

Cognitive Behavioral Therapy for Kleptomania: A Case Study

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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Case Study

ABSTRACT

Kleptomania is a disabling impulse control disorder, that can be treated with cognitive behavioral therapy (CBT). This was achieved through the results of a case study. The presenting case is 20-year-old college student. The complaint at the first interview was that she was stealing from others during childhood, with other symptoms matching DSM-5 for diagnosis of kleptomania.

Study aims to use of CBT techniques to treat of kleptomania, with the application of psychological analysis theory techniques.

Used of the clinical interview, thematic apperception test (TAT) and neuroticism trait from big five personality traits. With these measurements was determined causes and level of the disorder, in addition behavior motivated and neuroticism trait.

Through the application of techniques and strategies of CBT and psychological analysis theory techniques the patient was treated for kleptomania symptoms and neuroticism trait (anxiety, anger, hostility, depression, consciousness-self, impulsiveness, stress and vulnerability). After treatment, the patient regained the ability to self-control, control of negative thoughts, and emotional stability.

The study recommends for avoid harsh punishment, the Importance of using the right methods of education with children and adolescents, especially the child talented. In addition to the importance of dealing with the kleptomania as a disease and not a crime. With the possibility using of projective tests and some psychological analysis techniques with CBT.

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1. INTRODUCTION

Kleptomania is among the variables that need more case study research, because every case has causes and psychological manifestations that are different from others.

Kleptomania is defined as inability to refrain the urge to steal anything independent from their material value and without need or necessity [1]. It was first described in 1816 under the term "kleptomania" by Matthey [2].

Diagnostic criteria DSM-5 for kleptomania: Recurrent failure to resist impulses to steal objects are not necessity. Before committing the theft is increasing sense of tension immediately, pleasure, relief, or gratification at the time of committing the theft. The stealing is not committed to express vengeance or anger and is not in response to a hallucination or a delusion. The stealing is not better explained by conduct disorder, antisocial personality disorder or a manic episode [3]. And world health organization (ICD-10) classifies the condition as pathological stealing (kleptomania) and as a disorder characterized by repeated failure to resist impulses to steal objects that are not necessity for monetary gain or personal use. The objects at most, hoarded or given away [4].

All patients described an uncontrollable impulse to steal and a reduction in tension or anxiety during or after the act. Although the kleptomania symptomatology did not seem to be part of other disorders, the extent of stealing corresponded (positively or negatively) to other symptoms of psychiatric such as excessive urges to eat, depressive feelings, or migraine attacks [5].

Kleptomania is disorder that affects a small percent of the general population and a larger percent of the clinical population. It is frequently accompanied by other co-occurring problems, including anxiety, depression, substance abuse, and obsessive-compulsive disorder [6].

In the clinical characteristics perspective, although person with kleptomania behavior can occur abruptly and spontaneously, it is stated that a small portion of these behaviors are planned beforehand. On the other hand, it can emerge under stressful conditions or after an anger evoking event [7].

When kleptomania patient attempt to stop their behavior, they may experience irritability, insomnia, and agitation, all seemingly akin to withdrawal symptoms seen in substance use disorders [8].

The existing literatures indicate that person with kleptomania often report lack of a difficult childhood, marital conflicts and self-esteem [9], and is regularly accompanied by other psychiatric disorders; eating disorders, affective disorders and anxiety [10]. It could be one of the manifestations of borderline personality disorder [11,8], and its level is low on socialization but high on novelty seeking and impulsivity [12,13].

Kleptomaniacs have high rates of mood disorders and substance abuse [14], and its onset in late adolescence or early adulthood and it appears in women more than men. Kleptomania may respond to various pharmacotherapies and CBT [15].

CBT was developed in the 1960 by "Aaron Beck" as a form of psychotherapy for depression [16]. One of the characteristics of CBT is that it is a model that focuses on solution, not just acquiring, by giving the patient the ability to understand the problem to be involved in the therapeutic process [17,18].

CBT a series of chain processes during cognitive behavioral therapy sessions results in a time point between sessions, and CBT sessions are the key to initiating emotional processing. This processing is completed in the interval between sessions through duties and tasks [19]. A particular strength of the cognitive and behavioral models is the use of operationally defined behaviors, functional assessments, and functional analyses [20,21].

With CBT we can assist of patients to change their internal dialogue of negative thoughts by a technique of cognitive restructuring, and assist of patients to have an accepting attitude toward unwanted experiences such as pain, feelings, thoughts, and memories [22].

CBT has proved of effective in treating Social Anxiety Disorder [23- 25], reduce of depression symptoms, change of neurobiological systems such as improve of cognitive information processing, and decreasing of activity in the autonomic nervous systems [26]. There are

several studies in the use of CBT in kleptomania diagnosis [27- 30], and therapy [31- 33].

Cognitive behavioral therapies that incorporate a relapse prevention model that encourages abstinence by identifying patterns of coping with high risk situations or avoiding, stealing, and making lifestyle changes that reinforce healthier behaviors have also demonstrated benefit in the treatment kleptomania [15]. Strategies included: problem solving, covert sensitization, cognitive restructuring, behavioral chaining, and use of homework. On completion of treatment, symptoms of kleptomania and depression had decreased significantly. At 16-week, the client reported continued remission of depressive symptoms and kleptomania [32].

Kleptomania is a disorder that occurs at all ages, but in a women more than a men. CBT can be used to treat this disorder. Case study is the best research method for these disorders, where each case has special causes and circumstances. Therefore, psychometric study is difficult. In addition, the disorder is linked to an ethical aspect that causes the person to resist expressing some motives. Accordingly projective technique help to understand and explain such disorders, especially among children and adolescents who are afraid to express their motivation avoid punishment, or the desire for a good social appearance.

2. METHODS AND MEASUREMENTS

2.1 Methods

Use the case study method that collected the most amount of information about the case. Then described, analyzed and realized generalizations that applied to other similar cases. With Sarah's case, the case-study approach was used to answer the following two questions: Can CBT help get rid of the symptoms of kleptomania? What are the techniques and strategies that help to success of CBT for a case of kleptomania? And was validated of CBT effectiveness for treatment of kleptomania by using ABAB design.

2.2 Measurements

2.2.1 Clinical interview

Be knowledgeable the history of the case, Which includes: (primary data, and data related to the stage of childhood, accidents, diseases, mental

disorders, years of education, and family data, as well as data related to the problem [34].

2.2.2 Thematic Apperception Test (TAT)

From the projective tests of personality. It aimed to discover a person's motives, conflicts and emotions, especially the unconscious ones. It was used to determine the number of cards from the total 31 cards [35].

2.2.3 Cognitive Behavioral Therapy (CBT)

Is a therapeutic attitude, Includes three dimensional: Cognitive, behavioral and emotional [36].

2.2.4 Neuroticism trait from big Five Personality Traits [37]

It was translated and standardized by Al-Ansari [38]. Al-Ansari indicated that neuroticism includes the following variables: anxiety, anger, hostility, depression, consciousness-self, impulsiveness, stress and vulnerability [39].

3. CASE STUDY

3.1 Case Report

Sarah (pseudonym) is a 20-year-old female, university student. She has a degree of intelligence, great aspiration, and good appearance. Academic achievement is not her priority. She likes reading and writing stories. Parents are not interested in that, but rather mocking. Sometimes they punish her. She belongs to a religious and middle-income family. The complaint was from the parents: "Sarah" is stealing from others what she does not need. This act was repeated many times and in many ways. They used with her all means of punishment without benefit. According to the parent's interview, the problem has started since she was 9 years old. She used to steal staff items from home, hide them, and sometimes pretend to look for these things with her family members.

Despite using all kinds of punishment to her, she used to repeat the theft in different and more innovative ways.

The behavior evolved to steal from her friends and to everything she sees. According to the clinical interview results, she had several symptoms: feeling a tension immediately before

committing the theft, pleasure, or relief at the time of committing the theft, and not thinking about the impact of this behavior. There is an unconscious motive to repeat this behavior. and this is concurring with DSM-5 diagnosis of these symptoms as a kleptomania except for one behavior, she sometimes steals because of anger, or revenge on a specific person, and the fulfillment of the pleasure of seeing him hurt.

The results of the interview with "Sarah" has indicated that she is having the talent of short story writing since childhood, as well likes to read and write in this field. She also indicated that parents don't care about this talent, and family used to criticize her, as wasting her time in what is considered in their perspectives not useful.

She began to feel very sad and think of ways to make revenge for those around her as a kind of excitement or let them angry and tense. For this she attained the theft behavior unconsciously repeated. She started stealing and hiding some money and golden artifacts. She was stealing money and spending it with her schoolmates. The master asked her mother why they gave all this money to her?., then they realized that the lost things in the house were taken by "Sarah". The parent's reaction was severe punishment and severe deprivation.

The problem progressed more as she started to steal everything from her colleagues' bags and from home. Finally, the parents realized that this may be a disease and needs psychological assessment and treatment.

Before the start of treatment, it was necessary to identify the unconscious motives for this behavior, and some aspects of personality. For this TAT was used, and revealed many aspects of her personality.

Cards were used (1, 2, 3BM, 4, 5, 6GF, 7GF, 9GF, 10, 11, 12BG,13BG, 19, 16). Through the interpretation of cards there were many conflicts of which lack of self-confidence on card 1. Distortion in sexual identity and her desire to be a male where he has more freedom on card 2& 10. Desire for social isolation and some symptoms of depression on card 3BM. Family conflict and fear of the marital future on card 4. Stress and anxiety from family monitoring, and sometimes feeling of guilt on card 5. There is anxiety from time to time on card 11. Feeling that she did not enjoy childhood on card 19. On the white, card 16, Sarah talked about the life that

she hopes to achieve from freedom, self-esteem, a desire to be free from family restrictions, and avoid marital life.

Was measured neuroticism trait by big five personality traits, it includes: anxiety, anger, hostility, depression, consciousness-self, impulsiveness, stress and vulnerability. A Sarah's score on the scale was 49, and the maximum score is 60.

We started CBT sessions, which lasted for 12 weeks with a total of 20 sessions. Two sessions per week, The last three sessions (two sessions - one session per week- and one after two weeks). To get rid of the transference between the therapist and the patient, the techniques of cognitive behavioral therapy were used to identify specific problems or issues in her daily life, become aware of unproductive thought patterns and how they can impact her life, identify negative thinking and re-shape it in a way that changes how her feel, and finally learn new behaviors and putting them into practice.

Strategies were used: cognitive restructuring or reframing, guided discovery, exposure therapy, journaling and thought records, activity scheduling and behavior activation, behavioral experiments, relaxation and stress reduction techniques, and role playing, and psychoanalytic techniques: free association, transfer, resistance, dream analysis, and interpretation of the interview and interaction during the sessions.

Modified some convictions of which: I am weak, I cannot control myself, life is bad, society is unjust, no one understands me, and happiness in bringing pain to others.

"Sarah" responded to treatment at the session 17. The last sessions were to control some ideas and ensure consistency of behavior, ideas and convictions for her.

Fig. 1, display the level of improvement in neuroticism trait: Anxiety, anger, hostility, depression, consciousness-self, impulsiveness, stress and vulnerability, where the measurement was done every two weeks or four sessions. And the degrees of neuroticism trait between (12-60).

The treatment of kleptomania was achieved by using CBT techniques, procedures, experiments and means. And these procedures are shown in a Table 1.

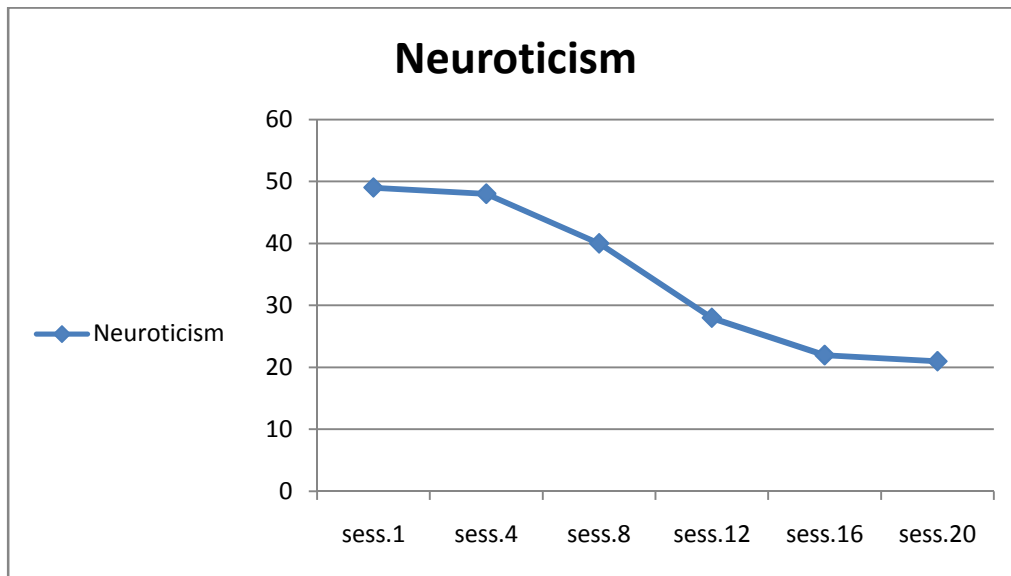


Fig. 1. Level of improvement in neuroticism trait.

Table 1. Cognitive behavioral therapy techniques to kleptomania therapy.

CBT techniques	Means and experiments
Discussion of the Events of Emotive Experiences.	Sarah recalls a situation that happened to her during the theft. And her emotional reaction was determined by some questions: What is your worst expectation during behavior? Did you imagine something at that moment?
Using Imagery to Get Back the Emotive Experience.	Imagine some negative situations and reenact them.
The Technique of Self Monitoring	The patient writes down the everyday situations and reaction, then what it should be
Cognitive Continuum Technique	The therapist asks from the patient to demonstrate how she sees herself compared to others.
Direct Dialogue Technique	Direct confrontation for some negative emotions
Exposure Technique	Discussing with the patient the behavior, thoughts and feelings that precede the theft
Imagination Technique.	It helps the patient to get rid of anxiety by remembering and talking about happy situations.
Homework Technique.	The therapist asks the patient to record automatic thoughts dysfunctional attitudes, or conduct a behavioral or cognitive experiment that has specific goals and relates to her problem (kleptomania).
Distraction Technique	The patient train to distract from the motivations that precede the theft
Idea's Termination Technique.	Training the patient to control the thoughts that precede the theft by saying stop.
Alternatives Choosing Technique.	The therapist asks from the patient to provide evidence of the justification for the stealing behavior.
Monologue Technique.	The patient train to modify negative thoughts that drive theft behavior by the monologue.
Role Play.	The patient train to tolerate of frustration, control unwanted behaviors and deal with deficiencies in social behavior.
Modeling.	The patient train to identify good Model and learn from them.
Problem Solving Skills.	Training to solve of problems with others so that the patient does not resort to revenge behaviors.

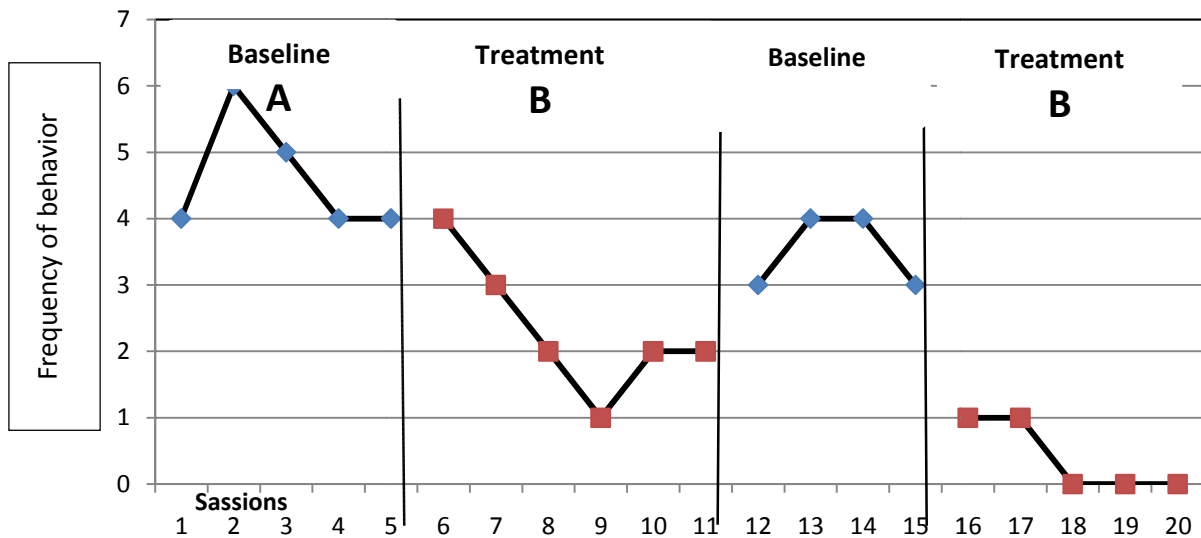


Fig. 2. ABAB design

To make sure the CBT is effective in kleptomania therapy, and that the change in behavior for Sarah depends on the practice of CBT techniques. ABAB design was used to verify this. Illustrates The Fig. 2 the difference in controlling theft behavior with the practice of CBT or its temporary stopping.

The Fig. 2 indicates to Sarah's situation before treatment: lack of self-control ability for stealing other people's things. Until the situation reached to kleptomania (A). And when procedures practicing of CBT there was an improvement in the patient's ability to self-control (B). Upon the temporary discontinuation of CBT support for paranoia, the patient's condition was impaired (A). And upon returning to procedures of CBT the patient was able to fully control the symptoms and causes of kleptomania (B). After that, the situation continued for several sessions.

Among the features of her new personality: Logical thinking, regard other people's feelings, emotional stability, caring for a professional future, think about the behavior before it occurs, feeling satisfied, and self-control ability.

4. DISCUSSION

Kleptomania is a psychological illness the patient has an impulse like obsessive to steal price trivial things neither she needs it nor she is unable to purchase it [40].

Kleptomania is defined as a pathological tendency to steal where the owner finds pleasure in obtaining others' purposes, It is caused by psychological factors, it is not related to genes, It

has to do with the formation of the personality. A Patient cannot resist theft motive. He feels internal anxiety and pressure if he does not steal. These and other symptoms agreed with DSM-5 for kleptomania disorder [3], and world health organization (ICD-10) [4]. As for the reason for the anger and revenge, it was initially due to the wrong methods of education. It may be due to a person growing up in a rigid and rigid environment in training and application of education and ethics.

It can also be due to special reasons, as in the present case study, where the patient has the talent to write a story and she did not find anything to express this talent. She was thinking about the events of a story and then imagining it and then actually implementing it with theft and lies. She could not control in this behavior, as there is an internal impulse that causes them to repeat this act. She felt pleasure sometimes from the repetition of behavior, and at other times, self-blame. This habit became a means to vent at stat of the depression and depression that was occurring to her. She rarely performs this behavior in order to cause tension and emotion to others. Mostly however a delusional satisfaction occurs after repeated this behaviors.

Parenting methods determine the child's personality and psychological structure. A child who is subject to deprivation, a feeling of helplessness or frustration, and the parents' inconsistency in their treatment of their children. Their conflicting views on education or the

system, and direct exposure to severe cruel treatment. No doubt, it negatively affects the behavior and thoughts of the child, then after that as a teenager and this is what happened with our case.

Several of Sarah's repressed motives were discovered using TAT [35], and disorder related to values, social interaction, or social situation need projective measures. This was achieved by interpreting of scale cards.

Sarah was motivated to the excitement achieve, A reaction to frustration, The desire to vent a state of anxiety and anger, and fulfill the need for self-esteem. That confirmed the scale of neuroticism trait from big five personality traits that these symptoms are found in "Sarah" at a high level.

Sarah's cognitive behavioral therapy relied on an understanding of her personality, motivations, and thoughts. It is the procedures that were used in the treatment: Get rid of some negative thoughts, self-awareness and acceptance of the other, determine her own ability, help her to self-esteem, and good planning for life, self-control and thinking before the event, and adapt to society in a manner consistent with the social and cultural level.

The report relied on the case study method. It is an in-depth empirical inquiry of a

contemporary phenomenon in its life real context [41]. The case study tends to be natural because it is placed in a life real context and it is inseparable. It is used when the research is interpretive rather than experimental [42].

CBT in order to achieve its aims, the case study needs to be closer relation to the case. CBT could cause some of the negative behavioral reactions for kleptomania patients, where the patient finds it difficult to trust others. The therapist is one of his aims in achieving his motivations. This is what happened with Sarah after 3 sessions of treatment. Where 'Sarah' asked me to bring her colleague with her in the next session. Before the start of the session, she said that her colleague needed financial help because her father is traveling, and by investigation of this, it turned out that this is a story, not a fact. She tries to resist the treatment at first and takes advantage of anyone who builds a positive relationship with her.

With continued CBT sessions these and other symptoms have disappeared Sarah merged with tasks in CBT: assignments– strategies-technicians [36]. And Fig. 2 -ABAB design- indicates to Sarah's reaction when stop of CBT support kleptomania treatment and focus of the sessions is on the neuroticism traits.

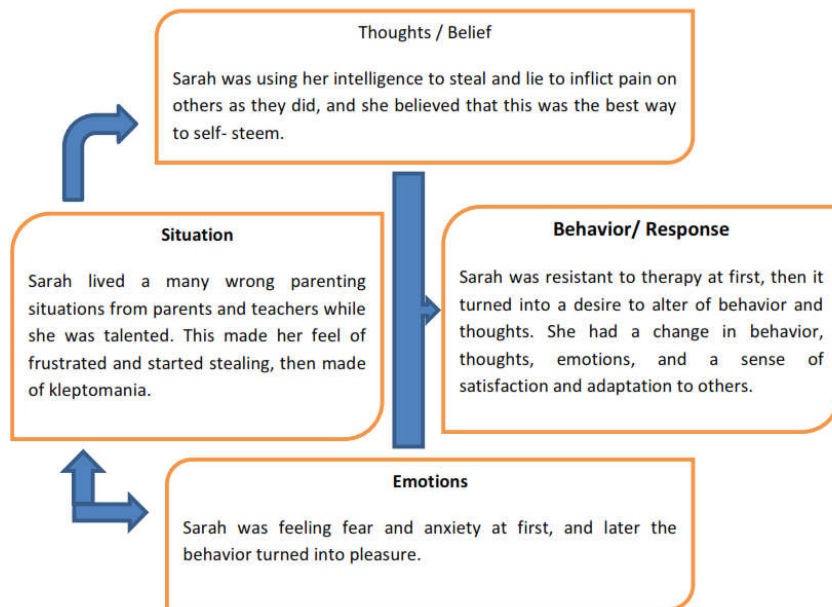


Fig. 3. The cognitive behavioral model for sarah

And it happened to her emotional stability, control in the negative thoughts, and self-control. The sessions then continued three separate sessions to ensure from stability of behavior, emotion and ideas. One of the evidences proving the effectiveness of CBT was that "Sarah" did not steal for 70 consecutive days, dialogue and ideas became balanced, she stopped impulsive behavior, began to speak about the future, and her relationships with the family improved. And Fig. 3 display for Sarah cognitive behavioral model.

5. CONCLUSION

CBT is used in the therapy of many psychological disorders, It has had success in treating of kleptomania. According to our case scenario, of the wrong methods of education, eg. a talented character needs to be specially treated. CBT was achieved for kleptomania as mentioned in the clinical case study report.

The study recommends by importance of using the correct educational methods with children and adolescents, special dealing with the child gifted, satisfy of the children needs, and avoid harsh punishment methods. The need for training courses for parents and teachers to determine the causes of disorders and how to deal with it, and psychotherapists can discover other methods of kleptomania treatment. With the possibility using of projective tests and some psychological analysis techniques with behavioral problems related to social social situation and morals.

CONSENT

It is not applicable.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

- Research participants should not be subjected to harm in any ways whatsoever.
- Full consent should be obtained from the participants prior to the study.
- The protection of the privacy of research participants has to be ensured.

- Any type of misleading information, as well as representation of primary data findings in a biased way must be avoided.

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COMPETING INTERESTS

Author has declared that no competing interests exist.

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