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(a) Plan a covert observation to investigate the effectiveness of covert sensitisation for treating kleptomania.

Your plan must include details about:

- **structured observation or unstructured observation**
- **steps for making the study reliable. [10]**

Ans. The aim of the study is to investigate the effectiveness of covert sensitisation for treating kleptomania. It is hypothesised that, "Covert sensitisation is a significantly effective treatment for kleptomania."

A sample of ten male and female patients in the age range of 18 to 60 years, diagnosed using ICD-11 criteria for kleptomania will be included in the study. These patients will be recruited using voluntary sampling. Psychiatrists from clinics all over the city will be contacted via email by the researcher. If agreeable to help with the research study, they will be requested to inform patients of kleptomania in their respective clinics that, "A study is taking place that will require you to undergo a well-established treatment for your disorder. It will require your commitment of active participation in two to four months of sessions and homework." Whichever patients respond willingly to participate in the research will be included in the study.

The psychiatrists will be requested to only announce the study to those patients who have not yet begun with any treatment for their disorder. Thus, the validity of the plan is increased by firstly, not naming the treatment to the patients to prevent expectancy effects from prior knowledge of the treatment from confounding results; and secondly, by ensuring that patients are not undergoing any other treatment that could mediate the effects of covert sensitisation on them.

Subsequently, an expert therapist of covert sensitisation will be asked to provide the therapy to the patients individually. Each patient will be called to a special clinical setup by the researchers and first be asked to sign a written informed consent form stating that they are willing to commit to a fairly long-term therapy that may or may not prove to be effective for their condition. Following this, they will begin undergoing the sessions on a weekly or bi-weekly basis, as suitable to them. In the first few sessions, they will be taught muscle relaxation by using a technique like progressive muscle relaxation so that they can engage in imagery with ease. If they are unable to apply this technique due to severe anxiety, they will be administered muscle relaxation medication. In the following sessions, they will be made to vividly imagine in detail a typical scenario in which they engage in stealing behaviour, such as a supermarket situation. They will then be made to imagine something aversive happening in the situation that will sensitise them to it, such as them being arrested or nauseating and being stared at by fellow shoppers etc. when they steal items. The total number of sessions required for each patient will be determined by the therapist and patient during the course of therapy. At the end of the last session, each patient will undergo a behavioural test.

For the behavioural test, each patient will be taken individually to a supermarket with the researchers under the pretext that they are to buy their therapist a 'thank-you gift' that the researchers will pay for. At the supermarket, the researchers will allow the patients to shop by themselves and covertly observe the patients by hiding behind shelves and making notes of their behaviour. Using structured observation, two researchers will independently record on their planned checklists, under the behavioural category of 'stealing,' whether they steal any item, which items they steal, how long they wait before stealing an item, how many items they steal, etc. 'Stealing' will be operationalized as pocketing an item, such as hiding it in clothes, one's bags, etc. instead of keeping it in the cart for checkout. Any symptoms of nervousness in the patients such as sweating, trembling, etc. will also be noted with their durations under the behavioural category of 'signs of distress'. Thus, the researchers will conduct a non-participant observation by not engaging in the shopping behaviour with the patients. Also, this is a naturalistic observation as patients are taken to an actual supermarket where they would usually shop; and are made to believe that they are really shopping for their therapist.

On the day after the behavioural test, a debriefing session will be conducted in which patients will be explained about the exact therapy that they have undergone, that is, covert sensitization and any doubts that they have about it will be addressed to their satisfaction. They will also be informed about the covert observations that were conducted while they were at the supermarket. Their permission will be sought to publish results obtained from their observations, while assuring them of confidentiality - that they will not be personally identified in the report of the study and that only group-wise summaries of results will be published.

As the therapy is to be conducted in a very standardised manner by fixing the sequence of learning relaxation, practising imagination, etc. in the sessions; and observation is to be conducted using standardised checklists, the reliability of the plan is increased.

For scoring and data analysis, the two observers will share their checklists with each other. A percentage will be calculated for how many patients engaged in stealing at least one item. Thus, by counting and converting to a percentage the number of patients who engaged in stealing, quantitative data will be used for analysis. Only those patients will be considered as having stolen something for which both observers have marked stealing on their checklists. This will help establish inter-observer reliability. A criterion will be set such that if less than fifty percent patients have engaged in stealing, then covert sensitisation is an effective treatment for kleptomania, else it is not. Significance of these results will be checked by performing suitable inferential statistics. The other behaviours noted by the observers such as time taken to steal or signs of nervousness, etc. will be discussed as secondary observations in the report of the study.

(b) For one piece of psychological knowledge on which your plan is based:

(b) (i) Describe this psychological knowledge.

Kleptomania is an impulse control disorder characterised by repetitive, uncontrollable stealing of items that are not needed for consumption. Covert sensitisation is one type of behaviour therapy used to treat this disorder. It involves the patient imagining the stealing behaviour in association with something aversive to sensitise them to it, thus discouraging it from being performed again. A case study by Glover et al. is a prominent example of this. The patient initially took muscle relaxation medication to be able to engage in imagery. Then she practised covert sensitisation by imagining vomiting and being looked upon by other shoppers as she engaged in stealing behaviour in a supermarket. She undertook a total of four bi-weekly sessions in a period of two months and the therapy proved to be successful for her.

(b) (ii) Explain how you used two features of this psychological knowledge to plan your study.

I used the feature of inducing muscle relaxation for better imagery from the Glover et al. study in my plan. In the procedure, I outlined how patients will have to learn muscle relaxation in the first few sessions. They would have to take muscle relaxation medication if they were too anxious following what the lady in Glover et al.'s study had to do in the first two sessions.

I also used the feature of imagining unpleasant situations like being arrested or nauseating during imagination from the Glover et al. study. In the study, the patient had first tried to imagine being arrested as an unpleasant stimulus but when it proved to be ineffective, she imagined vomiting which worked for her. I drew my ideas from these imaginations.

(c)(i) Explain one reason for your choice of a structured or unstructured observation.

I chose a structured observation as it proves to be reliable because of standardisation. Both researchers used the same checklists to record participants' behaviours in the supermarket, thus consistently observing any behaviours of stealing and signs of distress, as described on the checklists.

(c)(ii) Explain one strength of using covert observation in your study.

The use of covert observation in my study increases its validity by reducing demand characteristics. Since patients are kept unaware about their behaviours in the supermarket being recorded, they are less likely to not engage in stealing even if they wished to, to create a favourable impression on the researcher.

(c)(iii) Explain one reason for your choice of steps for making the study reliable.

I made use of inter-observer reliability to make the study reliable. This is because two researchers observing the same behaviours in the patients at the supermarket increases consistency in measurement of the behaviours as compared to only one researcher observing them.

Finding the answer too long?

Unsure of how many of the points need to be actually covered?

Not sure of why the answer has been organised as it has?

Other doubts?

Visit the supplementary video for this lesson below -

https://youtu.be/AT16l6EKZFw?si=zXF_AZXmcCnuIXB3

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