

DECODING CONFABULATION: THE TRUTH BEHIND LYING



- Trena L. Anderson, MA, BC.



WHAT WE KNOW THUS FAR...

- We are well versed at the assessment piece to determine their function. We are well skilled at writing appropriate outcomes, goals, and the corresponding proactive and reactive strategies.
- Some of us have had to contend with the damaging consequences to teams and team members, community members and even family members because of false accusations.
- We have had to assist our folks with repairing their own reputations or helping them find ways to cope over loss of employment, family contact, friends or even legal consequences because of confabulation.
- So, we have a great history of how this phenomenon can play out. We also recognize this can pose a serious risk in terms of liability.

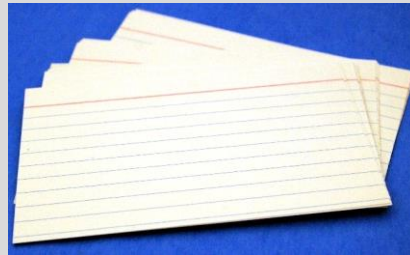


WHAT WE NEED TO LEARN

- What we are not well versed at is assessing the meaning behind the “story telling”.
- What is being communicated even though it appears to be far fetched, made up, falsified or an out right lie?
- How valuable is it then to decode and understand what is being communicated?
- How can we apply a little detective work to explore the deeper meanings or reasons for confabulation? Behind lying?
- How can we then apply this to assisting our folks with learning new communication skills?

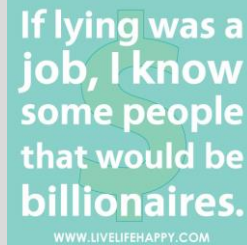
OH YES, IT IS THE DREADED NOTE CARD

- Take a moment and reflect on an individual you currently serve that meets our training criteria.
- Write down notes that we can use later to develop possible outcomes and goals for this individual.
- As always, this is an excellent place to write down questions for us to review at the end of our training.

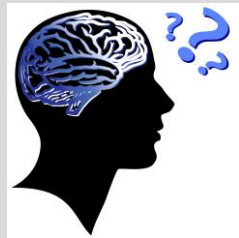


CONFABULATION GOES BY MANY NAMES:

- Lying
- Truth Manipulation
- Fabricating
- False Accusations
- It is common place in the intellectual disability populations, (especially high in FASD cases) those with TBI and those with particular forms of Dementia.



- Korsakoff's syndrome
- Anosognosia
- Capgras syndrome
- Schizophrenia

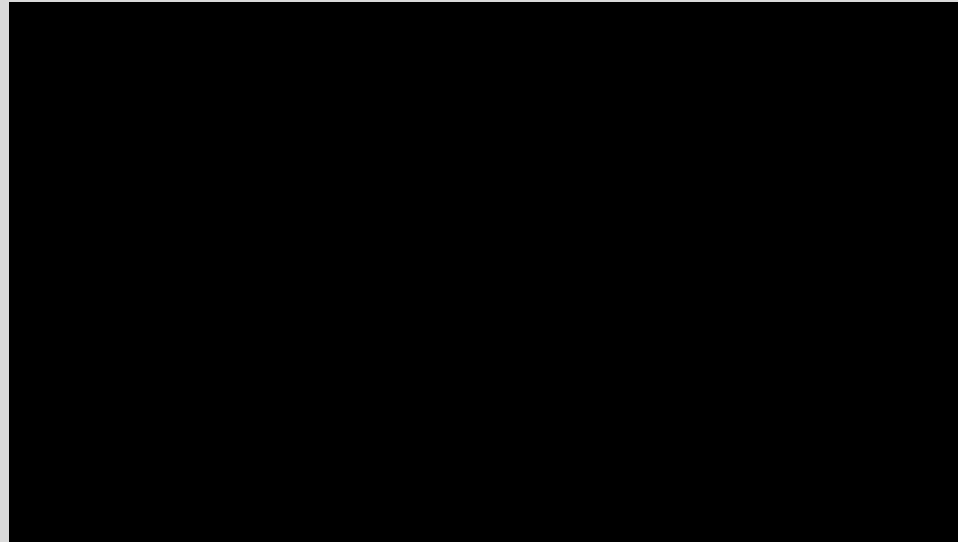


- Psychosis
- Alzheimer's disease
- Encephalitis
- Brain tumors
- Dementia
- Fetal Alcohol Syndrome
- Intellectual Disabilities





DR. HOUSE SAYS IT BEST, WELL
SORTA



CAPGRAS SYNDROME

- Capgras syndrome is a psychological condition. It's also known as "imposter syndrome" or "Capgras delusion." People who experience this syndrome will have an irrational belief that someone they know or recognize has been replaced by an imposter. They may, for example, accuse a spouse of being an imposter of their actual spouse. This can be upsetting for both the person experiencing the delusion and the person who is accused of being an imposter.
- In some cases, the person experiencing the delusion may believe an animal, object, or even a home is an imposter. Capgras syndrome can affect anyone, but it's more common in women. In rare cases, it can also affect children.

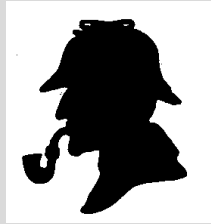
CAPGRAS SYNDROME

- Capgras syndrome is most commonly associated with [Alzheimer's disease](#) or dementia. Both of these affect memory and can alter your sense of reality.
- [Schizophrenia](#), especially paranoid hallucinatory schizophrenia, can cause episodes of Capgras syndrome. Schizophrenia also affects one's sense of reality and can cause delusions.
- In rare cases, a [brain injury](#) that causes cerebral lesions can also cause Capgras syndrome. This is most common when the injury happens in the back of the right hemisphere, as that's where our brains process facial recognition. People with [epilepsy](#) may also experience Capgras syndrome in rare cases.

There are several theories on what causes the syndrome. Some researchers believe that Capgras syndrome is caused by a problem within the brain, like atrophy, lesions, or cerebral dysfunction. Some believe that it's a combination of physical and cognitive changes, in which feelings of disconnectedness contribute to the problem. Others believe that it's a problem with processing information or an error in perception, which coincide with damaged or missing memories.

ANOSOGNOSIA

- When someone rejects a diagnosis of mental illness, it's tempting to say that he's "in denial." But someone with acute mental illness may not be thinking clearly enough to consciously choose denial. They may instead be experiencing "lack of insight" or "lack of awareness." The formal medical term for this medical condition is anosognosia, from the Greek meaning "to not know a disease."
- When we talk about anosognosia in mental illness, we mean that someone is unaware of their own mental health condition or that they can't perceive their condition accurately. Anosognosia is a common symptom of certain mental illnesses, perhaps the most difficult to understand for those who have never experienced it.
- Anosognosia is relative. Self-awareness can vary over time, allowing a person to acknowledge their illness at times and making such knowledge impossible at other times. When insight shifts back and forth over time, we might think people are denying their condition out of fear or stubbornness, but variations in awareness are typical of anosognosia.



CASE SCENARIO- DEMENTIA

- Emma visited her Grandpa at his assisted living home and asked him what he did the previous weekend. Her Grandpa told her stories of dancing all night with a beautiful lady and included details right down to the color of her dress! Emma had heard this story at least 100 times before; it was the story of when her Grandpa met her Grandma over 50 years ago. She smiled and listened as he talked because he was completely unaware that this wonderful weekend happened so long ago. He believed it had just happened. What is wrong with Emma's Grandpa? He is experiencing confabulation.

CONFABULATION OR 'EXOTIC STORY TELLING

is a common technique used by people with intellectual disability to gain respect and approval from others. The stories they tell are often a reflection of way the client wants to be seen, and are a means of increasing other people's opinions of them. It is often the lack of really valuable stories that a person can tell about their lives and experiences that leads them to confabulate.



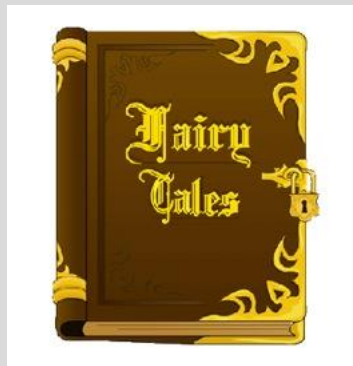


THERE ARE SEVERAL COMMON CHARACTERISTICS OF CONFABULATION.

- **A lack of awareness that a memory is false or distorted.** When errors are pointed out, the individual is unconcerned about the apparent unreality of his or her account.
- **No attempt to deceive or lie.** There is no hidden motivation for the individual to misremember the information.
- **The story is usually drawn from the individual's memory.** The basis for the misremembered information usually is founded in past or current experiences and thoughts of the individual.
- **The story can be either very probable or very improbable.** The story might be completely coherent and plausible, whereas other stories may be highly incoherent and unrealistic.

TYPES OF CONFABULATION: THERE ARE TWO TYPES OF CONFABULATION: PROVOKED AND SPONTANEOUS.

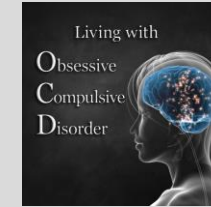
- **Provoked confabulation** occurs when a person is asked a question that requires them to rely on their memory to answer.



- **Spontaneous confabulation** occurs when the person is unprovoked, yet shares a supposedly autobiographical anecdote about something that happened to them. This type is less common than provoked confabulation and can result in some outlandish tales.

WHAT CAUSES CONFABULATION?

- Researchers are still investigating the mechanisms behind confabulation, but it's believed that damage to the brain can cause confabulation to develop. For example, damage to the forebrain affects memory, and damage to the frontal lobe affects self-awareness, explaining why the person doesn't realize their memories are inaccurate. Interestingly, some cases of confabulation resolve on their own over time as the brain heals itself, but other cases are more permanent.
- Confabulation may also be a symptom of many different conditions, such as:

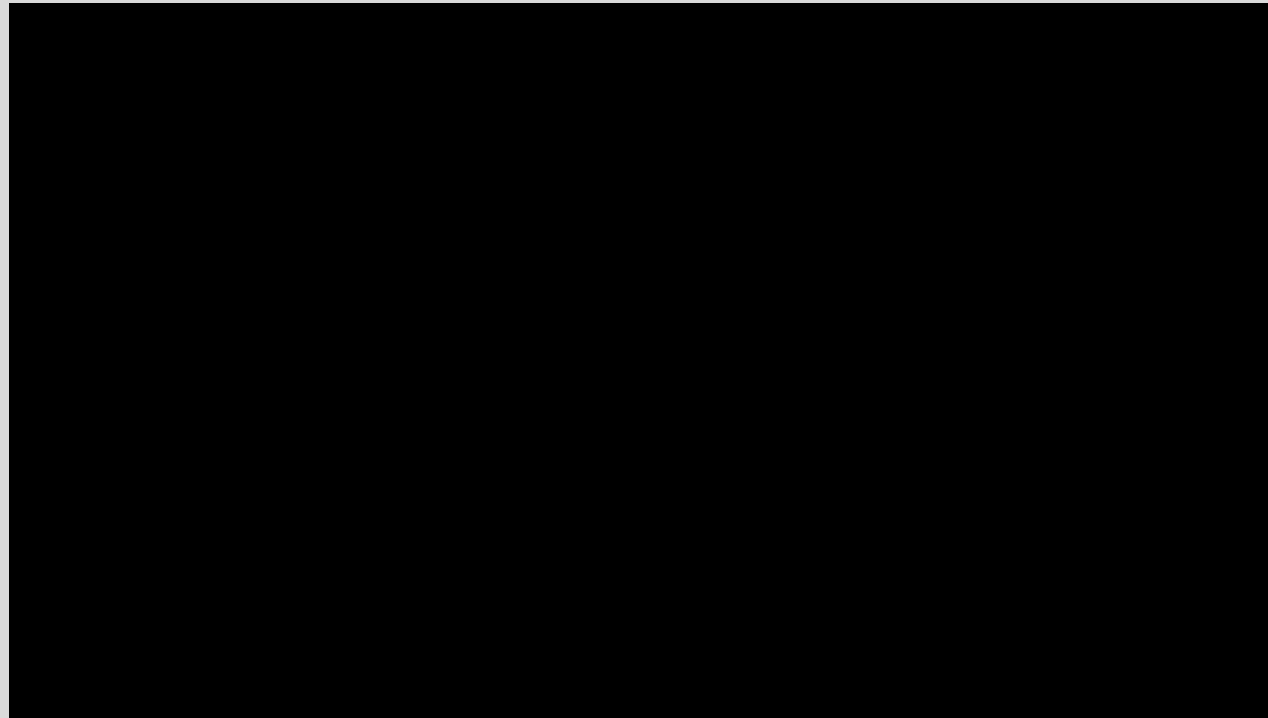


- **Overlearning** may result in some types of information being at the forefront of a person's mind. Since this information tends to loom large in a person's memory, it also tends to crowd out other details. When gaps in memory take place, the overlearned information may dominate and force out more specific facts and memories. This can lead to memory distortions and other inaccuracies.
- **Poor encoding** may result in information not being fully stored in long-term memory in the first place. For example, a person might become distracted during an event and not really be paying attention to the details. Since the information is not fully encoded into memory, the person is more susceptible to forgetting and other memory problems.

FASD AND CONFABULATION

- Confabulation is a commonly observed deficit in individuals with FASD. Simply, the act can be defined as the unintentional communication of falsehoods, incomplete information, and the absence of facts with no intent to deceive. Confabulation among those with FASD may lead to a host of criminal justice consequences (e.g., false confessions and testimony, suggestibility, wrongful conviction, and subsequent imprisonment). FASD-related criminal justice consequences may also result in diminished comprehension of Miranda rights compromised ability to understand the filed criminal charges, and decreased understanding of the trial process...

A LITTLE VIDEO.... WHEN LYING ISN'T LYING



LYING, FABRICATIONS AND THE LIKE



The trust of the innocent is the liar's most
useful tool.

Stephen King

LYING IS A COMMON BEHAVIOR AMONG CHILDREN AND ADULTS

- It can develop in very early childhood and persist into the teenage years and later become a solidified behavior in adulthood. However, the reasons for lying change with age.
 - Why do the reasons change?
- Lying is one of the earliest antisocial behaviors that children develop. When dealing with lying, it's important to consider your developmental 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 our individuals we serve understand the difference between truth and fiction, lying may not be intentional. Individuals also must mature to the point where they have a conscience in order to understand that lying is wrong.
- Researchers categorized lying into the following categories:
- Pro-social lying occurs when an individual 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, THEY MAY BE TRYING TO:

- conceal the fact that they didn't meet someone's expectations
- pretend they are succeeding at work or another activity if they feel that others 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, staff, guardians



WHEN THEY LIE INTENTIONALLY, THEY MAY BE TRYING TO:

- conceal the fact that they didn't meet expectations
- pretend they are succeeding out of fear others 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, staff, other caregivers



SYMPTOMS OF LYING

- 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
- 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

WHEN WE NEED TO GET OUTSIDE ASSISTANCE

- 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 individual 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 individual 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

LONG TERM GOALS FOR LYING BEHAVIORS:

1. Reduce lying behaviors.
2. Stop all manipulative and deceptive behaviors.
3. Train on how to tell the truth, even facing consequences for wrongful behavior.
4. Increase taking responsibility for actions or behavior without resorting to lying.
5. Identify individuals 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 individual a sense of security and belonging.

EXAMPLES OF SHORT TERM GOALS FOR LYING BEHAVIORS:

- Identify current situations or individuals that trigger lying and manipulative behavior.
- 2. Explore with individual 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.

EXAMPLES OF INTERVENTIONS FOR LYING BEHAVIORS

- 1. Explore with individual how exaggerated claims are self-defeating as they interfere with his or her ability to establish and maintain trusting relationships.
- 2. Have individual identify and list his or her strengths, and encourage him to her to use talents and strengths to improve self-esteem and meet deeper needs for closeness.
- 3. Challenge individual 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 individual to express feelings of rejection or deprivation, allowing time to express these needs for love and affection to parents or others.

SOLUTIONS: GET OUT THOSE NOTECARDS

- Developing and writing goals and objectives
- Case reviews and Scenarios
- Questions, Answers, and Input





DECODING CONFABULATION BY APPLYING A FEW FRAMEWORKS OF ASSESSMENT:

- Is it a repeating theme or story, lie, etc.? (fishing stories, bragging rights)
- When and under what conditions does the confabulation appear?
- Have other challenges such as dementia or mental illness been ruled out?

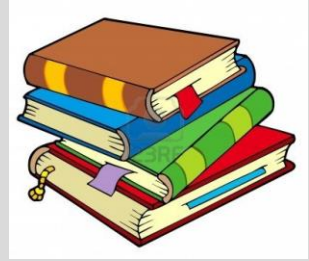
Ruled in?

REFERENCES

- FASD and Confabulation- <http://come-over.to/FASD/LiarLiar.htm>
- Understanding Confabulation: *An introduction for Criminal Justice and Mental Health Professionals- Forensic Scholars Today 2016, Vol. 1 Issue 4.*
- Confabulation: A Guide for Mental Health Professionals: *International Journal of Neurology and Neurotherapy- 2017 Vol. 4 Issue 2.*



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

Oppositional defiant disorder. In: Diagnostic and Statistical Manual of Mental Disorders
DSM-5. 5th ed. Arlington, Va.: American Psychiatric Association; 2013.
<http://dsm.psychiatryonline.org>. Accessed Nov. 28, 2017.

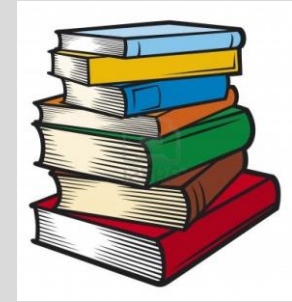
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483871/>

Bussey K. Lying and truthfulness: Children's definitions, standards, and evaluative
reactions. *Child Development*. 1992;63:129–137.

Bussey K. Children's categorization and evaluation of different types of lies and truths.
Child Development. 1999;70:1338–1347.

Lee K. The development of lying: How children do deceptive things with words. In:
Astington JW, editor. *Minds in the Making*. Oxford: Blackwell; 2000. pp. 177–196.

REFERENCES



- <https://www.nami.org/learn-more/mental-health-conditions/related-conditions/anosognosia>