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Reducing Academic Procrastination Through a Group Treatment Program: A Pilot Study

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Abstract The present study assessed a short-term group treatment program using cognitive interventions focused on students' procrastination. A structured 90-min session program was used with 10 students (5 female, 5 male; $M_{\text{age}} = 21.8$, $SD = 3.2$) across 5 weeks. In the first and last session of the program participants completed a two reliable and valid procrastination scales, and then 8 weeks later in the follow up sessions filled out the same questionnaires. During the group sessions, participants identified their irrational thoughts as well as cognitive distortions associated with their procrastination tendencies. Results of a non-parametric Friedman Test revealed a significant decrease in participants' academic procrastination score and general procrastination scores from the pre-test to follow-up test suggesting that the program was deemed to be successful.

Keywords Academic procrastination · Irrational thoughts · Group treatment · REBT · ABC model

Introduction

For many decades, researchers explored the reasons for students' lack of academic success. According to Solomon and Rothblum (1984) *academic procrastination*, the

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deliberate delay in completing academic-related tasks (e.g., studying, registering, meeting advisors), is one of the common causes of students' academic failure. Students engage in this undesirable behavior to varying degrees. For example, Ellis and Knaus (1977) estimated that 70 % of college students engage in academic procrastination and others considered it to be as high as 95 % among college students (c.f. Ferrari et al. 1995). Researchers consider chronic procrastination as a habit (Ellis and Knaus 1977), or a personality trait (Johnson and Bloom 1995; Lay 1986). Both forms of procrastination (i.e., academic and chronic) are considered mal-adaptive lifestyles (see Ferrari 2010, for details).

However, a few researchers suggested that engaging in academic procrastination may be beneficial (Choi and Moran 2009). Chu and Choi (2005), for example, reported that some students benefit from working under time pressure and intentionally choose to procrastinate. Tice and Baumeister (1997), in contrast, found that engaging in procrastination provides short term pleasure but long term stress and illness. Hence, chronic and academic procrastination are frequently connected with negative behaviors and outcomes, such as low academic performance (Carden et al. 2004; Ferrari et al. 1995; Steel 2007), lack of self-determined motivation (Brownlow and Reasinger 2000; Lee 2005), various forms of anxiety (Cassady and Johnson 2002; Chabaud et al. 2010), and use of irrational beliefs strategies (Schubert et al. 2000).

Some researchers (e.g., Ferrari 2010; Lay 2004; Wadkins 1999) believe that it is best to overcome procrastination. In the literature various suggestions are given to deal with the problem. Recently, Walker (2004) recommended that group treatment may be effective for academic procrastinators; others scholars recommended self-management courses (Van Essen et al. 2004), training groups (Van Horebeek et al. 2004) or individual therapy (Dryden 2012; Mandel 2004). Different from other approaches, group process provides mutual support, challenge, and diversity among members with a number of possibilities to facilitate a change in their pattern of thinking, feeling and behaving. Group members also may benefit from the feedback received from others in the group who are struggling with similar issues (Corey and Corey 1997). In this respect, early clinicians (Burka and Yuen 1983; Ellis and Knaus 1977) suggested a group treatment format may be more helpful for student procrastinators. The estimates of the extent of academic procrastination among Turkish college students (Uzun Özer et al. 2009) and students in English speaking countries (Ferrari et al. 1995; Ferrari 2010) are high.

We proposed a group treatment model for students dealing with academic procrastination be deemed necessary. Because procrastination is not only a time management issue (Ferrari et al. 1995), a group counseling intervention program was implemented based largely on cognitive-behavioral approach (Burka and Yuen 1983; Ellis and Knaus 1977). This treatment program originated as a derivative of the ABC model which states an *activating* event (A) concluding in a *consequence*-behavior and/or feeling-after (C) being processed through the individual's *belief* system (B). Despite the fact that counseling centers in universities seem aware of the extent of academic procrastination and many alleviate the problem with various treatments, there is lack of published empirical research on the effectiveness of these treatments (see Schubert et al. 2000). In this respect, the present research assessed the effectiveness of a group treatment program on reducing the students'

tendency to engage in academic procrastination. We believed that the findings of the present pilot study are beneficial to university counselors by providing empirical research on the effectiveness of a school-based program.

Method

Participants

Participants consisted originally of 14 (5 female, 9 male) university students aged between 20 and 31 years old ($M_{\text{age}} = 23.8$ years old; $SD = 3.2$). These participants were from different grade levels at a major state-funded university in Ankara, Turkey. During the group process, four male students left and the remaining 10 group members (5 females, 5 males) completed the 5-session program.

Psychometric Scales

Participants completed the 18 items Procrastination Assessment Scale-Student (PASS) (Solomon and Rothblum 1984). The items assess the prevalence of academic procrastination in six areas of school functioning. A number of studies that have indicated that PASS possesses adequate reliability and validity. Ferrari (1989) reported coefficient alphas were adequate ($\alpha = 0.75$) and test-retest reliability over a 6-week interval of 0.74 for the first part of the PASS. Uzun Özer et al. (2009) found the PASS scale to be highly reliable (coefficient $\alpha = 0.76$ for the first part) with a Turkish sample.

Participants also completed the 20-item General Procrastination Scale (GP), developed by Lay (1986), to measure chronic procrastination in everyday life across a variety of tasks. There are a number of studies indicating that GP has adequate reliability and validity (see Ferrari et al. 1995; Ferrari 2010). Ferrari (1991) found of the coefficient α to be adequate at 0.78. The test-retest reliability over 1 month interval yielded a level of 0.80 (Ferrari 1989). Balkis (2006) also found the scale to be reliable (coefficient $\alpha = 0.86$) for Turkish students.

Procedure

All members of the sample group were recruited through a wide variety of announcements from notices on campus pin boards to lecturers giving verbal information to their classes. Student volunteers were directed to participate in one of the two meetings arranged to plan the timing of the group. The most suitable time and date were selected by taking into account the number of the students to be able to participate. After the initial meetings the potential participants were informed about the date and time of the first group session.

The design of the study was a pre-test-post-test format, plus an 8-week follow-up testing session after the conclusion of the treatment. All the students in the group ($n = 10$) responded to questions about their history of procrastination and completed the PASS and GP scale in the first, the last and the follow-up sessions of the group

process. Students were expected to attend a weekly, 90 min structured group program over 5 weeks. All the sessions were video recorded and briefly transcribed. All the participants' responses were analyzed by a two member research team.

Treatment

General group guidelines were introduced from the beginning of treatment. These included the importance of confidentiality and the norm of personal responsibility. Students were informed that there would be 90 min sessions over 5 weeks in a structured group dealing with issues that are common to individuals who procrastinate. Group membership was closed to ensure positive cohesion within the group.

Each session began with a review of the previous session and ended with a summary and clarification of the current session. Participants were given assignments between sessions which could reveal their individual belief systems in addition to practice in dealing with procrastination. During the sessions the effects of affective, cognitive and behavioral factors elicited in terms of the group's procrastination experiences which usually provided examples of activating events and consequences. Each of the 5 sessions of the treatment program is detailed below.

Sessions

Session 1: Discovery

The first session began with the process of forming the group. Participants were informed about the time and duration of the group sessions, the ground rules of the group including confidentiality and regular attendance. In this *discovery* phase of the treatment the members introduced themselves presenting their personal experience of procrastination; the group followed by sharing goals and expectations. After brain storming activity to define procrastination, the group members clarified the various kinds of procrastination. Participants were also provided with the information about decisional, arousal and avoidance styles of procrastination and were asked to present an example for each of the styles.

Session 2: Understanding the Personal Pattern

In the second session the participants were encouraged to disclose the insight they had gained during the previous brain storming experiences to understand their *personal procrastination patterns*. All the group members appeared to be aware of their procrastination style namely decisional, avoidance or arousal style. They also identified typical thoughts and feelings associated with their style. In this session, the group members also showed that they were aware of the short term pleasure they gain from procrastinating. They also discussed the disadvantages of engaging in procrastination in relation to their academic and daily life. In the second session the Ellis ABC theory was introduced in connection with the group's procrastination

experiences. These experiences usually provided excellent examples of activating events and consequences. The emphasis was on the interaction between the feeling, thinking and behavior procrastination. The participants were given assignments which include clarifying their pattern of procrastination. Specifically, they were asked to give an example in which they procrastinated and describe the feelings, thoughts and their behaviour in this situation.

Session 3: Focusing on Irrational Thoughts

Participants started the session by identifying difficulties they had experienced during the week and exploring the thoughts associated with these situations. Then they were asked to share their responses to the homework given in the previous session. They were clearly informed about irrational thoughts and Beck (1975)'s cognitive distortions. In this session, the cognitive distortion activity developed by the researchers was applied. For the activity, pre-prepared small cognitive distortion posters including overgeneralization, all-or-nothing thinking, disqualifying the positive, labeling, mind reading, shoulding yourself, shoulding others, selective attention, magnification or minimization, personalization and blame were attached to the board and the participants were asked to attach their names to those distortions that they thought applied to themselves. Before closing the session the group members were given a homework assignment which included recording their efforts in reframing and maintaining a time-use diary.

Session 4: Productive Thinking

In the fourth session, the session began with the participants sharing the positive cognitive strategies that they found most helpful during the past week. They were also encouraged to share their diaries and difficulties they had encountered. They were helped to clarify the effect of belief on gaining greater control over their lives. In session 4, the participants discussed their typical use of time and how it reflects their priorities. In the working/action stage of the group process, the participants were informed about the importance of the desire to change and they were asked to describe the affective and cognitive factors underlying their procrastination behavior. Furthermore, a *dealing with irrational thoughts* activity was presented in which the participants were asked to discover the thinking underlying their procrastination tendencies. These thoughts could include the examples discussed in the previous session including all-or nothing thinking, disqualifying the positive, labeling and mind reading; shoulding yourself, shoulding others, personalization and blame. At the end of the session, as a homework assignment the group members they were asked to think about the alternatives they found for the reason for their procrastination tendencies as homework assignment.

Session 5: Determination to Change

The final session began with providing the participants with an opportunity to summarize their progress during the sessions and the benefits obtained from the

group. They were also encouraged to reflect on the changes they had made and insights they had gained. The group members discussed the tools and new skills they were using to enhance feelings of personal mastery and positive self-worth. At the end of the session the post-test, comprising the PASS and GP, was administered to the remaining 10 members of the group. Before leaving the group they were presented with an attendance certificate to motivate them to continue their effort in controlling their procrastination.

Follow up: Assessment

The follow-up session was scheduled 8 weeks after the treatment program was completed. In this session, the group members were not provided with the treatment component. In the 90-min follow-up session there was an assessment of the whole process of the 5 week procrastination treatment program. The PASS and GP were administered to students as the third times and they were asked to self-report the changes that had occurred in their procrastination tendencies and assess their progress.

Results

The data was analyzed using the Friedman Test to evaluate differences in the medians between academic and general procrastination. The results showed significant differences among the participants' pre-test, post-test and follow-up test scores in terms of their academic procrastination and general procrastination tendencies, $\chi^2(2, n = 10) = 10.74, p < 0.01$, partial $\eta^2 = 0.088$. In the follow up pairwise comparison the participants' post-test scores were significantly lower ($M = 31.11$; $SD = 7.89$) than their follow-up scores ($M = 32.56$; $SD = 8.35$) and the pre-test scores ($M = 42.56$; $SD = 8.35$) in terms of academic procrastination. Similarly the results of the analysis showed that the participants' post-test scores ($M = 36.33$; $SD = 8.19$) were lower than their follow-up ($M = 41.44$; $SD = 13.26$), and pre-test scores ($M = 60.11$; $SD = 11.45$) on their general procrastination.

Discussion

The findings revealed a significant decrease in the participants' academic and general procrastination scores. As expected, the follow-up testing scores for all participants were lower than the pre-test testing scores for both academic and general procrastination levels. In addition to the test scores, participants' self-reports and researcher observations showed that the group members were involved in the process of treatment and were able to explore their behavior, thoughts, and feelings.

The decrease in the participants' procrastination levels clearly showed the Ellis ABC model utilized in the group treatment is effective in dealing with student procrastination. In line with the model, a great emphasis had been placed on recognizing the participants' irrational beliefs about procrastination. The action stages in sessions three and four were largely based on exploring and controlling irrational

beliefs. The researchers hypothesized that a change in the participants' procrastination behavior could be facilitated by recognizing irrational beliefs and inappropriate emotions and by substituting rational beliefs and more appropriate emotions. The findings, as expected, indicated that helping clients change irrational beliefs is an effective way to decrease procrastination. The present findings were also found to be consistent with the models of change presented by Goldfield (1991) and Kutlesa (1998) in that group members had an expectation and high motivation for change which are essential factors in the change process. They acknowledged that they began to control their procrastination with the help of the group facilitators and other group members who had similar problems and similar goals. Consistent with the hypothesis, they became aware of their feelings, thoughts, and actions related to their procrastination and the effects of procrastination on themselves and others.

In addition, most students who participated in the group treatment program described their change process as an increase in self-awareness, decrease in perfectionism, reduction of anxiety associated with evaluation, better time management techniques and be able to challenge irrational beliefs, cognitive distortions and misperceptions. The participants' reports supported the results of previous research showing that procrastination is negatively related to achievement motivation (Klassen et al. 2008) and positively related to task aversiveness (Milgram et al. 1994; Steel 2007) and cognitive distortions (Flett et al. 2012). Moreover, a link between self-devaluation, self-criticism, and procrastination has been found in the student behaviour consistent with findings in the literature (Flett et al. 1995). Nearly all the students involved in the group process identified low work discipline as a factor in their procrastination as suggested by the results from previous research (Ferrari 2001; Johnson and Bloom 1995). Consistent with the previous findings (e.g., Mohsen et al. 2012; Pychyl and Flett 2012) students claimed that procrastination occurs due to poor time management skills, or failure to prioritize tasks.

Although the findings are promising, further research needs to address the limitations of the present study. First, the relationship between the self-reported procrastination and actual procrastination behavior were not assessed in the present study. Second, as the number of students attending the meetings was limited, a control group could not be used to compare the effect of the treatment program. Further research, using large samples with a control group and using specific behavior measures, would help to confirm the effectiveness of the group treatment program. Future research including measure of irrational beliefs about procrastination would provide information that a change in the irrational beliefs mediated the decrease in procrastination.

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