
A Treatment Overview for Children with Lying Problems

Duration: 3 hours

Learning Objectives:

Obtain a basic understanding of how to identifying, causes, symptoms of children with lying problems or history, and learn different options to complete a treatment plan that includes:

a. Behavioral Definitions
b. Long Term Goals
c. Short Term Goals
d. Strategies to Achieve Goals
e. DSM V diagnosis Recommendations

***For a full list of 16 short term goals with dozens strategies listed next to each goal check the Child Treatment App for Windows or Apple PC and Android Devices, under our main menu Windows-Apple Apps. Download the Free Demo to Evaluate***

Course Syllabus:
Introduction:

Lying is a common behavior among children. It can develop in very early childhood and persist into the teenage years. However, the reasons for lying change with age.

Lying is one of the earliest antisocial behaviors that children develop. When dealing with your child’s lying, it’s important to consider your child’s age and developmental stage, the type of lies being used, and possible reasons behind the behavior. Lying can sometimes occur with cheating and/or stealing. When this behavior occurs frequently and over an extended period of time, it may indicate a more serious problem.

Types of Lying

Until your child understands the difference between truth and fiction, lying may not be intentional. Your child also must mature to the point where he or she has a conscience in order to understand that lying is wrong.

Researchers categorized lying into the following categories:

Pro-social lying occurs when a child lies to protect someone else or to help others.

Self-enhancement lying is intended to avoid consequences such as shame, disapproval, or reprimand.
Selfish lying is used for self-protection, often at the expense of someone else, and/or to hide misconduct.

Antisocial lying is lying with the intention of purposefully hurting another person.

Who is at Risk of Lying?

Occasional lying is considered common among school-age children. It is more common in boys than girls. Children may be more likely to lie when they are under significant stress to meet unattainable goals. If a parent is likely to overreact and be extremely negative, he or she may push a child into lying to avoid consequences. If your child has Attention Deficit Hyperactivity Disorder (ADHD), he or she may not be able to fully control lying. A child who is involved in drug or alcohol abuse also may lie to hide these activities.

Causes of Lying:

Lying occurs for different reasons as children grow.

Children younger than three years old typically do not lie on purpose. They don’t always know that they are telling untruths. At this age, they are too young to have a moral code against which their lies can be judged. Their lies may be testing ways to use language and communicate. Children between the ages of three and seven years old may not be able to differentiate between reality and fantasy. Their daily activities often emphasize imaginary playmates and pretend play. They may not realize that they are being untruthful, so lies may be unintentional. By the time most children are seven years old, they typically understand the definition of lying. They can be taught that it is morally wrong to lie. They may be confused by a double standard that allows parents to lie. Older children may be testing adult rules and limits by lying.

When they lie intentionally, children may be trying to:

- conceal the fact that they didn’t meet their parents’ expectations
- pretend they are succeeding at school or another activity if they feel that parents won’t accept their failure
- explain why they did a certain action if they are unable to give another explanation for it
get attention in relationships where praise is not offered
avoid doing something
deny responsibility for their actions
protect their privacy
feel independent from their parents

Symptoms of Lying:

There are no definite signs that your child is lying. However, if your child is lying, some common clues are:

unbelievable content in a story
inconsistency when the story is retold
a look of fear or guilt
too much enthusiasm in the storytelling
too much calmness in describing an emotional story

Other Symptoms to Watch For:

Gains pleasure through acts of deception of others
Gains pleasure through manipulation of others
Refuses to accept responsibility
Deceitful behavior
Distinction between fantasy and reality is blurred
History of lies
History of exaggerations

Exploits others in order to satisfy personal needs

Avoids consequences

Lies and puts parents or against each other

Lies and puts peers against each other

Intimidates others to meet personal needs

History of lying to obtain material goods

History of lying to obtain personal satisfaction

Lies to escape punishment for misbehavior

Lies to avoid responsibilities or performing work

Low self esteem and

Lies to increase self-esteem

Exaggerates to boost self-esteem

Lies to elevate status in the eyes of others

Diagnosis and Treatment:

Lying that remains constant may be a sign of a conduct disorder, a learning disability, or an antisocial personality disorder. Evaluation from a mental health professional may be necessary if:

lying occurs with such frequency that it is habitual or compulsive

lying is used to deal with difficult situations on a regular basis

your child does not exhibit remorse about lying when caught

lying is accompanied by other antisocial behaviors such as fighting, stealing, cheating, or cruelty

lying is accompanied by hyperactivity or problems sleeping
your child lies and doesn’t have many friends, indicating possible low self-esteem or depression

lying is used to cover up harmful behaviors such as substance abuse

Treatment of Lying at Home:

Knowing when children are telling the truth and when they are not is often a hard task for parents. There are, however, many clues parents can look for to help them figure out whether or not their children are telling the truth:

1. Facial expression - When children are telling the truth, they are generally relaxed, and their facial expressions show it. Children who are not telling the truth can be anxious, and their facial expressions may show their anxiety.

2. Clearness of statements - Parents should listen carefully to what their children tell them. Are there inconsistencies in what their children tell them? Do their statements make sense? Does what they say sound credible?

3. Spontaneity - If children are telling the truth, their statements usually do not sound rehearsed. If statements do sound rehearsed, parents can ask questions and see how their children handle coming up with answers.

What Parents Can Do About Lying:

1. Explain/discuss why telling the truth is important. Parents should begin teaching their children the benefits of telling the truth while their children are young. They should be careful to use language that is age-appropriate. Parents should let their children know that telling the truth lets other people know that they can be trusted. They should also let their children know that lying is dishonest, and there are often negative consequences for lying. Parents can discuss examples of truthfulness and lying that they see on television, read in books, etc. Parents can also help prevent lying in their children by communicating effectively with them. This, too, should start while children are very young. Children who have open, honest relationships with their parents are much less likely to lie to them.
2. Model truthfulness. Children learn by watching their parents. Parents who lie to their children and in their children's presence are teaching their children that lying is an acceptable behavior. Parents should try to set a good example for their children by being as truthful as possible themselves.

3. Discipline for lying. Parents should set specific rules for lying, and specific punishments when lying occurs. These rules should be discussed with children before they are enforced. It is a good idea for parents to provide separate punishments for misbehavior and lying. When children misbehave but are honest about it, they should get a lesser punishment than when they misbehave and lie about it.

Parents should make sure that there is a payoff for being honest. For example, when children are honest about their misdeeds, parents can praise their children for their honesty and then provide punishment for their misdeed. When children are dishonest about their misdeeds, they should provide a punishment for the dishonesty, and a punishment for the misdeed.

Parents should be careful, however, not to be too severe or too frequent in their punishment, or their children may continue to lie as a means of protecting themselves.

4. Be consistent in treatment of lying. Parents should come up with a set of rules about lying and then stick to them. Children should be disciplined accordingly each time they lie.

5. Make sure lying is not rewarding for children. Parents should be careful not to reward lying behavior in their children. If, for example, a child lies to get something he wants, parents should make sure he or she does not get it.

6. Don't shame children for lying. Parents should try not to make their children feel guilty for lying. Parents can let their children know that they are disappointed with their actions, but they should try hard to avoid sending the message that they are bad people for lying. Instead, parents should make sure their children know that they are being disciplined for their actions, not for who they are.

7. Don't set children up. Parents who are sure that their children have done some misdeed should not try to trap them in a lie by asking them whether or not they did it. Many children will lie to protect themselves when they are backed into a corner. Instead, parents should treat the situation matter-of-factly. Parents should explain to their children exactly what they did that was wrong and why, and then provide discipline. Along the same lines, it is also not a good idea for parents to demand confessions from their children or to punish their children
for misdeeds that they are not absolutely sure their children did.

8. Figure out why children are lying, then look for solutions. Parents should pay close attention to the lies their children tell. They should try to figure out if there is any specific pattern to their children's lies. If parents figure out specific reasons why their children tell lies, they should then look for specific solutions. For example, when children lie to boost their self esteem, parents should develop a strategy to increase their children's self-esteem, so that they do not have to lie to feel good about themselves.

9. Praise truthfulness. Parents should make every effort to praise their children when they are being honest. Behavior that is praised is much more likely to be repeated.

10. Children who persistently lie may have underlying problems. In these instances, parents should seek professional help.

Steps to Develop a Treatment Plan:

The foundation of a good treatment plan is based on the gathering of the correct data. This involves following logical steps the built-in each other to help give a correct picture of the problem presented by the client or patient:

The mental health clinician must be able to listen, to understand what are the struggles the client faces. this may include:

- issues with family of origin,
- current stressors,
- present and past emotional status,
- present and past social networks,
- present and past coping skills,
- present and past physical health,
- self-esteem,
interpersonal conflicts
financial issues
cultural issues

There are different sources of data that may be obtained from a:

clinical interview,
Gathering of social history,
physical exam,
psychological testing,
contact with client's or patient's significant others at home, school, or work

The integration of all this data is very critical for the clinician's effect in treatment. It is important to understand the client's or patient's present awareness and the basis of the client's struggle, to assure that the treatment plan reflects the present status and needs of the client or patient.

There 5 basic steps to follow that help assure the development of an effective treatment plan based on the collection of assessment data.

Step 1, Problem Selection and Definition:

Even though the client may present different issues during the assessment process is up to the clinician to discern the most significant problems on which to focus during treatment. The primary concern or problem will surface and secondary problems will be evident as the treatment process continues. The clinician may must be able to plan accordingly and set some secondary problems aside, as not urgent enough to require treatment at this time. It is important to remember that an effective treatment plan can only deal with one or a few problems at a time. Focusing in too many problems can lead to the lost of direction and focus in the treatment.
It is important to be clear with the client or patient and include the client’s or patient’s own prioritization of the problems presented. The client’s or patient’s cooperation and motivation to participate in the treatment process is critical. Not aligning the client to participate may exclude some of the client’s or patient’s needs needing immediate attention.

Every individual is unique in how he or she presents behaviorally as to how the problem affects their daily functioning. Any problems selected for treatment will require a clear definition how the problem affects the client or patient.

It is important to identify the symptom patterns as presented by the DSM-5 or Diagnostic and Statistical Manual or the International Classification of Diseases (ICD).

Lying Behavioral Descriptors:

1. Gains pleasure through acts of manipulation or deception of others, and refuses to accept responsibility for deceitful behavior.
2. Distinction between fantasy and reality is blurred due to chronic history of lies or exaggerations.
3. Exploits others in order to satisfy personal needs or avoid consequences.
4. Lies and put parents or peers against each other to satisfy personal needs or escape punishment.
5. Intimidates others to meet personal needs at the expense of others.
6. History of lying to obtain material goods or personal satisfaction.
7. Lies to escape punishment for misbehavior.
8. Lies to avoid responsibilities or performing work.
9. Low self esteem and lies to increase self-esteem.
10. Exaggerates to boost self-esteem or elevate status in the eyes of others.

Step 2, Long Term Goal Development:

This step requires that the treatment plan includes at least one broad goal that targets the
problem and the resolution the problem. These long term goals must be stated in non-measurable terms but instead indicate a desired positive outcome at the end of treatment.

Long Term Goals for Lying Behaviors:

1. Reduce lying behaviors.
2. Stop all manipulative and deceptive behaviors.
3. Train minor how to tell the truth, even facing punishment for consequences for wrongful behavior.
4. Increase taking responsibility for actions or behavior without resorting to lying.
5. Identify minor needs, and take steps to meet needs using more adaptive manner, and without resorting to lying.
6. Increase positive self-image to decrease the need to lie to impress others.
7. Increase ability to develop trusting relationships that give minor a sense of security and belonging.

Step 3, Objective or Short Term Goal Construction:

Objectives or short term goals must be stated in measurable terms or language. They must clearly specify when the client or patient can achieve the established objectives. The use of subjective or vague objectives or short term goals is not acceptable. Most or all insurance companies or mental health clinics require measurables objectives or short term goals.

It is important to include the patient's or client's input to which objectives are most appropriate for the target problems. Short term goals or objectives must be defined as a number of steps that when completed will help achieve the long-term goal previously stated in none measurable terms. There should be at least two or three objectives or short-term goals for each target problem. This helps assure that the treatment plan remains dynamic and adaptable. It is important to include Target dates. A Target day must be listed for each objective or short-term goal.

If needed, new objectives or short-term goals may be added or modified as treatment progresses. Any changes or modifications must include the client's or patient's input. When all the necessary steps required to accomplish the short-term
goals or objectives are achieved the client or patient should be able to resolve the target problem or problems.

If required all short term goals or objectives can be easily modify to show evidence based treatment objectives. The goal of evidence based treatment objectives (EBT) is to encourage the use of safe and effective treatments likely to achieve results and lessen the use of unproven, potentially unsafe treatments. To use EBT in treatment planning state restate short term goals in a way that steps to complete that goal and achieve results. For example, the short term goal "13. Increase positive self-descriptive statements." Can be restated as; "By the end of the session the patient or client will list at least 5 positive self descriptions of himself or herself, and assess how they can help alleviate the presenting problem." Remember, that it must be stated in a way one can measure effectiveness.

It is important to note that traditional therapies usually rely more heavily on the relationship between therapist and patient and less on scientific evidence of proven practices.

Examples of Short Term Goals for Lying Behaviors:

1. Identify current situations or individuals that trigger lying and manipulative behavior.
2. Explore with minor all incidents of lying, deception, or manipulation behaviors he can recall.
3. Identify and list irrational or distorted thoughts that encourage lying and manipulative behavior.
4. Identify and list any negative consequences that deceitful behavior creates on self and others.
5. Have minor accept responsibility for lying and manipulation, and agree to publicly apologize for deceitful actions.

Step 4, Strategies or Interventions:

Strategies or interventions are the steps required to help complete the short-term goals and long-term goals. Every short term goal should have at least one strategy. In case, short term goals are not met, new short term goals should be implemented with new strategies or interventions. Interventions should be planned taking into account the client's needs and presenting problem.
Examples of Interventions for Lying Behaviors:

1. Explore with minor how exaggerated claims are self-defeating as they interfere with his or her ability to establish and maintain trusting relationships.

2. Have minor identify and list his or her strengths, and encourage him or her to use talents and strengths to improve self-esteem and meet deeper needs for closeness.

3. Challenge minor to stop using his or her intelligence into self-defeating behaviors of deception and challenge him or her to use intelligence in socially appropriate ways.

4. List at least 10 more adaptive ways to meet his or her needs for love, affection, that can replace inappropriate lying behaviors.

5. Allow minor to express feelings of rejection or deprivation, allowing time to express these needs for love and affection to parents or others.

Step 5, Diagnosis:

The diagnosis is based on the evaluation of the client's present clinical presentation. When completing diagnosis the clinician must take into account and compare cognitive, behavioral, interpersonal, and emotional symptoms as described on the DSM-5 Diagnostic Manual. A diagnosis is required in order to get reimbursement from a third-party provider. Integrating the information presented by the DSM-5 diagnostic manual and the current client’s assessment data will contribute to a more reliable diagnosis. It is important to note that when completing a diagnosis the clinician must have a very clear picture all behavioral indicators as they relate to the DSM-5 diagnostic manual.

Possible DSM V CODE Paired with ICD_9-CM Codes:

Diagnostic Suggestions for Children with Lying Problems: (Parenthesis Represents ICD-10-CM Codes Effective 10-2014)

313.81 (F91.3) Oppositional Defiant Disorder

Specify current severity: Mild, Moderate, Severe

312.34 (F6381) Intermittent Explosive Disorder
Conduct Disorder Specify whether:

312.81 (F91.1) Childhood-onset type
312.32 (F91.2) Adolescent-onset type
312.89 (F91.9) Unspecified onset
Specify if: With limited prosocial emotions
Specify current severity: Mild, Moderate, Severe

301.7 (F60.2) Antisocial Personality Disorder
312.33 (F63.1) Pyromania
312.32 (F63.3) Kleptomania
312.89 (F91.8) Other Specified Disruptive, Impulse-Control, and Conduct Disorder
312.9 (F91.9) Unspecified Disruptive, Impulse-Control, and Conduct Disorder

Attention-Deficit/Hyperactivity Disorder Specify whether:

314.01 (F90.2) Combined presentation
314.00 (F90.0) Predominantly inattentive presentation
314.01 (F90.1) Predominantly hyperactive/impulsive presentation
Specify if: In partial remission
Specify current severity: Mild, Moderate, Severe

314.01 (F90.8) Other Specified Attention-Deficit/Hyperactivity Disorder
314.01 (F90.9) Unspecified Attention-Deficit/Hyperactivity Disorder

Problems Related to Family Upbringing

V611.20 (Z62.820) Parent-Child Relational Problem
Choose one presenting problem. This problem must be identified through the assessment process.

Select at least 1 to 3 behavioral definitions for the presenting problem. If a behavior definition is not listed feel free to define your own behavioral definition.

Select at least long-term goal for the presenting problem.

Select at least two short-term goals or objectives. Add a Target Date or the number of sessions required to meet this sure term goals. If none is listed feel free to include your own.

Based on the short-term goals selected previously choose relevant strategies or interventions related to each short term goal. If no strategy or intervention is listed feel free to include your own.

Review the recommended diagnosis listed. Remember, these are only suggestions. Complete the diagnosis based on the client's assessment data.

Sample Treatment Plan:

Present Behavioral Descriptors of Problem:

1. Gains pleasure through acts of manipulation or deception of others, and refuses to accept responsibility for deceitful behavior.

2. Distinction between fantasy and reality is blurred due to chronic history of lies or exaggerations.
3. Lies and put parents or peers against each other to satisfy personal needs or escape punishment.

4. Low self esteem and lies to increase self-esteem.

Long Term Goals:

1. Train minor how to tell the truth, even facing punishment for consequences for wrongful behavior.

2. Increase taking responsibility for actions or behavior without resorting to lying.

3. Increase positive self-image to decrease the need to lie to impress others.

4. Increase ability to develop trusting relationships that give minor a sense of security and belonging.

Short Term Goals Objectives:

1. Have minor accept responsibility for lying and manipulation, and agree to publicly apologize for deceitful actions.

2. Allow minor to verbally recognize the connection between low self-esteem and the need to lie or exaggerate.

Strategy or Intervention for Goal 1:

1. Have minor brainstorm appropriate ways to outwit others without resorting to lying or manipulative behaviors.

2. Probe with minor which significant relationships that encouraged or reinforced lying behaviors.

3. Help identify current life situations or people that trigger lying and manipulative behaviors.

Strategy or Intervention for Goal 2:
1. Have minor identify and list his or her strengths, and encourage him or her to use talents and strengths to improve self-esteem and meet deeper needs for closeness.

2. Assist minor to become aware how underlying painful emotions encourage lying or manipulative behavior.

3. Teach assertiveness skills to help minor express painful emotions to others in a more direct and constructive manner.

DSM V Diagnosis:

313.81 (F91.3) Oppositional Defiant Disorder

Attention-Deficit/Hyperactivity Disorder

314.01 (F90.2) Combined presentation

References:

The Child Psychotherapy Treatment Planner: Includes DSM-5 Updates, 5th Edition
Arthur E. Jongsma Jr., L. Mark Peterson, William P. McInnis, Timothy J. Bruce


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483871/


Copyright 2011 THERAPYTOOLS.US All rights reserved