

Adolescent stealing treated with motivational interviewing and imaginal desensitization – Case report

JON E. GRANT¹, BRIAN L. ODLAUG^{1,2} and CHRISTOPHER B. DONAHUE³

¹Department of Psychiatry & Behavioral Neuroscience, University of Chicago, Chicago, Illinois, USA

²Department of Public Health, Faculty of Health and Medical Sciences, University of Copenhagen, Copenhagen, Denmark

³Department of Psychiatry, University of Minnesota School of Medicine, Minneapolis, MN, USA

(Received: August 31, 2012; revised manuscript received: September 12, 2012; accepted: September 13, 2012)

Background: Adolescent shoplifting occurs in an estimated 15% of the United States population. Although adolescent stealing is associated with significant psychosocial consequences there is limited research concerning efficacious treatments. *Case study:* A 17-year-old male with a history of compulsive stealing was treated using a six-session, individualized cognitive-behavioral therapy protocol which included motivational interviewing, psycho-education, behavioral modification, and an exposure script using imaginal desensitization. After the six-session therapy, the patient continued for eight further sessions of therapy to maintain treatment gains. His Yale–Brown Obsessive Compulsive Scale scores dropped from a 22 pre-treatment to a 3 at the end of the 14 sessions of therapy and he remained abstinent from stealing. *Discussion:* This case reports on the successful use of an individualized, cognitive behavioral therapy on an adolescent with compulsive shoplifting and other antisocial behaviors. This treatment provides a promising step towards the treatment of a relatively common adolescent behavior.

Keywords: adolescence, antisocial, stealing, maladaptive, therapy

BACKGROUND

The lifetime prevalence of stealing appears fairly high. Recent epidemiological studies of adults and adolescents have found that 11.3% and 15%, respectively, admitted to having shoplifted in their lifetimes (Blanco et al., 2008; Grant, Potenza, Krishnan-Sarin, Cavallo & Desai, 2011). Stealing behavior typically starts in childhood and adolescence and is usually associated with multiple measures of adverse functioning including poor grades, regular smoking, drug and alcohol use, sadness and hopelessness, and other antisocial behaviors such as fighting and carrying weapons (Grant et al., 2011). Patients with compulsive stealing often endorse the addictive nature of stealing, including significant urges to steal and a thrill upon successful completion of a theft (Grant & Kim, 2002). Adolescent stealing has been associated with high levels of impulsivity, deficits in executive planning, and cognitive biases toward inappropriate solutions to problems (Greening, 1997; Baylé, Caci, Millet, Richa & Olié, 2003).

Stealing behavior in adolescents lies along a continuum of severity, and stealing behavior at all levels of severity appears to be associated with a range of problematic behaviors. Kleptomania, an extreme pathological manifestation of stealing, is characterized by a failure to resist urges to steal objects not needed for personal use or monetary value. Although there are no diagnostic criteria for degrees of stealing behaviors except kleptomania, stealing for many adolescents may be considered within a spectrum of addictive and disinhibited behaviors (Grant et al., 2011).

Adolescent stealing at all levels of severity is associated with significant psychosocial consequences, but there is limited research concerning efficacious treatments. We report on the successful use of motivational interviewing plus imaginal desensitization on a 17-year-old patient.

CASE STUDY

Patrick is a 17-year-old Korean-American male who presented for treatment after being caught stealing repetitively by his parents and school. Intake evaluation revealed the onset of repetitive stealing at the age of 14 years. Patrick stole from other students' lockers or from their homes when he visited them. He also stole money from his parents and electronic devices from the school. Although stealing daily, Patrick had not been arrested nor was he facing any legal recourse at the time of presentation for treatment. Patrick reported that his stealing had resulted in the loss of friends, loss of parents' trust, and being transferred from one high school to another after being caught stealing. Psychiatric history included diagnoses of obsessive compulsive disorder and Asperger's disorder. Asperger's has been associated with multiple repetitive behaviors including stealing (Chen et al., 2003).

The patient and his family initiated treatment for stealing with a psychiatrist two years prior to the trial of cognitive behavioral therapy (CBT). The patient's medication regimen prior to participation in CBT included a 6-month trial of naltrexone 50 mg/day and a one-year trial of fluvoxamine 300 mg twice per day and risperidone 0.75 mg/day. The fluvoxamine had been tried under a previous impression that he had obsessive compulsive disorder (which his current evaluation failed to support), whereas the risperidone was initiated assuming that the stealing was merely a repetitive behavior associated with Asperger's. The client currently

* Corresponding author: Jon E. Grant, JD, MD, MPH, Department of Psychiatry & Behavioral Neuroscience, University of Chicago, 5841 South Maryland Avenue, Chicago, IL 60637, USA; Phone: +1-773-834-1325; E-mail: jongrant@uchicago.edu

met diagnostic criteria for Asperger's, but his stealing did not appear to be merely a stereotyped pattern of behavior as seen in Asperger's disorder. The client and his family reported that the stealing behavior had persisted during the use of medications although his urges to steal reportedly decreased. Patrick reported a total score of 22 on the Yale–Brown Obsessive Compulsive Scale (YBOCS) modified for stealing, a clinician-administered scale assessing urges/thoughts and actual stealing behavior over the past seven days, at his intake visit before starting therapy. Patrick underwent 6 sessions of individual CBT. The CBT protocol included motivational interviewing, psycho-education, behavioral modification, an exposure script using imaginal desensitization (which he was required to listen to daily – twice in the morning and twice in the afternoon), cognitive restructuring, and relapse prevention. His parents attended each session and were actively involved in his treatment. Prior to treatment, the client had been stealing daily and hiding the items from his parents. Early on in treatment (session 2), the patient stole an electronic item but remained abstinent since that time. Patrick responded well to a behavioral contract with his family, including incentives for desired behavior, a regular review of consequences of stealing, and the exposure script. After the 6 CBT sessions, Patrick underwent an additional 8 sessions to maintain treatment gains. At session 14, Patrick's total YBOCS score = 3. His YBOCS score has consistently remained at 3 for 6 months since formal treatment.

This case highlights the possible benefit of CBT for maladaptive behaviors in adolescents. The treatment outcome literature on antisocial behaviors that do not necessarily meet a formal ICD-10 or DSM-IV diagnosis remains underdeveloped, particularly regarding the treatment of children and adolescents. Motivational interviewing and imaginal desensitization for adolescent behavior, as for adults, emphasizes the influence of and interaction among cognitions, behavior, affect, and the social environment in maintaining maladaptive behavior. There is a need for much more research on the treatment of adolescent antisocial behaviors to develop credible psychosocial interventions.

ACKNOWLEDGEMENTS

Dr. Grant has received research grants from Forest Pharmaceuticals, Transcept Pharmaceuticals, Psyadon Pharmaceuticals, and the University of South Florida and serves as the Editor-in-Chief of the *Journal of Gambling Studies*. Mr. Odlaug has received research funding from the Trichotillomania Learning Center, has consulted for Lundbeck Pharmaceuticals, and has received honoraria from Oxford University Press. Dr. Donahue reports no conflicts of interest.

FUNDING

Internal funds of Dr. Jon Grant.

REFERENCES

- Baylé, F. J., Caci, H., Millet, B., Richa, S. & Olié, J. P. (2003). Psychopathology and comorbidity of psychiatric disorders in patients with kleptomania. *American Journal of Psychiatry*, *160*, 1509–1513.
- Blanco, C., Grant, J. E., Petry, N. M., Simpson, H. B., Alegria, A., Liu, S. M. & Hasin, D. (2008). Prevalence and correlates of shoplifting in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *American Journal of Psychiatry*, *165*, 905–913.
- Chen, P. S., Chen, S. J., Yang, Y. K., Yeh, T. L., Chen, C. C. & Lo, H. Y. (2003). Asperger's disorder: A case report of repeated stealing and the collecting behaviours of an adolescent patient. *Acta Psychiatrica Scandinavica*, *107*, 73–75.
- Grant, J. E. & Kim, S. W. (2002). Clinical characteristics and associated psychopathology of 22 patients with kleptomania. *Comprehensive Psychiatry*, *43*, 378–384.
- Grant, J. E., Potenza, M. N., Krishnan-Sarin, S., Cavallo, D. A. & Desai, R. A. (2011). Stealing among high school students: Prevalence and clinical correlates. *Journal of the American Academy of Psychiatry and the Law*, *39*, 44–52.
- Greening, L. (1997). Adolescent stealers' and nonstealers' social problem-solving skills. *Adolescence*, *32*, 51–55.