Effectiveness of Cognitive Behavior Therapy for Conversion Disorder: A Case Study

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ABSTRACT: *Psychological treatments such as cognitive behavioral therapy (CBT) may have effective in adolescence with conversion disorder in Bangladesh. This is a detailed case report of a person with conversion disorder who received CBT. Treatment of conversion disorder was accompanied by decreases in fainting, improve social skill, increase functional activity, reduce negative thought, and regain confidence. CBT focused on symptoms can lead to improvement in conversion disorder.*

KEYWORDS: *CBT, Conversion disorder, Cognitive behavior therapy, Bangladesh.*

INTRODUCTION

X, a 14 year old, Muslim unmarried female client referred by outpatient department of Psychiatry for psychological intervention. She was diagnosed as having Conversion disorder from referring agency.

PROBLEM DESCRIPTION

The client was a student of class nine. In assessment sessions she presented her problems along with history. Although she sought help mainly for her faintness, but through the assessment procedure problems in other areas of functioning were revealed. Such as- stiffness of hand and legs, sadness, decrease social interaction, headache, unable to continue study, lack of sleep, guilt feeling and irritability. When the client was referred to the Trainee Clinical Psychologist the following symptoms were stated in five aspects.

COGNITIVE COMPLAINTS: X reported that she had been taken treatment since six month for her problems. She felt that she could not do anything in life. She also felt difficulty in making decision, feeling of irritation and lack of concentration. The client also blamed herself for her problem.

PHYSICAL COMPLAINTS The client's chief complaints were headache, loss of appetite, sleep disturbance, stiffness of hand and leg, and fainting.

BEHAVIORAL COMPLAINTS The client reported that, her activity became very slow in different aspect and was avoided social interaction.

EMOTIONAL COMPLAINTS The client reported that she felt depress and upset. She lost all pleasure and satisfaction.

PARENT'S POINT OF VIEW

and their relationship broken down. But she did not want to break up their relationship. After, all of these she could not take any decision about what would she do. In that case she couldn't read attentively and got poor marks in examination. During school time she experienced fainting and stiffness of hand and legs. At that time she didn't attend school due to fainting. Since then her presenting problems, e.g.; depress mood, fainting, lack of pleasure, sleep disturbance, social adjustment problem etc. were started.

APPEARANCE, BEHAVIOR AND RELIABILITY OF INFORMATION

In the first session she came to me with her parents. The client seemed quite normal in the first session. Her behavior was well maintained but not sustains eye contact, she was found a bit upset and feel anxious. Her attitude towards the therapist was good. Her clothing and social behavior of the client were culturally appropriate.

RELEVANT BACKGROUND INFORMATION

PERSONAL HISTORY: From early childhood she was calm. She was a member of quiet dominating family. Her father always rebuked her for any kind of mistakes, for that reason she was felt very sad. Her mother was cooperative and supported her several times but her mother was also suffered for supporting her.

She had few friends and she couldn't enjoy with them because her father didn't like it. Her parent dealt with her as like adult because they had also two younger children. Her father also compared her with other children and verbally attacked her all time. During any bad occurrence in her family if she protested, she had been termed as "disobedient". She likes reading story, listening music and reciting poetry which are not supported by her father.

She was sexually abused at the age of nine years old; one of her cousin abused her in a family gathering. After that her cousin came her house several times and wanted to communicate with her, during this time she became quailed and finched from that place. She couldn't tell these to her parents with a fear of receiving disbelief from the family.

At the age of ten she got affair with a boy. Most of her friends forbid her to continue this relationship. There also grew a big gap with her friends. Every day she talked with the boy over phone for 4-5 hours and it also creates close involvement with the boy. That makes her a bit relieved from her struggle of family. But their relationship broken down and she shared about this relationship with her parents by her friends. But her parents blame her as a bad girl and she was physically tortured for doing these. In that time she could not take any decision about what would she do? After that she couldn't read attentively and got poor marks in examination. Since then her presenting problems, e.g.; depress mood, fainting, lack of pleasure, loss of appetite, sleep disturbance, social adjustment problem etc. were started.

FAMILY HISTORY: X, a 14 years old female Muslim client came from a solvent family. She was the eldest child of her Family, she had one brother and two sisters including herself. Her Father was a 50-years old service holder and her mother was a 35-years old house wife. Her mother mentioned that her marriage was unaccepted with high age gap. For that her mother couldn't share everything easily with her father. According to the client the relationship of her parents are not good. Her family bonding was quiet warmth. But her father was too much dominating and always does aggressive behavior. X's father was a good position in the office, so he had to be very busy. For this X's father could not manage time for his family members. Almost always her father was in bad temper and after returning home from office most of the time it increased.

PSYCHIATRIC HISTORY: There was no psychiatric history found in the X's family members.

ACADEMIC HISTORY: Ms. X was read in class VIII. Her schooling was age appropriate and performance was good. But after the problem her results decreased day by day and she lost all her interest to study. She also stopped to going school because of her fainting.

MEDICAL HISTORY She was admitted in general hospital for four times for her problem of stiffness of hands, legs and fainting. Then she went to neurology department. This department referred her to psychiatrist and psychiatrist referred her at psychiatry OPD. Beyond this problem she had not have any significant medical and psychiatric history.

INITIAL ASSESSMENT

In the initial stage of assessment the therapist and the client was introduced to each other. She was confirmed about the confidentiality. The assessment of X's problem was done mainly through clinical interview. She was socialized about psychological problem and psychotherapy. For assessing the nature and severity of the problem, the following assessment tools were used

- Interview with child.
- Interview with parent.

Subjective measures by client and parents: Verbal self-rating of the client's problems was taken in a '0' to '10' scale, where '0' means lowest and '10' means highest level of problems. Client's self-rating of problem at first session was 10 (Figure 1).

Creative therapy strategies: Creative therapy was played an important role on assessing the problem. Creative therapy such as my world, heart strings, and the pit were used for assessing the problem.

Home work: Home was given, such as- behavioral activity chart.

FORMULATION

X was diagnosed as having conversion disorder by the referring agency. After assessing her problem through clinical interview of the child and parents, daily records, subjective rating and creative strategies, the client's case formulation was done as below-

To conceptualize the problem ten factor clinical formulation is given (Figure 2).

The information found in the assessment and the formulation format was used to share with her parent. From in depth interview of the client and parents founded that, X was the first child of her

parents, so that her parent dealt with her as like adult because they had also two younger children. For this reason she was confused about her role –is she adult or adolescence? (Marcia et al., 1993) has found that adolescents may achieve one of four identity states. With identity diffusion there is no frm commitment to personal, social, political or vocational beliefs or plans. Such individuals are either fun seekers or [illegible] people with adjustment difculties and low self-esteem.

She was a member of quiet dominating family. Her father also compared her with other children and verbally attacked her all time. During any bad occurrence in her family if she protested, she had been termed as "disobedient". She likes reading story, listening music and reciting poetry which are not supported by her father. In general, behavioral models claim that depressive mood comes about because the person is receiving inadequate or insufcient positive reinforcement or reward from his or her environment (Champion & Power, 1997).

Her father always rebuked her for any kind of mistakes, for that reason she felt very sad. So, it created serious emotional impact on her. According to (Glaser, 1995) identifes fve qualitative dimension of parenting that underpins emotional abuse. These are: persistent negative misattributions to the child, inaccurate developmental expectation, emotional unavailability, using the child to meet the parent's emotional needs, deviant socialization.

According to the client the relationship of her parents are not good. She had few friends and she couldn't enjoy with them because her father didn't like it. According to (Carr, 2003) Peer friendships are important because they constitute an important source of social support and a context within which to learn about[illegible]

- To enhance the communication skills the child and the parents were provided communication skills training such as listening, summarizing etc. So that they can express their feelings and demand appropriately to each other.

Parental counseling was done to manage their couple and personal problem by reducing their conflict and stress. They were stressed with their eldest daughter future for which ventilation and proper education was done.

In psycho education session parents, children and their sibling are given both general information and a specific formulation of the child's particular difficulties (Farlane, 1991).

Where parents have difficulties for helping children to avoid engaging in aggressive and destructive behavior, behavior modification skill is appropriate (Herbert, 1987). A family based therapy is associated with a positive outcome (Carr, 2003). Where parents and children have difficulties in communication clearly with each other about how best to manage the presenting problems, communication training may be appropriate (Fallon et al., 1993).

The last two sessions were relapse prevention. X was asked to apply thought challenge and other techniques to prevent any probable future anxiety and stress.

RESULT

After 11th sessions the case was terminated. As termination of the case the client improved adequately, the pre and past assessments according to subjective rating is given below:

SUBJECTIVE RATINGS THE CLIENT ABOUT THE IMPROVEMENT AND SYMPTOMS:

The case was terminated after 11 sessions; the subjective rating of improvement and symptoms at different session and in follow up sessions was as below as (Table 1) indicates overall improvement of the problem. As rated by the client (0-10 Point rating scale. O indicate lowest level of problem and 10 indicates highest level of

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