

Pyromania At A Glance

Pyromania is the compulsion to set fires in the absence of financial or other gain, and the act is preceded by tension or arousal and results in pleasure or relief.

Treatment

The treatment of pathological fire setting emphasizes the use of multiple psychological interventions (e.g., cognitive-behavioral, psychoeducational, supportive, and insight oriented) to address the fire-setting behavior, along with appropriate treatment of any comorbid psychiatric disorders (Brett 2004).¹

Treatment usually includes a combination of pharmacological treatment and psychotherapy in adults. SSRIs are commonly used along with some type of insight-oriented therapy. In children, medications are commonly not recommended, and a case-management approach may be helpful because it addresses the often chaotic family system.

Discussion

Treatment for fire setters is challenging because they often refuse to take responsibility for their acts, are in denial, have comorbid substance use disorders, and lack insight (Mavromatis and Lion 1977). Behavioral treatments such as aversive therapy have helped fire setters (Koles and Jenson 1985; McGrath and Marshall 1979). Other treatment modalities use on positive reinforcement with threats of punishment, stimulus satiation, and operant structured fantasies (Bumpass et al. 1983). Bumpass et al. (1983) treated 29 child fire setters and used a graphing technique that sequentially correlated external stress, behavior, and feelings on graph paper. After treatment (average follow-up, 2.5 years), just 2 of the 29 subjects continued to set fires.

G. A. Franklin et al. (2002) confirmed the positive effect of prevention programs. All subjects arrested and convicted after setting a fire participated in a day-long program detailing the medical, financial, legal, and societal consequences of fire-setting. The rate of recidivism was less than 1% in the program participants compared with 36% in the control group.²

References

1. Gabbard's Treatments of Psychiatric Disorders, 4th Edition. Glen O. Gabbard, M.D., Editor-in-Chief)
2. The American Psychiatric Publishing Textbook of Psychiatry, 5th Edition. Edited by Robert E. Hales, M.D., M.B.A., Stuart C. Yudofsky, M.D., and Glen O. Gabbard, M.D.

Additional Reading

Brett A: "Kindling theory" in arson: how dangerous are fire setters? Aust N Zealand J Psychiatry 38:419–425, 2004 [PubMed]

Mavromatis M, Lion JR: A primer on pyromania. Dis Nerv Syst 38:954–955, 1977 [PubMed]

Koles MR, Jenson WR: Comprehensive treatment of chronic fire setting in a severely disordered boy. *J Behav Ther Exp Psychiatry* 16:81–85, 1985 [PubMed]

McGrath P, Marshall PG: A comprehensive treatment program for a fire-setting child. *J Behav Ther Exp Psychiatry* 10:69–72, 1979

Bumpass ER, Fagelman FD, Brix RJ: Intervention with children who set fires. *Am J Psychother* 37:328–345, 1983 [PubMed]

Franklin GA, Pucci PS, Arbabi S, et al: Decreased juvenile arson and firesetting recidivism after implementation of a multidisciplinary prevention program. *J Trauma* 53:260–266, 2002 [PubMed]

Treatment of children and adolescents involved with repeated firesetting appears to be more effective when it follows a case-management approach rather than a medical model, because many young firesetters come from chaotic households. Treatment should begin with a structured interview with the parents as well as the child, in order to evaluate stresses on the family, patterns of supervision and discipline, and similar factors. The next stage in treatment should be tailored to the individual child and his or her home situation. A variety of treatment approaches, including problem-solving skills, anger management, communication skills, aggression replacement training, and cognitive restructuring may be necessary to address all the emotional and cognitive issues involved in each case.¹

1. Encyclopedia of Mental Disorders, Published online by Advameg, Inc, <http://www.minddisorders.com/Py-Z/Pyromania.html#ixzz0PsntUXTR>

Pyromania in adults is considered difficult to treat because of the lack of insight and cooperation on the part of most patients diagnosed with the disorder. Treatment usually consists of a combination of medication— usually one of the selective serotonin reuptake inhibitors— and long-term insight-oriented psychotherapy.²

2. Encyclopedia of Mental Disorders, Published online by Advameg, Inc, <http://www.minddisorders.com/Py-Z/Pyromania.html#ixzz0PsntUXTR>