Cognitive Behavioural Model of Clinical Perfectionism

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Description

The cognitive behavioural model of clinical perfectionism that serves as the foundation for Cognitive Behavior Therapy (CBT) for perfectionism has been published 21 years ago. There has been debate regarding the concepts of CBT for perfectionism and clinical perfectionism. Strong responses to this work continue to appear in the literature despite the fact that 15 randomised controlled trials have demonstrated the efficacy of CBT for perfectionism in reducing perfectionism and symptoms of anxiety, depression, and eating disorders. The efficacy of cognitive behavioral therapy for perfectionism, the evolution of clinical perfectionism, and possible future directions for the concept of perfectionism and its treatment are the subjects of our investigation in this article. Dismantling trials to examine the effective components of treatment and the causal processes involved in perfectionism should be the focus of future research, as should independent evaluations of treatment efficacy, comparisons of CBT for perfectionism to active treatments, and dismantling trials. The goal of enhancing clinical outcomes, we offer recommendations for possible future paths that will support innovation in the theory, comprehension, and treatment of perfectionism.

Behavioral Therapy

The first-line treatment for insomnia has been suggested to be Cognitive-Behavioral Therapy (CBT-I). However, the subtype of insomnia known as objective short sleep duration and the subtype of insomnia known as normal sleep duration may respond to different treatments. Using the PICOS principle, we searched PubMed, EMBASE, the Cochrane Library, and ClinicalTrials.gov for studies that compared the efficacy of cognitive-behavioral therapy for those with the ISS phenotype to that of the INS phenotype. We found nine studies with 612 insomniac patients. 342 patients with the INS phenotype and 270 with the ISS phenotype were included in this. The most important result was that CBT-I was more effective for the INS phenotype than the ISS phenotype, with about 30% more responses and 20% more remissions. The secondary outcomes pointed to similar outcomes. The ISS phenotype had a significantly different therapeutic response than the INS phenotype. In the future, more research is needed to figure out how to best treat insomnia with the ISS phenotype in prospective randomized clinical trials and whether it will be necessary to lower physiologic arousal to get better results. In all Long-Term Conditions (LTCs), Cognitive Behavioral Therapy (CBT) is effective in reducing fatigue. Cognitive and behavioral responses to symptoms were examined to see if: 1) differ between LTCs, and 2) moderate or mediate the fatigue-related effects of CBT We wanted to compare the efficacy of cognitive behavioral therapy for Insomnia (CBT-I), Cognitive Behavioral Therapy for Pain (CBT-P), and Cognitive Behavioral Therapy for Insomnia and Pain (CBT-IP) in people with comorbid insomnia and chronic pain because these conditions frequently occur together. For our literature search, we made use of PubMed, PsycINFO, CENTRAL, and Web of Science. Sleep, pain, disability, and depression were among the outcomes at post-treatment and follow-up (3–12 months). There were included 16 randomized controlled trials with 1094 participants. CBT-I (SMD=0.99, 95% CrI=1.50 to 0.54) and CBT-IP (SMD=0.70, 95% CrI=1.60 to 0.08) were significantly more effective than the control for sleep at post-treatment, according to the Bayesian network meta-analysis. At post-treatment and follow-up, CBT-I was also significantly more effective than the control for pain, disability, depression, and sleep.

However, for any outcome, there were no significant differences in CBT-P and control effectiveness. As a result, CBT-I might be the most efficient treatment option for people who also suffer from chronic pain and insomnia. However, these findings must be interpreted with caution due to the included studies' high risk of bias and small sample sizes. Parents and caregivers of children with Autism Spectrum Disorder (ASD) experience high levels of psychological distress, ranging from stress responses to anxiety and depression, which undermines positive parenting and health outcomes. The purpose of this study was to investigate the effectiveness of cognitive-behavioral therapy in reducing psychological distress among parents of children with autism. In Nigeria's Enugu state, we surveyed 97 parents of ASD children for the study. There were 48 participants in the CBT group and 49 in the Wait List Comparison (WLC) group, which were assigned at random. For twelve weeks, the CBT group took part in a weekly CBT program of 120 minutes. Utilizing the Demographic Questionnaire, data were gathered; the revised Satisfaction with Therapy and Therapist Scale (STTS-R) and the 21-item Depression, Anxiety, and Stress Scale (DASS-21). The baseline, post-test, and follow-up data sets were all collected. The data were analyzed using descriptive statistics, repeated measures Multivariate Analysis of Variance and t-test statistics. Results were also shown with

raincloud plots. When compared to the WLC group, the CBT group saw significant reductions in all dimensions of psychological distress-DASS-depressive symptoms, DASS-anxiety, and DASS-stress-at post-CBT intervention and follow-up assessments.

Anxiety

The global psychological distress score responded to CBT intervention, according to multivariate analysis. We came to the conclusion that CBT could reduce stress, anxiety, and depression in parents of children with autism. For Hoarding Disorder (HD), cognitive behavioral group therapy is effective, but results are not great and dropout rates are usually high. High rates of comorbidity and difficulty regulating and tolerating negative emotions are among the population's clinical challenges, which may reduce engagement with discarding exposures and increase dropout rates. Developed by A.T. Drake in the 1960s, Cognitive Behavioral Therapy (CBT) is a structured, short-range, cognitive-oriented psychotherapy approach that primarily addresses psychological issues brought on by irrational cognition and mental illnesses like depression and anxiety. It primarily addresses patients' unreasonable cognitive issues and alters patients' psychological issues by altering how they perceive themselves, other people, or things. Through the Internet, computer programs can be obtained for cognitive-behavioral therapy using a neural network-based approach. Meta-analytic studies and randomized controlled experiments with web-based cognitive behavioral therapy interventions were used to screen and meta-analyse the collected data to create applied random-effects models or fixed-effects models for combined effect sizes. Online cognitive behavioral therapy was used to compare the overall state, fatigue level, physical function, and other differences between the treatment and control groups, CBT has been shown to improve physical function, reduce fatigue symptoms, and improve the overall state of chronic fatigue syndrome have substantial effects. Due to their high levels of psychological distress, university students are particularly vulnerable to a wide range of mental health issues.

However, due to a lack of mental health professionals, particularly in Hong Kong, university counseling services frequently fall short of meeting students' mental health needs. Although few iCBT programs have been developed for Hong Kong university students, Internet-based Cognitive Behavioral Therapy (ICBT) has demonstrated effects comparable to those of face-to-face Cognitive Behavioral Therapy (CBT) in addressing these mental health issues. Anxiety, depression, and eating disorders are strongly linked to perfectionism. Female adolescents without elevated eating disorder symptoms have demonstrated efficacy in unguided internet cognitive behavior therapy for perfectionism. Unguided internet cognitive behavior therapy for perfectionism in adolescents with elevated eating disorder symptoms has not been investigated as an appropriate prevention for eating disorders and co-occurring anxiety and depression symptoms. A co-designed, unguided internet cognitive behavior therapy for perfectionism with female adolescents with elevated eating disorder symptoms is the subject of the protocol, which outlines the strategy for a randomized controlled trial. Compared to a waitlist control, the intervention will be a program that lasts four weeks. Anxiety, depression, and eating disorder symptoms will be measured before, during, and after the intervention and follow-up. For most psychological issues, internet-based interventions work. Although the presence of a clinician guiding the client through text messages typically results in improved outcomes, the characteristics of high-quality communication are poorly studied. The purpose of this study was to determine the most efficient means by which clients in Internet-delivered Cognitive Behavioral Therapy (ICBT) communicate with an internet therapist. Thematic analysis was used to look at messages from therapists based on data from a treatment study of depressed adolescents, with a focus on participants who had a positive outcome and IGF-1 signaling. Astrocytes are the site of altered glucose handling, mitochondrial metabolism, neurovascular coupling, insulin or IGF-1 receptor loss, and behavioral abnormalities in mice. This study aims to investigate the molecular mechanisms by which insulin and IGF-1 signaling regulate astrocyte functions.