



## Group versus Internet-based cognitive-behavioral therapy for procrastination: Study protocol for a randomized controlled trial <sup>☆</sup>



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### ABSTRACT

Procrastination is defined as a voluntarily delay of an intended course of action despite expecting to be worse-off for the delay, and is considered a persistent behavior pattern that can result in major psychological suffering. About one-fifth of the adult population and half of the student population are presumed having substantial difficulties due to recurrent procrastination in their everyday lives. However, chronic and severe procrastinators seldom receive adequate care due to preconceptions and the lack of understanding regarding procrastination and the treatment interventions that are assumed beneficial. Cognitive-behavioral therapy is often deemed a treatment of choice, although the evidence supporting its use is scarce, and only one randomized controlled trial has been performed. The primary aim of the proposed study is therefore to test the efficacy of cognitive-behavioral therapy delivered as either a group intervention or via the Internet. Participants will consist of students recruited through the Student Health Centre at Karolinska Institutet. A randomized controlled trial with a sample size of 100 participants divided into blocks of thirty will be used, comparing an eight-week Internet-based cognitive-behavioral therapy intervention, and an eight-week group cognitive-behavioral therapy based intervention. It is believed that the proposed study will result in two important findings. First, different treatment interventions in cognitive-behavioral therapy are assumed to be helpful for people suffering from problems caused by procrastination. Second, both an Internet-based cognitive-behavioral therapy intervention and a group intervention are presumed suitable for administering treatment for procrastination, which is considered important as the availability of adequate care is limited, particularly among students. The proposed study will increase the knowledge regarding the efficacy of different treatments of procrastination, as well as enhance the overall comprehension of the difficulties related to dilatory behavior.

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### 1. Introduction

Postponing tasks and assignments that need to be performed is a common phenomenon in everyday life. Albeit sometimes perceived as stressful, most people are able to complete their commitments in due time without having to experience any major psychological suffering. However, for some individuals, deferring what needs to be done can become a persistent behavior pattern that results in a number of negative consequences (Stead et al., 2010). The given definition for *procrastination*, “to voluntarily delay an intended course of action despite expecting

to be worse-off for the delay” (Steel, 2007), involves the decision to adjourn the initiation or completion of a given task or commitment until the last minute, after the predetermined deadline has occurred, or indefinitely (Dryden, 2000). Procrastination shares much in common with difficulties prioritizing, being self-assertive, as well as having perfectionistic standards, but requires an active choice between competing activities in which one is being avoided in favor of the other (Steel, 2007). Evidence suggests that chronic and severe procrastination is associated with decreased well-being, poorer mental health, and fewer mental health-seeking behaviors (Sirios, 2004, 2007). Stress, worry, and feelings of guilt are particularly evident among individuals that procrastinate recurrently (Pychyl et al., 2000; Steel, 2007). Deferring commitments on a regular basis is also related to treatment delay and fewer wellness behaviors in general, resulting in the exacerbation of physical illness (Sirios et al., 2003). In addition, procrastination is never a helpful behavior in terms of performance, affecting the quality of tasks and assignments and having a negative impact on school and work (Tice and Baumeister, 1997; Steel, 2007; van Erde, 2003).

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According to self-report measures, procrastination is highly prevalent in both the adult and the student population. Approximately one-fifth of all people perceive themselves as engaging in dilatory behavior to the extent that it can result in personal distress (Harriott and Ferrari, 1996). However, the prevalence among students is assumed to be much higher, with almost half of the respondents experiencing great difficulties by habitually postponing their day to day commitments (Day et al., 2000). For students, procrastination may be especially troublesome, as it can interfere with the ability to perform tasks and assignments related to their curricula, putting both coursework and the opportunity to attain a university degree at risk (Ferrari and Scher, 2000). Furthermore, procrastination might in turn result in other psychiatric conditions as a consequence of having problems with initiating and completing commitments (Brown, 1991), most notably stress, anxiety, and depression. Receiving adequate care at an early stage in order to manage procrastination is thus important, helping students overcome academic procrastination, enhance psychological flexibility, and increase their well-being (Mulry et al., 1994; Glick et al., 2014).

Despite the many negative consequences that can be attributed to procrastination, research on treatment interventions has long been neglected in favor of exploring underlying mechanisms that could be related to deferring tasks and assignments, most notably personality factors (Steel, 2007). Cognitive-behavioral therapy (CBT) is often regarded as treatment of choice, but the evidence for its use is still scarce, and the few clinical trials that exist lack validated outcome measures and randomized conditions, thus obscuring the results and making it difficult to determine its efficacy (Rozental and Carlbring, 2013). Still, many treatment interventions that are used in CBT involving both cognitive and behavioral approaches are assumed to be beneficial for people that procrastinate. Automaticity, stimulus control, and stimulus cues have, for instance, all been found suitable in order to facilitate routines, reduce the risk of becoming distracted, and prevent mental fatigue, i.e., working on tasks and assignments at specific locations and hours of the day, removing stimuli that might interfere with performance, and introducing stimuli that remind the individual of implementing a more adaptive response (Steel, 2007). Likewise, gradual exposure may help overcome the tendency to defer commitments due to feelings of discomfort or worry, similar to exposure in vivo often used for many anxiety disorders (Brown, 1991). In addition, goal setting, learned industriousness, and value clarification may aid time management and increase motivation by clarifying the rewards of completing tasks and assignments (Locke and Latham, 2002; Steel and König, 2006). Also, targeting unrealistic standards, fear of failure, and self-doubt are presumed useful to inhibit procrastination caused by irrational beliefs (Flett et al., 2012), and can include the administration of behavioral experiments and cognitive restructuring, as well as using motivational interviewing to instigate behavior change (McDermott, 2004; Miller and Rollnick, 2012).

The objective of the proposed study is to investigate the efficacy of CBT delivered as either a group intervention or via the Internet (c.f., Andersson et al., 2013), thereby extending the research of one previously performed randomized controlled trial of Internet-based CBT for procrastination that yielded promising results (Rozental and Carlbring, 2013). In addition, because the availability of adequate care is lacking, partly due to preconceptions and insufficient knowledge concerning what treatment interventions are presumed helpful for managing procrastination, it is important to explore the possibility of also delivering CBT as a group intervention (c.f., Bergström et al., 2010). This might be especially true for the student population, where difficulties related to procrastination are widespread and particularly disabling for their academic achievements and well-being (Day et al., 2000). Both conditions are assumed to be beneficial in reducing procrastination, and the proposed study is believed to contribute valuable knowledge concerning dilatory behavior among students, its comorbidities, and the treatment interventions that might help circumvent problems of chronic and severe procrastination.

## 2. Material and methods

### 2.1. Participants and procedure

Participants will be recruited via the Student Health Centre at Karolinska Institutet, an outpatient health care provider that offers free services for students attending one of its affiliated universities: Karolinska Institutet, Södertörn University, Ersta Sköndal University College, Sophia Hemmet University, and the Red Cross University College. Advertisements via the official website of the Student Health Centre at Karolinska Institutet, through guidance counselors, as well as on the affiliated campuses, will be used to inform students about the proposed study. In line with the guidelines proposed by Proudfoot et al. (2011) participants need to complete an online screening process consisting of a number of measures regarding procrastination, depression, anxiety, and well-being, as well as fill out a written informed consent in order to become eligible for a structured clinical interview, i.e., Mini-International Neuropsychiatric Interview (MINI; Sheehan et al., 1998). Participants who meet the criteria for inclusion will be randomized into one of two conditions by an independent person: Internet-based CBT ( $n = 50$ ), or CBT delivered as a group intervention ( $n = 50$ ). A control condition, e.g., wait-list control, will not be used in the proposed study as this is not possible to implement within the operation of the Student Health Centre at Karolinska Institutet. To ensure that the group assignment cannot be predicted, but the number of participants will be of approximately the same size, blocking will be used with each block consisting of thirty participants.

### 2.2. Inclusion criteria

Participants will be included in the proposed study if they are Swedish residents, are at least 18 years old, are able to read, write and speak Swedish fluently, have a computer with Internet access as well as a working email, and are registered as students at one of the affiliated universities of the Student Health Centre at Karolinska Institutet. Participants also need to experience difficulties that are mainly related to chronic and severe procrastination. In order to determine the severity of procrastination, two outcome measures will be used: the Pure Procrastination Scale (PPS; Steel, 2010), and the Procrastination Assessment Scale for Students (PASS; Solomon and Rothblum, 1984). Comorbid psychiatric disorders are not a reason for exclusion, except for more acute conditions, in which case the participants are offered other treatment alternatives at the Student Health Centre at Karolinska Institutet, or are referred to another health care provider.

### 2.3. Exclusion criteria

Participants will be excluded from the proposed study if their difficulties are primarily caused by more acute conditions, for example, severe depression defined as having 30 points or more on the self-report version of the Montgomery-Åsberg Depression Rating Scale (MADRS-S; Svanborg and Åsberg, 2001), suicidal ideation as indicated by having four points or more on the question regarding suicidality (Svanborg and Åsberg, 2001), neuropsychiatric conditions (i.e., ADHD and ADD), misuse of alcohol or drugs according to the Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001), and the Drug Use Disorders Identification Test (DUDIT; Berman et al., 2003), bipolar disorder, schizophrenia, psychosis, and other conditions warranting more immediate treatment. In order to assess the occurrence and severity of psychiatric disorders, as well as to probe for severe depression and suicidality, a structured clinical interview will be performed, i.e., MINI (Sheehan et al., 1998). In addition, participants are not allowed to be participating in another ongoing psychotherapy, and in the case of taking psychotropic medication, the dose must have been stabilized for at least three months prior to entering treatment.

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