

EFFICACY OF SELF-CONTROL TECHNIQUE WITH RELAPSE PREVENTION THERAPY ON KLEPTOMANIA AMONG IN-SCHOOL ADOLESCENTS IN ABA EDUCATION ZONE, ABIA STATE

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Abstract

This study investigated the effect of self-control technique with relapse prevention therapy on kleptomania among in-school adolescents in Aba Education Zone, Abia State. The study adopted quasi-experimental design employing the pre-test, post-test, non-randomized control group design. Twenty-four in-school adolescents whose scores were high on Kleptomania Identification Questionnaire for Adolescents (KIQA) were purposively sampled from a population of 139 individuals exhibiting symptoms of kleptomania in the zone. Two research questions and two hypotheses guided the study. Kleptomania Identification Questionnaire for Adolescents (KIQA), developed by the researchers and validated by three experts with reliability index of .78 was used to collect data. Self-control techniques with relapse prevention therapy were intricately weaved around kleptomania features and exposed to those in the treatment group in eight sessions of 45 minutes each. The control group is a waitlist control group. Data were collected in three phases: pre-treatment, treatment, and follow-up periods. Data collected were analyzed using mean and standard deviation to answer the research questions and Analysis of Covariance (ANCOVA) to test the hypotheses at 0.05 level of significance. Results indicated that self-control with relapse prevention therapy reduced kleptomania behaviour among in-school adolescents at both posttest and follow-up periods. It was concluded that self-control technique with relapse prevention therapy could be effective in reducing kleptomania behaviour among in – school adolescents in the study area. It was recommended that school counsellors should utilize these behaviour modification techniques to help those students exhibiting kleptomania behaviour.

Keywords: Kleptomania, self-control techniques, relapse prevention therapy, in-school adolescents,

Introduction

Stealing is the act of taking what belongs to another person without the express permission or knowledge of the owner. Those who steal do so for various utilitarian purposes. However, some individuals steal what they may not need. This theft is called kleptomania (Nugraha, 2020). People with the behaviour are described as kleptomaniacs. This theft is not motivated by economic means but by lack of self-control due to compulsion interference and a sense of satisfaction when taking other people's goods that are not useful for the culprit and are of no economic value. Kleptomania is characterized by a diminished ability to resist recurrent impulses to steal objects that are not needed for their monetary or personal use. Team (2017) sees Kleptomania as a recurrent urge to steal that is motivated by more of an emotional need to steal, rather than a financial one. This is to say that kleptomaniacs who steal, do not steal because they need the items they take; in fact, the items they steal often do not even have much value.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association, 2013) classifies Kleptomania as an impulse control disorder in which the essential feature is a recurrent urge 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 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). Kleptomania is defined by the feelings associated with the stealing, the urge to steal, a feeling of tension before stealing and a feeling of relief during or immediately afterwards. The individual frequently fears being apprehended and often feels depressed or guilty about the thefts. It often begins in adolescences but can occur among children and adults (Grant et al, 2016).

Kleptomania is an impulse control disorder (Asaoka et al., 2023) which can lead to significant distress, impairment in social or occupational functional and legal consequences if not treated. Kleptomaniacs often struggle with limited sense of self-control and experience an overwhelming urge to steal when presented with the opportunity, driven by impulsive thoughts or feelings that they struggle to control (Blum et al, 2018). This is why self-control technique will be effective in reducing kleptomania among in-school adolescents. Rihana et al. (2019) see kleptomania as being characterized by an anxiety-driven urge to perform an act that is pleasurable at the moment but causes identifiable distress and dysfunction.

Kleptomaniacs feel strong urges to steal with anxiety, tension and arousal leading to theft and feeling of pleasure and relief during the theft (Gotter & Gabbey, 2017). Kleptomania is quite a rare but a serious mental health disorder that can cause much emotional pain to one and loved ones if not treated. Kleptomania is difficult to overcome on your own. Without treatment, it may linger for a long time. The exact prevalence of kleptomania is not known but it is

estimated to impact approximately 1.2 million U.S adults or 6 out of every 1000 adult. Lifetime prevalence is as high as 0.3 to 0.6% of the general population (Cleveland, 2018). Because people may feel embarrassed or ashamed of their condition, the disorder is thought to be under-reported. National data assessing the general population does not exist, but numbers pulled from clinical samples suggest that kleptomania may be much more common than previously believed (Cherry & Gans, 2019). Additionally, the psychosocial effect of kleptomania are evident as it results to severe emotional, family, work, academic, legal and financial problems when left untreated. It is also associated with guilt, shame, self-loathing and humiliation and other complications and conditions include impulse-control disorders, such as compulsive gambling or shopping, alcohol and substance misuse, personality disorders, eating disorders, depression, bipolar disorder, anxiety, suicidal thoughts, suicide attempts and suicide (Sulthana et al., 2015, Carolyn & Kohn in El-Blomy, 2020). In the clinical characteristics perspective, it can emerge under stressful conditions or after an anger evoking event (Grant & Kim in El-Blomy, 2020).

With the manifested evidence of kleptomania above and the challenges associated with it, there is need to identify effective measures of control that could serve as therapy to reduce kleptomania in individuals. The present study identified therapies that could assist in such cases to include self-control with relapse prevention therapy. According to Grant and Odlaug in Blum (2018) kleptomania is a disabling disorder that results in intense shame, as well as legal, social, family and occupational problems if not treated. As such, large scale treatment studies are needed. This study adopted self-control technique with relapse prevention therapy as a therapeutic intervention to reduce kleptomania among in-school adolescents.

Self-control is a process through which an individual becomes the principal agent in guiding, directing or regulating those features of his own behaviour that might eventually lead to desired positive consequence (Obi, 2015). It is a systematic procedural approach involving mastery of specific techniques. Exercise of self-control is a conscious effort acquired through learning and practice (Moffit & Kern cited in Obi, 2015). Self-control can also be seen as a conscious attempt to gain mastery of a learnable normal behaviour in order to consciously unlearn abnormal behaviour. In the process of acquiring the tactics of self-control, the therapist encourages the client to apply his own resources in order to gain control of his own behaviour. This resilience enables the client to utilize his strengths to manage his life events proactively without relying on external help (Obi, 2015).

Utilizing self-control technique in behaviour modification involves a mastery of specific skills. The skills of self-control include self-monitoring, self-evaluation, orientation for change, behavioural contracts, modification of the environment, tasks and assignments and self-reinforcement. These techniques lay in a continuum and are intricately woven around the target behaviour to produce a comprehensive mechanism to achieve therapeutic change (Obi, 2021). Empirical evidence abound on the efficacy of self-control techniques. Ocheni (2021) found that self-control with relapse prevention therapy reduced smoking behaviour among undergraduates in Abia State. Again, Job et al. (2016) found that self-control techniques enhanced academic

performance of students. Hofmann et al. (2014) found that those exposed to self-control techniques reported high levels of psychosocial adjustment and less psychopathology. Duckworth & Seligman in Cherry (2021) found that students who exhibited greater self-control had better grades, higher test scores, and were more likely to be admitted to a competitive academic programme. Thus, self-control has been viewed as effective in curbing abnormal behaviour which may include kleptomania. Many compulsive/impulsive behaviour lend themselves to relapse.

Relapse prevention therapy was used with self-control technique as an adjunct therapy to maximize its effectiveness. According to Greenhalph, et al. (2016), relapse could be defined as an act or instance of backsliding or worsening. Relapse prevention therapy teaches people to recognize and manage the warning signs in maladaptive behaviours so that they can interrupt the progression early and return to the process of recovery. Relapse is a process, it is not an event. In order to understand relapse prevention, you have to understand the stages of relapse. Relapse starts weeks or even months before the event of physical relapse (Steven, 2015). There are three stages of relapse. The first stage is emotional relapse, mental relapse and physical relapse. Relapse prevention therapy acts to halt lapses that could lead to relapse.

Relapse Prevention Therapy (RPT) is a behavioural self-control programme that teaches individuals with addiction how to anticipate and cope with potential for relapse. RPT as an aftercare programme to sustain gains achieved during initial treatment. Coping skill training is the cornerstone of RPT. Teaching clients strategies to understand relapse as a process, identify and cope effectively with high-risk situations such as negative emotional states, interpersonal conflict, and social pressure; cope with urges and craving; implement damage control procedures during a lapse to minimize negative consequences; stay engaged in treatment even after a relapse and learn how to create a more balanced lifestyle (Hendershot et al., cited in Obi, 2015). Relapse prevention treatments show particular promise in three areas: reducing relapse severity, enhancing durability of treatment gains, and matching treatment strategies to client's characteristics. Relapse prevention therapy was found to be broadly efficacious (Sharma et al., 2021). This study, therefore, determined the effect of self-control with relapse prevention therapy on the reduction of kleptomania among in-school adolescents in Aba Education Zone, Abia State.

Statement of the Problem

Some adolescents compulsively steal items regardless of their value or need. This overwhelming urge to steal may persist resulting to a pattern of behaviour. The psychosocial effect of kleptomania are evident as it results to severe emotional, family, work, academic, legal and financial problems when left untreated. It is also associated with guilt, shame, self-loathing and humiliation. The subsequent feelings of guilt, shame and anxiety after initial euphoria is a source of concern to the kleptomaniac. If left untreated, it may lead to severe distress and negative consequences on the psychological, social and educational life of the sufferers, causing

destructive social crimes affecting the entire society. Many adolescents who are kleptomaniacs seem helpless either for poor understanding on the nature of their problem or poor education on how to get help in overcoming the problem. Despite efforts by parents and schools to reduce this behaviour, it has persisted. There is need for psychological intervention that will assist the kleptomaniacs to improve self-control and reduce the frequency of stealing episodes. This study therefore utilized self-control technique with relapse prevention therapy to reduce Kleptomania among in-school adolescent in Aba Education Zone, Abia State.

Objectives of the Study

The purpose of the study is to determine the effect self-control technique as a behavioural intervention with relapse prevention therapy as an adjunct therapy on kleptomania among in - school adolescents. Specifically, the study determined:

- the effect of self-control with relapse prevention therapy on the reduction of Kleptomania among in-school adolescents when compared with the control group at post test.
- the effect of self-control with relapse prevention therapy on the reduction of Kleptomania among in-school adolescents when compared with the control group at follow-up.

Significance of the Study

The findings of this study have both practical and theoretical significance. If published, it will be beneficial to the the kleptomaniacs, guidance counsellors, parents, school system and the society. The findings will, as well, authenticate the major theories underpinning this study.

Research Questions

Two research questions guided the study thus:

- What is the mean score difference in the rate of reduction of kleptomania between in-school adolescents in the self-control with relapse prevention therapy and control at posttest period?
- What is the mean score difference in the rate of reduction of kleptomania between in-school adolescents in the self-control with relapse prevention therapy and control at follow-up period?

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance.

- HO₁:** There is no significant mean score difference in the rate of reduction of kleptomania behaviour between those in the self-control technique with relapse prevention therapy group and control group at post-test period.
- HO₂:** There is no significant mean score difference in the rate of reduction of kleptomania behaviour between those in the self-control technique with relapse prevention therapy group and control group at follow-up period.

Methodology

This section highlighted the procedures that were adopted in carrying out the study. The study adopted quasi-experimental design employing the pre-test, post-test, non-randomized control group design. Quasi-experimental design was therefore suitable for this study in that it enabled the researcher to examine the effectiveness of self-control with relapse prevention therapy on reduction of kleptomania among in-school adolescents in Aba Education Zone of Abia State. The population was 239 SS2 students in public and private senior secondary schools in Aba Education zone with symptoms of kleptomania.

The sample size of the study comprised 24 in-school adolescents identified as kleptomaniacs whose scores on the instrument were high. They were purposively sampled from the population. The Kleptomania Identification Questionnaire for Adolescents (KIQA) used for the study was validated by three experts; two in Guidance and counselling and one in Measurement and evaluation all from College of Education, Michael Okpara University of Agriculture, Umudike.

The reliability of the instrument was determined through test-retest method after two weeks interval by administering KIQA on 20 kleptomaniacs from Imo State which is outside the study area but with similar characteristics. The KIQA was reshuffled and re-administered on the same subjects after the two weeks. Pearson product moment correlation coefficient was used in computing the data collected and a reliability index of 0.78 which is considered high enough was obtained. The internal consistency of the instrument was determined using cronbach Alpha method which yielded an index of 0.83.

The study adopted a systematic procedure for data collection. Self-control techniques with relapse prevention therapy were intricately weaved around kleptomania features and exposed to those in the treatment group in eight sessions of 45 minutes each. The control group is a waitlist control group. Using Kleptomania Identification Questionnaire for Adolescents (KIQA), data were collected in three phases- pre-treatment phase, post-treatment phase and follow-up phase. The pre-treatment phase involved pre-treatment assessment to get the baseline data using the KIQA for all the groups. Post-treatment phase involved getting data from all the groups a week after the treatment while follow-up phase involved assessment using KIQA after a one month period from all the groups. The data collected were statistically analyzed. Mean and standard deviation were employed to answer the research questions, while analysis of covariance (ANCOVA) was used to analyze the hypotheses at 0.05 level of significance.

Results and Discussions

Research Question 1

What is the mean score difference in the rate of reduction of kleptomania between in-school adolescents in the self-control with relapse prevention therapy and control at posttest period?

Table 1: Pretest-Posttest Mean and Standard Deviation of Reduction of Kleptomania between In-School Adolescents in the Self-Control with Relapse Prevention Therapy and Control at posttest period

Groups	Pretest			Posttest		Mean Reduction	Mean Reduction Difference
	N	X	SD	X	SD		
SCT+RPT	12	3.18	0.31	1.20	0.55	1.98	1.89
Control	12	3.10	0.66	3.01	0.44	0.09	

Data in Table 1 show that subjects exposed to self-control with relapse prevention therapy (SCT+RPT) had a pre-test mean score of 3.18 with a standard deviation of .31 and a post-test mean score of 1.20 with a standard deviation of 0.55. Similarly, the subjects in the control group recorded pre-test mean score of 3.10 with a standard deviation of 0.66 and a post-test mean score of 3.01 with a standard deviation of 0.44. The table further showed that the in-school adolescents exposed to self-control with relapse prevention therapy (SCT+RPT) had mean reduction difference of 1.98 while their counterparts in the control group had 0.09. The mean reduction difference between the self-control with relapse prevention therapy (SCT+RPT) and the control group is 1.89; which implies that the subjects exposed to self-control with relapse prevention therapy (SCT+RPT) had higher mean reduction rate than their counterparts in the control group.

Hypothesis 1

There is no significant mean score difference in the rate of reduction of kleptomania behaviour between those in the self-control technique with relapse prevention therapy group and control at post-test period.

Table 2: Analysis of Covariance (ANCOVA) on Kleptomania Behaviour Reduction of In-School Adolescents Exposed to Self-control with Relapse Prevention Therapy and the Control Group at posttest

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	7778.422 ^a	2	3889.211	16.766	.000
Intercept	5361.536	1	5361.536	23.113	.000
Pretest	3149.339	1	3149.339	13.576	.001
Groups	4462.034	1	4462.034	19.235	.008
Error	4175.453	22	231.970		
Total	78934.000	24			
Corrected Total	13953.875	23			

The results in Table 2 shows that self-control with relapse prevention therapy has a significant effect on the rate of reduction of kleptomania behaviour of the in-school adolescents. The calculated f-value of 19.235 is higher with degree of freedom of 22 at 0.05 level of significance. This implies that exposing in-school adolescents with kleptomania to self-control with relapse prevention therapy significantly reduced their kleptomania behaviour. Therefore the null hypothesis of no significant mean score difference in the rate of reduction of kleptomania between those in the self-control with relapse prevention therapy group and control at post-test period is rejected.

Research Question 2

What is the mean score difference in the rate of reduction of kleptomania between those in SCT/RPT and control at follow-up?

Table 3: Post-test and follow-up Mean and Standard Deviation of rate of Reduction of kleptomania Among In-school Adolescents exposed to Self-Control with Relapse Prevention Therapy and Control Group at Follow-up period

Groups	Posttest			Follow-up		Mean Reduction	Mean Reduction	Difference
	N	X	SD	X	SD			
SCT+RPT	12	1.20	0.55	1.70	0.43	0.5		
							0.39	
Control	12	3.01	0.44	2.90	0.28	0.11		

Data in Table 3 show that the in-school adolescents having kleptomania that were exposed to SCT/RPT had a post-test mean score of 1.20 with a standard deviation of 0.55 and a follow-up mean score of 1.70 with a standard deviation of 0.43. Similarly, in-school adolescents in the control group recorded posttest mean score of 3.01 with a standard deviation of 0.44 and a follow-up mean score of 2.90 with a standard deviation of 0.28. The table further showed that the in-school adolescents exposed to SCT/RPT had mean reduction difference of 0.5 while their counterparts in the control group had 0.11. The mean reduction difference between the SCT/RPT and control groups is 0.39. The results therefore, indicated that the treatment gains were maintained after one month follow-up period.

Hypothesis 2

There is no significant mean score difference on the rate of reduction of kleptomania between those in SCT/RPT and control group at follow-up period.

Table 4: Analysis of Covariance (ANCOVA) on the rate of reduction of Kleptomania among In-school Adolescents exposed to Self-Control with Relapse Prevention Therapy and Control Group at Follow-up period.

Source	Type III sum of squares	df	Mean square	F	Sig
Corrected model	4626.493 ^a	2	2313.247	5.053	.001
Intercept	11282.717	1	11282.717	24.644	.000
Post-test	4611.434	1	4611.434	10.072	.000
Treatment	542.471	1	542.471	1.185	.073
Error	587.837	22	457.835		
Total	214032.000	24			
Corrected Total	22091.077	23			

The results in Table 4 show that SCT+RPT had a significant effect on the rate of reduction of kleptomania among in-school adolescents even after one month follow-up period. The calculated f-value of 1.185 in respect of the difference in the treatments of SCT+RPT on kleptomania after one month follow-up period is higher with degree of freedom of 22 at 0.05 level of significance. This implies that exposing in-school adolescents with kleptomania to SCT with RPT significantly reduced their kleptomania showing that the treatment gains were maintained after one month follow-up period. Therefore, the null hypothesis of no significant mean score difference on the rate of reduction of kleptomania between those in SCT/RPT and control group at follow-up period is rejected.

Discussion of Findings

The findings of this study show that SCT +RPT effectively reduced kleptomania among in-school adolescents in Aba education zone of Abia State. The treatment gains were also maintained after one month follow-up period. This finding corroborates the findings of Ocheni (2021) who found that self-control with relapse prevention therapy was effective in reducing smoking behaviour among undergraduates in Abia State. As postulated by Obi (2021), Self-control technique can handle a wide range of behaviour problems especially those bordering on addiction and impulsivity like kleptomania. The reduction in kleptomania behaviour especially in the Self-control with relapse prevention technique can be attributed to the mastery and application of the skills exposed to them in therapy. The addition of relapse prevention therapy maximized its effectiveness as shown by the follow-up scores. Studies show that self-control techniques used with relapse prevention therapy can assist adolescents to control their impulses and help in reducing maladaptive behaviour including kleptomania. Early identification and treatment of kleptomania in adolescents can help prevent the disorder from becoming problematic in future. This underscores the need for this study.

Conclusion

The findings indicated substantial reductions of kleptomania among those exposed to SCT with RPT than those in the control group. The gains after therapy were also maintained at one month follow-up. It can, therefore be concluded that self-control with relapse prevention therapy have the potential to assist kleptomaniacs reduce impulsive stealing behaviour. Specifically, self-control with relapse prevention therapy (SCT+RPT) demonstrated effectiveness in reducing kleptomania proving to be particularly impactful in achieving sustained reductions even after a one month follow-up period. These results emphasize the importance of implementing targeted interventions to address kleptomania among adolescents, highlighting the potential for meaningful and sustained therapeutic outcomes.

Recommendations

The following recommendations were made based on the findings of the study.

1. It was recommended that school counsellors utilize these specific therapeutic interventions to effectively modify kleptomania behaviour among referred students.
2. Governmental initiatives should be undertaken to organize and sponsor workshops, seminars, and conferences aimed at educating teachers, school guidance counsellors, and parents on the efficacy of SCT+RPT in reducing kleptomania among students, and the need for them to refer adolescents found to engage in impulsive stealing for counselling.
3. This intervention strategy could as well be utilized to assist the political class that steal public funds that they and even their extended family members could not finish within their life time to change.
4. Considering the vital role of SCT as well as the need to incorporate RPT, counsellor educators should emphasize the training of student- counsellors on the application of SCT and RPT in behaviour modification.

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