- May I be peaceful.
- May I know that I deserve love.

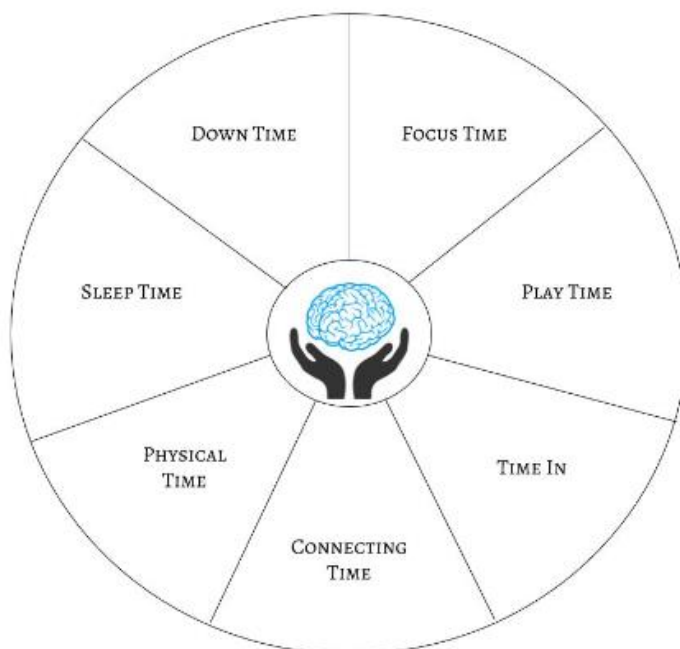
And if the “May I” feels strange to you or like you are asking permission, you can always leave that out and just say “I wish to accept myself just as I am,” or “Strong,” or “Accept myself.” Simply notice what you’re feeling (Bluth, 2021).

Appendix N

Healthy Mind Platter Handout

EMOTIONS AND COPING STRATEGIES

Go through the 7 parts of the Healthy Mind Platter (Rock et al., 2012) and or draw at least 3 activities that you could do to for each.. In sleep time, consider ways you could improve your sleep time.



<https://www.daniasiegel.com/resources/healthy-mind-platter>

Seven daily essential mental activities to optimize brain matter and create well-being

- Focus Time** When we closely focus on tasks in a goal-oriented way, we take on challenges that make deep connections in the brain.
- Play Time** When we allow ourselves to be spontaneous or creative, playfully enjoying novel experiences, we help make new connections in the brain.
- Connecting Time** When we connect with other people, ideally in person, and when we take time to appreciate our connection to the natural world around us, we activate and reinforce the brain's relational circuitry.
- Physical Time** When we move our bodies, aerobically if medically possible, we strengthen the brain in many ways.
- Time In** When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, we help to better integrate the brain.
- Down Time** When we are non-focused, without any specific goal, and let our mind wander or simply relax, we help the brain recharge.
- Sleep Time** When we give the brain the rest it needs, we consolidate learning and recover from the experiences of the day.