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# 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

Her parent's complained that she was always in low and depress mood. She was very sensitive and she became irritated at any comment. She didn't want to go out and didn't want to mix with others. Father reported that she was disobedient, she didn't listen any advice which was good for her life. They also reported that she was -

- Inattentive in study
- Relational gap with father
- Don't follow any word
- She is very lazy
- Lack of proper sleep
- Suddenly she begins crying

## HISTORY OF PRESENTING PROBLEM

The clients presenting problem was started six month before when she came to the psychiatric outpatient department. At the age of 9 she was sexually abused by her cousin. After that she has got some problems, e.g., anxiety, lack of pleasure, feeling of irritation, feeling of guilt, helplessness, headache etc. At the age of ten she had an affair for eight month. She had been in confusion about their relationship, because her parent's didn't accept their relationship

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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 flinched 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

1. ***In depth interview***
    - Interview with child.
    - Interview with parent.
2. ***Observation***
3. **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).
4. **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.
5. **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

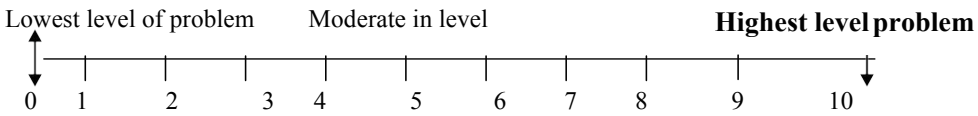


**Figure 1.** Self-rating of first session.

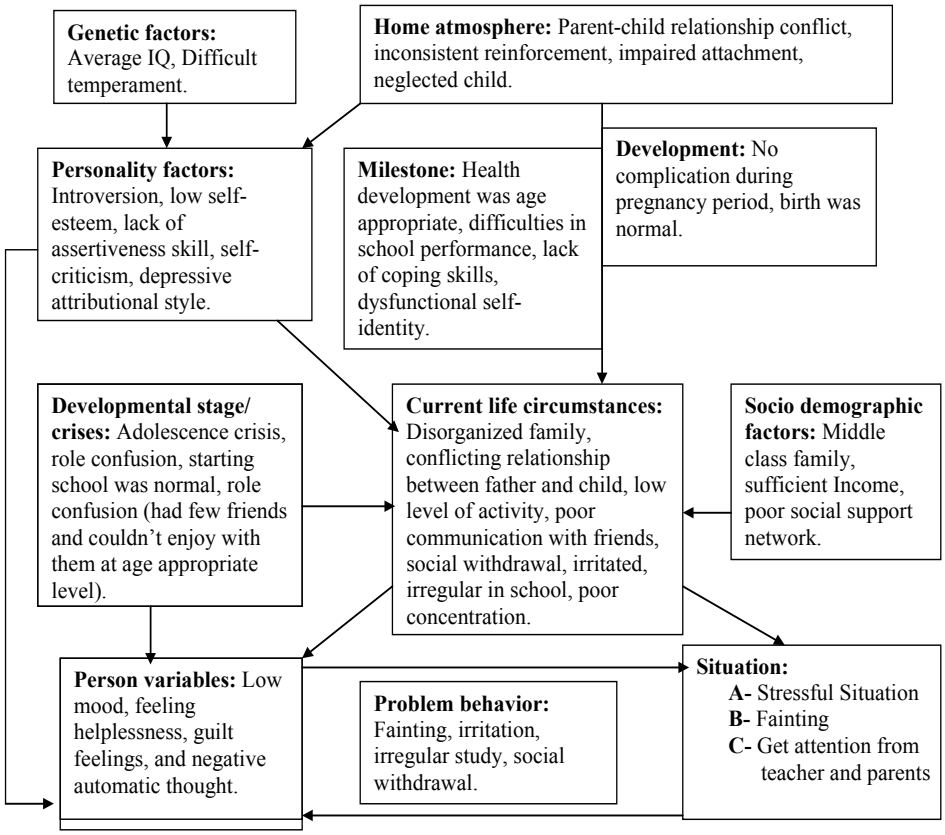


**Figure 2.** Ten factor clinical formulation factors contributing to incidents of problem behavior.

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 firm commitment to personal, social, political or vocational beliefs or plans. Such individuals are either fun seekers or people with adjustment difficulties 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 insufficient 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) identifies five 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 the management of networks of relationships.

She was sexually abused for several times. (Ehlers and Clark's, 2000) propose that "Sometimes individual process traumatic information in a way that produces a sense of current threat, whether this is physical or psychological". Crittenden (1985) reported that a child exposed to repeated early traumatic experiences is likely to show a disruption in normal Personality development. Children who experience a trauma exhibit discernable long-term effect (Barnes & Prosen 1985; Crook and Eliot, 1980).

At the age of ten she got affair with a boy and their relationship broken down. Then developed her current problem (symptoms mentioned in problem description. Her symptoms and other problems were maintained by family system factor and symptom itself. Her mother had mood problems because of inappropriate sharing and communication with her father. This factor also maintained the problem.

Parental disbelief about her symptom also maintained her problems. Authoritarian parenting style also maintained the problem. For her problem she get extra attention from her parents which fulfilled her attention seeking behavior, it also maintained the problem.

Her academic performance was decreased due to her problem; she got poor marks in class so she stopped to going school and study that seriously impaired her self-esteem which also maintained her problems. Doing bad in examination led to low self-esteem, anxious and depressed (Rutter et al., 1999).

She had few friends. She also withdrew herself from interaction and day to day activity. Client had lack of social skills for which she could not say anything when she was bullied by her parents & peer. Research also highlights the social skills deficits of children with conduct and emotional problems (Shure and Spivack, 1992).

The following protective factors were found with in-depth observation and interviewing which helped the client to reduce her problems.

- Above average Intelligence (assumed)
- Internal locus of control
- Family accepted the problem
- Family was very much motivated to take the treatment.
- Family accepted the formulation and treatment plan.

## INTERVENTION AND RESULT

**TREATMENT GOAL:** In the first phase of therapy, assessment of the problems and level of functioning of different areas were done. After addressing the problems, needs, strengths, the goals of the treatment were set collaboratively with Ms. X. The ultimate goal of the treatment was to diminish the problem through achieving some goals those are as follows:

1. ***SHORT TERM GOAL***

- To Increase functional activity.
- Reduction of avoidance.
- To reduce negative thought.
- To increase the relationship with parents.
- To make the parent skilled in using reinforcement properly.

2. ***LONG TERM GOAL***

To remove her fainting problem and regain confidence.

**TREATMENT PROCEDURES:** There are general issues that should be considered in implementing effective cognitive therapy for health anxiety. The first is deal with the precise aims of the treatment for this disorder. The second is engagement of patients with treatment. The primary of treatment is not only to challenge her belief but also the aim of the cognitive therapy is to offer the patient an alternative and hopefully more credible explanation of the problem.

## FOR CLIENT

***Psycho education:*** Psycho education was provided in explaining the interaction between thought, emotion, physiology, and action or behavior. Psycho education was given about conversion disorder to make her understand that it's a normal phenomenon of every person's life. Here used some analogy. Through psycho education she was made normalized and optimistic about her recovery.

***Ventilation:*** Ventilation was done and empathy was given aiming to open up and reduce her stress. As the client had quiet little close relationship with her parents and friends. She could not share her problem with any one because she felt that everybody will misunderstand her.

***Sharing formulation:*** PPM & ABC formulation was shared with the client to make her functional analysis and intervention plan.

***Creative therapy:*** Creative therapy was played an important role on assessing the problem & also created a dramatic change on the client's problem. Creative therapy such as, the pit, heart string, my world, safety hand were used for assessing & intervening Ms.

X. She stopped to going school and withdrawal from activity, here cost and benefits technique was used to modify her problematic behavior.

***Thought challenge:*** This technique was also used to modify

the client's negative automatic thoughts (NAT's) by examining the

evidence for against the NAT's of the client. Cognitive therapy was given to reduce her NAT's as NAT's maintaining her problems. The client often underestimated her positive qualities which maintained her problems. So the client was asked to write down least two good qualities every day. So that she could aware about her positive qualities, it would help her to increase self-esteem and can perceive herself in another perspective.

***Graded task:*** She was afraid to perceive her academic routine activities in total. Graded task technique worked to reduce this problem.

***Assertiveness training:*** Assertiveness training was taught to express her feelings, emotion, ideas both positive and negative in an open, direct, honest manner and also to compromise with the existing conflict.

***Progressive muscular relaxation:*** Breathing and muscular relaxation was applied to demonstrate X so that she might get control over her symptoms as the client had some somatic symptoms due to anxiety. Relaxation also has broader cognitive effects. Peveles and Johnston (1986) found that relaxation increases the accessibility of positive information in memory and hence makes it easier to find alternative to danger-related thoughts.

## FOR PARENTS

***Psycho education:*** Psycho education was provided to make the parents educated on clients' problem and functional analysis. The parents were educated on conversion disorder, its maintaining factor and to use A-B-C (Antecedent, Behavior and Consequence) for functional analysis of behavior.

Functional analysis of the problem behavior is given (Figure 3)

Psycho education was also given on the following areas such as:

- Client's parents were taught to use reinforcement for desirable behavior and time out for undesirable behavior.

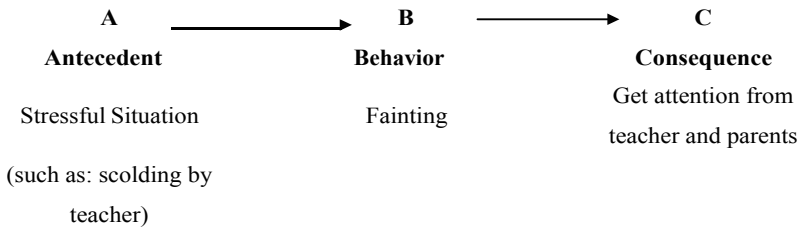


**Figure 3.** Functional analysis of the problem behavior.

**Table 1.**

Gradual reduction of client's subjective rating about the problem.

| Session | Severity of the problem (0-10) |
|---|---|
| 1st session | 10 |
| 2nd session | 9 |
| 3rd session | 7 |
| 6th session | 5 |
| 9th Session | 3 |
| 10th session | 2 |
| 11th session | 2 |

- 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:*** 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.

***Rational for the treatment of choice:*** 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).

***Relapse prevention:*** 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 problem) (Table 1).

## PROGNOSIS

The client was very much compliant to psychotherapy. She was very motivated to continue each session. But she didn't homework assignments regularly because her depress mood. After 11th session client symptoms like- fainting, sadness, sleep, headache, self- confidence, and guilt feeling are reduce significantly. The client was asked to practice all techniques which she learnt.

## DISCUSSION AND CONCLUSION

The client was highly motivated, so it helped the therapist to deal with her problem. When she got the impression that the therapist understood her problems she became very much motivated about attending the sessions and was regular in the therapy session. For this, improvement occurred very rapidly client others symptoms like- fainting, sadness, sleep, headache, self-confidence, social interaction and guilt feeling were reducing significantly. But if the client continued 2nd and 3rd follow up sessions the therapist could feel more confident about the client's improvement due to psychotherapy.

## CONFLICT OF INTEREST

Author declares that there is no conflict of interest

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