

Effects of Group-Focused Counseling on Stealing and Kleptomania in a Sample of Nigerian Subjects

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Abstract: The current study examined the effects of group-focused counseling on stealing and kleptomania in a sample of Nigerian subjects. A purposive sample of 12 male adolescent recidivists with stealing and kleptomania behaviors was randomized into two study groups. The present study utilized a pretest-post test control group design. Descriptive statistics and analysis of covariance ($p < 0.05$) were used to analyze the data obtained from both the control and treatment groups. Results show that group-focused counseling therapy was effective in surmounting adolescents' recidivism to stealing and kleptomania. Positive effects of group counseling process in the treatment of adolescents' recidivism to stealing and kleptomania were obtained in 8 group counseling sessions. Thus, the brevity and effectiveness of group-focused counseling techniques is very encouraging for its use in the treatment of stealing and kleptomania behaviors in multicultural settings such as Nigeria.

Key words: Adolescent recidivists, group-focused counseling, kleptomania, stealing behavior, brevity

INTRODUCTION

Literature has, it that, stealing usually starts in childhood or adolescence with about 66% of individuals reporting a lifetime stealing behavior beginning before age 15 years (Blanco *et al.*, 2008). Vanderlinden (1997) opined that stealing, a term synonymous with theft means taking of any object or goods, despite their value by an individual which do not belong to him/her such as taking other's money or other objects. Igbo (2010) emphasized that stealing and kleptomania as concepts and acts are related in the sense that, they both involve taking other people's property without their permission. But, these concepts are quite different with regards to the motives for the acts and the reactions thereafter. Stealing is deliberately carried out so as to deprive the owner's, the use of the stolen property. It is usually, premeditated and could be carried out individually or in group. As a result, stealing could be carried out in collaboration with cliques, friends or peer groups. It appears that children are motivated by the need of the stolen materials and most often, financial and material values are usually the immediate satisfaction, they derive from it. However, stealing could be associated with external motives such as hatred, vengeance, jealousy, selfishness while in most

instances financial gain is usually, the target. On the other hand, kleptomania is driven by the need to steal something to satisfy an uncontrollable urge or impulse of stealing other people's belongings. It is not done deliberately and is unpremeditated. Children that practice kleptomania does, it single handedly. Most often, they steal useless items. Thus, kleptomania is not associated with any external motives such as revenge, hatred, hunger and any pecuniary interest and there may be no feelings of selfishness in kleptomania.

Kleptomania is known to cause significant emotional anguish and impaired functioning (Grant and Kim, 2002a). People with kleptomania often suffer from comorbid mood, anxiety, substance use and other impulse-control disorders (Burstein, 1992). Such people also experience the humiliation of repeated arrests which leads to guilt, depression and even suicide (Grant and Kim, 2002a; McElroy *et al.*, 1991). Yet, kleptomania often goes undiagnosed and untreated, in spite of a lifetime prevalence of about 0.6% (Goldman, 1992). According to Grant and Kim (2002b), kleptomania means a secret inability to resist the impulse to steal objects not needed for personal use or their monetary value. It is an underrecognized disorder that is unknown to many physicians. Worst still, this problem behavior has

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remained virtually unmentioned in the adolescent literature, despite the fact that kleptomania often has its onset during adolescence. Kleptomania is characterized by repetitive and uncontrollable urge to steal items not needed for personal use and early evidence suggests that it frequently responds to both pharmacological and psychosocial interventions (Grant, 2006a). However, pharmacological interventions are frequently accompanied by side effects (Antonuccio *et al.*, 1999; Dalfen and Stewart, 2001; Grant and Kim, 2002a, c; Kindler *et al.*, 1997) which individuals may find distasteful, leading to poor compliance with the medication (Dannon, 2002, 2003; Dannon *et al.*, 1999). On the contrary, researchers elsewhere demonstrated the effectiveness of cognitive behavior therapy techniques (O'Donohue *et al.*, 2003), cognitively mediated model of covert sensitization (Gauthier and Pellerin, 1982; Glover, 1985) and cognitive and behavioral strategies (Kohn and Antonuccio, 2002) in the treatment of kleptomania behaviors.

Christianini *et al.* (2015) stated that kleptomania is characterized by repetitive stealing and has severe consequences for patients. They decried that stigma, a lack of standardized therapy and a limited number of assessment tools hinder advances in the treatment of kleptomania. The American Psychiatric Association's DSM-IV-TR describes kleptomania as an impulse control disorder in which the essential feature is a recurring failure to resist impulses to steal items, even though, those items are not needed for personal use or their monetary value (Criterion A). The individual experiences an increasing sense of tension just prior to the theft (Criterion B) and feels pleasure, gratification or relief when committing the theft (Criterion C). The stealing is not committed in order to express anger or vengeance is not done in response to a delusion or hallucination (Criterion D) and is not better accounted for by conduct disorder, a manic episode or antisocial personality disorder (Criterion E) (APA, 2000).

Kohn (2006) stated that stealing behavior is positively reinforced through, the gain of tangible item, sense of gratification or other positive emotion and negatively reinforced when preceding anxiety or other negative thoughts and feelings decrease or are completely eliminated. This researcher further stressed that if the individual experiences minimal or no negative consequences or punishment then the likelihood that stealing behavior will reoccur is increased. In addition as the behavior continues to occur, stronger antecedents or cues become contingently linked with it in what ultimately becomes a powerful behavioral chain. Moreover, long-lasting bold and daring stealing

behaviors may be shaped if reinforcement of stealing behaviors continues to occur in the absence of any type of punishing consequences. According to some contributors of cognitive-behavioral theory, both antecedents and consequences may either be in the environment or in the mind as with cognitions. For example, Kohn and Antonuccio (2002) described a client's antecedent cognitions which included thoughts such as "I'm smarter than, others and can get away with it", "I want to prove to myself that I can do it" and "My family deserves to have better things". Although, stealing and kleptomania behaviors are seen to have occur with many other disordered behaviors to date there have been no known group counseling research within the Nigerian setting for the treatment of these disruptive behaviors. Of more concern is the evidence that individuals with a history of stealing reports significantly more psychological distress including more depression, interpersonal sensitivity, obsessive compulsive behavior and hostility (Krahn *et al.*, 1991). A study by McElroy *et al.* (1991) which involved 20 kleptomania patients found a high association with major depression and to a lesser extent, anxiety and eating disorders. All of the patients in the study had a lifetime diagnosis of depression 16 had a lifetime diagnosis of an anxiety disorder and 12 had a lifetime diagnosis of an eating disorder (McElroy *et al.*, 1991).

Group-focused counseling process for overcoming adolescents' recidivism to stealing and kleptomania therefore becomes very much imperative. Group counseling provides a relationship that is proactive/preventive or reactive/curative. Group counseling is a process in which a counsellor is involved in a relationship with a number of client or counsees at the same time. The number ranges from 4-8 numbers as the case may be (Nwadinobi, 2009). It is the process of using group interaction to facilitate deeper self-understanding and self-acceptance (Mahler, 1969). Group counseling is prevention oriented in the sense that the counsees or clients are capable of functioning in society but may be experiencing some "rough spots" in their lives. If counseling is successful, the rough spots may successfully smooth with no serious personality defects incurred. It is growth engendering and prevention and remediation oriented (Gazda, 1971). Gazda (1971) further observed that group counseling is growth engendering in so far as, it provides the participants incentives and motivation to make changes that are in their best interest (that is participants are motivated to take actions that maximize their potential through self-actualizing behaviors). Group counseling is remedial for those individuals who have entered into a spiral of

self-defeating behavior but who are nevertheless capable of reversing the spiral without counseling intervention. With group counseling intervention, the counselees are likely to recover more quickly and with less emotional scars.

Group counseling is a dynamic interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness orientation to reality, catharsis and mutual trust, caring, understanding, acceptance and support. The therapy function are created and nurtured in a small group through the sharing of personal concerns with one's peers and the counsellor's. The counselees can utilize the group interaction to increase their understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors (Gazda *et al.*, 1967) during the group process. Despite these lines of evidence regarding, the usefulness of group counseling approach, it remains unknown within Nigerian setting to the best of the researchers' knowledge if it can be successfully applied to help adolescent recidivists overcome stealing and kleptomania behaviors.

Within the Nigerian context, there have been concerted efforts across cultures to combat criminal acts and behaviors considered to have significantly deviated from the social norms. Despite such efforts by various governments, it has continued to plague most homes, neighborhoods, communities, states and the larger society and seems to be endangering its very foundation of social order. To combat all manner of criminal behaviors, the Nigerian society even enforces social norms through institutions such as the police. Yet, the recurrence of criminal behaviors appears to be of high degree among her adolescents and young people. Within the school setting, some degree of punishments are often meted out to defaulting students, ranging from flogging, tedious labor, suspension and even expulsion as a control mechanism; yet, the continued indulgence of most adolescents and young people in maladaptive behaviors such as stealing and kleptomania are often recorded in the school system. It is in the light of these maladies that the current study seeks to ascertain the therapeutic fit of group counseling approach on adolescents' recidivism to stealing and kleptomania behaviors. To achieve the study's purpose, the researchers formulated the following hypotheses:

- H_{01} : There is no significant difference between adolescents exposed to group-focused counseling and those not exposed to it on recidivism to stealing

- H_{02} : There is no significant difference between adolescents exposed to group-focused counseling and those not exposed to it on recidivism to kleptomania

MATERIALS AND METHODS

Study area: The current study took part in Nsukka Metropolis, a university area in Enugu State, South-Eastern part of Nigeria. According to Chinwokwu (2012), the steady increase of crimes and undetected crimes of various criminal activities recently has raised a general feeling of insecurity of lives and property among Nigerians and those in Enugu State in particular.

Participants: The participants were 12 male adolescent recidivists placed on police supervision at Nsukka Police Division. We purposively selected the participants for the current study. The participants were randomly assigned into two conditions: experimental condition and control condition. Participants' age range was from 14-17 year old. The participants consented to take part after in the study the purpose and benefits of the study were explained to them by the researchers. The informed consent of their parents was also appropriately.

Procedure: The researchers obtained approval from the Divisional Police Headquarters Nsukka and Department of Educational Foundations University of Nigeria Nsukka, Enugu State to carry out the current study strictly for academic purpose. After the formal acceptance to carry out the study, the divisional police officer referred the researchers to the divisional crime recorder/statistician whom the researchers directly worked with. The divisional crime recorder/statistician brought a register for 12 male adolescent recidivists currently placed on police supervision. The concerned adolescents and their parents were invited subsequently and after their informed consents were obtained, the self-report questionnaires were administered to the recidivists and thereafter their parents were interviewed at both baseline and during follow-up. The pretest and posttest responses of the recidivists were used for analysis of the intervention's effectiveness while the interview report of their parents were only used to check the similarities and/or disparities in what the adolescent recidivist's pretest/posttest would show. The adolescent recidivists were immediately randomly assigned to two conditions treatment and control conditions. The intervention lasted for eight sessions (two sessions per week and each lasting for about 50 min) which were all carried out and completed at the police station utilizing the police time schedule which

they were initially meant to report for their supervision. Parents of the participants were also used to observe them and report promptly to the researchers and/or the police crime recorder about the changes in their stealing and kleptomania behaviors during and after the treatment. The adolescent recidivists assigned to the treatment group were exposed to systematic desensitization, aversion, cognitive restructuring and group interpersonal interaction techniques, relaxation and aversive holding of breath. Cognitive disputation, behavioral contract, self-monitoring, re-education and new philosophies of life were equally advanced for the participants in the treatment group. And at the end of the intervention, all participants in the experimental and control groups again completed a posttest.

Measure: Kleptomania Symptom Assessment Scale (K-SAS); the researchers used this 12 item self-report questionnaire adapted from original version by Grant (2006b) for the purpose of evaluating kleptomania symptoms and to assess change in cognitions, behaviors and urges during treatment. The K-SAS has a five-point rating scale of varying response options. A version of the K-SAS has been found to have excellent reliability index of 0.98α with inter-item correlation of 0.638-0.907 (Christianini *et al.*, 2015). The reliability index of the K-SAS in this current study is 0.95α . Therefore, the K-SAS presents solid psychometrics that makes it amenable for use in assessing the effectiveness of treatments for kleptomania.

Stealing Behavior Questionnaire (SBQ): SBQ is self-report questionnaire in which some items were adapted from an evidence-based outcome measure (Vandereycken and Houdenhove, 1996; Vanderlinden and Vanderlinden, 1997) of stealing behavior that asked participants to rate how often they have stolen and/or experience the urge to steal that seem difficult to resist and which makes them suffer from a guilty conscience afterwards. The SBQ by Vanderlinden and colleagues do not have one uniform rating for all the items in the measure. The SBQ used in the current study has 12 items designed on a 5 point uniform rating scale of 0 = not at all applicable to me, 1 = a little bit applicable to me, 2 = moderately applicable to me, 3 = quite a bit applicable to me and 4 = extremely applicable to me. Its reliability coefficient was 0.90α (Appendix A).

Subjective units of disturbance scale: this is a scale from 0-10 for measuring the subjective intensity of disturbance or distress currently being experienced where 0 represents no disturbance and 10 represents the worst disturbance

the subject can imagine. The individual makes a self-assessment of where, he is on the scale. The SUDS score is useful as a benchmark for a therapist to evaluate the progress of treatment. The SUDS is checked before treatment for a baseline reading when the client holds the representative image of a target and the negative cognition in mind. The SUDS is checked occasionally when it appears that the target may have been desensitized or to help assess treatment progress. That is, the measure is taken at several intervals during the treatment of each upsetting memory or situation and treatment is generally continued until the SUDS reaches 0. The basic guideline is that, the individual assess herself based on their current experience (Wolpe, 1958). We adapted this measure as an idiographic process of measure of behavior change and used it as a generic outcome measure of compulsion to stealing and kleptomania. The reliability index of this instrument in the present study was 0.84α .

Design and analysis: A pretest-posttest control group design adopted for use in the present study. Descriptive statistics were used to show the means scores of adolescents' recidivism to stealing and kleptomania in both treatment and control groups. The Analysis of Covariance (ANCOVA) was used to show the significant effect of group-focused counseling on adolescents' recidivism to stealing and kleptomania in the treatment group when compared to the control group. The decision rule for testing the hypotheses was to reject null hypothesis if the exact probability value (p-value) is less than the 'a priori' probability value (that is 0.05); otherwise do not reject. The researchers further reported partial eta squared (η_p^2) for this design.

RESULTS

- H_{01} : there is no significant difference between adolescents exposed to group-focused counseling and those not exposed to it on recidivism to stealing.

In Table 1, treatment group has mean score of 12 and a standard deviation of 0.63 while the control group has mean score of 37.67 and a standard deviation of 1.34. Table 2 shows that, the exact probability value of .000 is less than the 'a priori' probability value of 0.05. Therefore, the null hypothesis that there is no significant difference

Table 1: Descriptive statistics showing the mean scores of adolescent's recidivism to stealing in both treatment and controlled groups

Groups	Mean	SD	N
Treatment	12.00	0.630	6
Control	37.67	1.340	6
Total	24.83	13.440	12

Table 2: Analysis of covariance output showing significant effects of a group-focused counseling on adolescents' recidivism to stealing

Source	Type III SS	df	MS	F	Sig.	η_p^2
Corrected model	1977.214 ^a	2	988.607	851.1770	0.000	0.995
Intercept	4.057	1	4.057	3.4930	0.094	0.280
Pretest	0.880	1	0.880	0.7580	0.407	0.078
Posttest	1956.208	1	1956.208	1.6843	0.000	0.995
Error	10.453	9	1.161			
Total	9388.000	12				
Corrected total	1987.667	11				

R² = 0.995 (Adjusted R² = 0.994)

Table 3: Descriptive statistics showing the mean scores of adolescent's recidivism to kleptomania in both treatment and controlled groups

Group	Mean	SD	N
Treatment	5.33	0.52	6
Control	18.00	1.26	6
Total	11.67	6.68	12

Table 4: Analysis of covariance output showing significant effect of a group-focused counseling on adolescents' recidivism to kleptomania

Source	Type III SS	df	Mean	F	Sig.	η^2
Corrected model	483.814 ^a	2	241.907	317.731	0.000	0.986
Intercept	0.855	1	0.855	1.124	0.317	0.111
Pretest	2.481	1	2.481	3.259	0.105	0.266
Posttest	483.814	1	483.814	635.461	0.000	0.986
Error	6.852	9	0.761			
Total	2124.000	12				
Corrected total	490.667	11				

R² = 0.986 (Adjusted R² = 0.983)

- H₀₂: There is no significant difference between adolescents exposed to group-focused counseling and those not exposed to it on recidivism to kleptomania

In Table 3, treatment group has mean score of 5.33 and a standard deviation of 0.52 while the control group has mean score of 1.26 and a standard deviation of 1.26.

Table 4 shows that the exact probability value of 0.000 is less than the 'a priori' probability value of 0.05. Therefore, the null hypothesis that there is no significant difference between adolescents exposed to group-focused counseling and those not exposed to it on recidivism to kleptomania is rejected. The value of the partial eta squared which of 0.986 is indication that group-focused counseling was strongly effective in overcoming stealing and kleptomania behaviors among the study's participants (adolescents).

DISCUSSION

The purpose of the current study was to examine the effects of a group-focused counseling on stealing and kleptomania in a sample of Nigerian subjects. It is clear that stealing and kleptomania behaviors among adolescents are prevalent maladaptive and problematic

behaviors that are not only of concern to parents and various governments but also to counseling psychologists and other behavioral change agents. In the current study, we found that group-focused counseling therapy was effective in the treatment of adolescents' recidivism to stealing and kleptomania behaviors. Positive effects of group-focused counseling therapy in the treatment of adolescents' recidivism to stealing and kleptomania behaviors were obtained in eight therapeutic sessions. The current data support previous studies (Glover, 1985; Gauthier and Pellerin, 1982; Kohn and Antonuccio, 2002; O'Donohue *et al.*, 2003) in which cognitive and behavioral therapies were efficacious in helping individuals overcome kleptomania and the urges to steal. Thus, at present the brevity and effectiveness of group counseling techniques in a group setting are reinforcing for its use in cognitive-behavioral-based treatment of stealing and kleptomania behaviors in multicultural settings such as Nigeria. Although, the current study is not free from response bias given that we used self-report measures. But, self-report measures can be useful adjuncts to a functional assessment examining the antecedents, consequences and correlates of kleptomania behaviors, particularly given the high comorbidity rate of affective, impulse control and obsessive-compulsive disorders (Grant, 2006a).

CONCLUSION

Our current data indicates that the urges to steal, stealing behavior and kleptomania went into diminution within 8 group counseling sessions. There is, therefore no gainsaying that cognitive-behavioral therapy theories have much to add to our knowledge of stealing and kleptomania, even though research regarding these maladaptive behaviors is still in its early stages. The effect of group-focused counseling therapy on adolescent's recidivism is relatively new as no known study to the best of the researchers' knowledge has been conducted using group counseling process and techniques within the Nigerian setting. Therefore, follow-up studies for replication of the effects of group-focused counseling therapy on adolescents' recidivism to stealing and kleptomania using larger samples are needed in Nigeria.

Appendix A; stealing behavior questionnaire:

Study A

Age:

Gender (Male/Female):

Study B

Please candidly respond to the items in this questionnaire as it applies to you using the following guidelines: 0 = not at all applicable to me, little bit applicable to me, 2 = moderately applicable to me, 3 = quite a bit applicable to me and 4 = extremely applicable to me:

Items:

I have stolen other people's belongings whether I need them or not
I have this distressing feeling each time I steal other people's belongings
I make plans as to whether and how to steal other people's belongings
I have been caught stealing other people's belongings
When stealing I do feel afraid of being caught
I feel my stealing behavior should be discussed with a group that could be of help to me
I steal things I want to eat because I am hungry
I personally know why I have stolen from others
I have a feeling of pleasure while stealing other people's belongings
I feel the urges to steal doesn't interfere with my life in any way
I feel somewhat anxious when I have the urges to steal other people's belongings.
I have urges to steal and I can't resist it

REFERENCES

- APA., 2000. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-Association). 4th Edn., American Psychiatric Press Inc., USA., ISBN-10: 0890420254.
- Antonuccio, D.O., W.G. Danton, G.Y. DeNelsky, R.P. Greenberg and J.S. Gordon, 1999. Raising questions about antidepressants. *Psychotherapy Psychosomatics*, 68: 3-14.
- Blanco, C., J. Grant, N.M. Petry, H.B. Simpson and A. Alegria *et al.*, 2008. Prevalence and correlates of shoplifting in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). *Am. J. Psychiatry*, 165: 905-913.
- Burstein, A., 1992. Fluoxetine lithium treatment for kleptomania. *J. Clin. Psychiatry*, 53: 28-29.
- Chinwokwu, E.C., 2012. Crime and criminal investigations in Nigeria: A study of police criminal investigation in Enugu State. *Afr. J. Law Criminology*, 2: 46-55.
- Christianini, A.R., M.A. Conti, N. Hearst, T.A. Cordas and C.N.D. Abreu *et al.*, 2015. Treating kleptomania: Cross-cultural adaptation of the kleptomania symptom assessment scale and assessment of an outpatient program. *Compr. Psychiatry*, 56: 289-294.
- Dalfen, A.K. and D.E. Stewart, 2001. Who develops stable or fatal adverse drug reactions to selective serotonin reuptake inhibitors?. *Can. J. Psychiatry*, 46: 258-262.
- Dannon, P., 2002. Kleptomania: An impulse control disorder?. *Intl. J. Psychiatry Clin. Pract.*, 6: 3-7.
- Dannon, P., 2003. Topiramate for the treatment of Kleptomania: A case series and review of the literature. *Clin. Neuropharmacol.*, 26: 1-4.
- Dannon, P., I. Iancu and L. Grunhaus, 1999. Naltrexone treatment in kleptomaniac patients. *Hum. Psychopharmacol. Clin. Exp.*, 14: 583-585.
- Gauthier, J. and D. Pellerin, 1982. Management of compulsive shoplifting through covert sensitization. *J. Behav. Ther. Exp. Psychiatry*, 13: 73-75.
- Gazda, G.M., J.A. Duncan and M.E. Meadows, 1967. Counseling and group procedures-report of a survey. *Counselor Educ. Supervision*, 6: 305-310.
- Gazda, G.M., 1971. *Group Counseling: A Developmental Approach*. Allyn and Bacon, Boston, Massachusetts, Pages: 425.
- Glover, J.H., 1985. A case of kleptomania treated by covert sensitization. *Br. J. Clin. Psychol.*, 24: 213-214.
- Goldman, M.J., 1992. Kleptomania: An overview. *Psychiatric Ann.*, 22: 68-71.
- Grant, J.E. and S.V. Kim, 2002a. Outcome of study of kleptomania treated with Nalrexone: A chart review. *Clin. Neuropharmacol.*, 28: 11-14.
- Grant J.E. and S.W. Kim, 2002b. Adolescent kleptomania treated with naltrexone: A case report. *Eur. Child Adolesc. Psychiatry*, 11: 92-95.
- Grant, J.E. and S.W. Kim, 2002c. Clinical characteristics and associated psychopathology of 22 patients with Kleptomania. *Compr. Psychiatry*, 43: 378-384.
- Grant, J.E., 2006a. Understanding and treating kleptomania: New models and new treatments. *Isr. J. Psychiatry Relat. Sci.*, 43: 81-87.
- Grant, J.E., 2006b. Kleptomania. In: *Clinical Manual of Impulse-Control Disorders*. Hollander, E. and D.J. Stein (Eds.). American Psychiatric Publishing, Arlington, VA., pp: 175-201.
- Igbo, J.N., 2010. Stealing and Kleptomania. In: *Counseling Youths in Contemporary Nigeria*. Obidoa, M.A. and C.S. Ifelumi (Eds.). Chuka Educational Publishers, Nsukka, pp: 185-195.
- Kindler, S., P.N. Dannon, I. Iancu, Y. Sasson and J. Zohar, 1997. Emergence of kleptomania during treatment for depression with serotonin selective reuptake inhibitors. *Clin. Neuropharmacol.*, 20: 126-129.
- Kohn, C.S. and D.O. Antonuccio, 2002. Treatment of kleptomania using cognitive and behavioral strategies. *Clin. Case Stud.*, 1: 25-38.
- Kohn, C.S., 2006. Conceptualization and treatment of Kleptomania behaviors using cognitive and behavioral strategies. *Intl. J. Behav. Consultation Therapy*, 2: 553-559.
- Krahn, D.D., K. Naim, B.A. Gosnell, A. Drewnowski, 1991. Stealing in eating disordered patients. *J. Clin. Psychiatry*, 52: 112-115.
- Mahler, C.A., 1969. *Group counseling in the schools*. Houghton Mifflin, Boston, Massachusetts, Pages: 78.
- McElroy, S.L., H.G. Pope, Jr., J.I. Hudson, P.E. Keck, Jr. and K.L. White, 1991. Kleptomania: A report of 20 cases. *Am. J. Psychiatry*, 148: 652-657.

- Nwadinobi, V.N., 2009. Group Dynamics and Counseling for the Physically Challenged Persons in Nigeria. 2nd Edn., The Light of Winners Printing Press, Nkpor, Anambra State, Nigeria.
- O'Donohue, W., J.E. Fisher and S.C. Hayes, 2003. Cognitive behavior therapy: Applying empirically supported techniques in your practice. Wiley, New York, USA., Pages: 505.
- Vandereycken, W. and V.D. Van Houdenhove, 1996. Stealing behavior in eating disorders: Characteristics and associated psychopathology. *Compr. Psychiatry*, 37: 316-321.
- Vanderlinden, J., 1997. Trauma, Dissociation and Impulse Dyscontrol in Eating Disorders. Brunner/Mazel, Inc., Philadelphia, PA., Pages: 229.
- Wolpe, J., 1958. Psychotherapy by reciprocal inhibition. Stanford University Press, Stanford, Pages: 240.