

# One Hand On The Door

(Answers to questions patients like to ask as they are leaving,  
with one hand on the door!)

## Determining The Most Appropriate Assessment

The most appropriate assessment for any patient is one that is tailored to the individual. It is poor practice to determine in advance what tests or battery of tests are required before sufficient data is gathered. At ABHC we obtain information from parents, teachers, and the patients before we initiate testing. After a clinical interview, and thorough review of the information gathered, a determination is made about what tests should be administered. *An assessment may include psychoeducational, psychological, emotional, and neuropsychological tests, in order for it to be considered a complete and appropriate assessment.* Our goal is to provide the client with a correct diagnosis and detailed recommendations for addressing their concerns.

Please feel free to call us with any questions. More information about our practice can be found on our website: [www.AustinBehavioral.info](http://www.AustinBehavioral.info)

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## Lying

*All children lie:* Children as young as age two can lie. In fact, researchers have found that the ability to tell a lie at this age may suggest advanced thinking, and may be predictive of greater success on cognitive tasks in the future. In one study, 20 percent of two year old children were reported to have lied. This number increases to virtually 100% by age 12, and then begins to drop off throughout adolescence. During adolescence teens begin to tell “white lies” that are designed to avoid offending or hurting someone’s feelings. Despite what many parents think, most young liars are expert at not giving away the lie with a non-verbal signal.

*No reason for alarm:* While many parents become alarmed when their young children begin to lie, there is no reason for immediate alarm. Lying is a normal part of development. Successful lying involves integrating many sources of information and manipulating that information to one’s advantage. “Better” lying suggests more advanced cognitive development. When a child is caught in a lie the parents have an opportunity to teach important life lessons.

*What to do when a child lies:* The first step is to determine the purpose of the lie. A child may be fearful and lying to avoid a negative consequence. Children may lie to protect a peer or a sibling. Some children are bored and have a good imagination. This may lead to creative lying or “storytelling.” Children will lie to avoid an unpleasant task, such as cleaning their room or brushing their teeth. Children can be impulsive. A lie may slip out because they haven’t paused to reflect on an appropriate response. Children who want more attention and approval may try to achieve this by lying to peers and family members. Adolescents may lie to generate more distance between themselves and their parents.

The best way to deal with lying is to foster truthfulness. Parents need to demonstrate the value of being truthful, by being truthful. Young children will need to be taught the difference between lying and telling the truth, both through role modeling and having conversations about lying and truthfulness, and fantasy and reality. When a young child lies they may benefit from a simple explanation or statement such as: “That was a lie. Now let’s talk about taking things without asking.” Move on quickly to dealing with the actual misbehavior. When the opportunity arises children

need to be reinforced for being “honest even when it is hard.” Responses to misbehavior need to be carefully calibrated so the child understands that a negative consequence is solely for the behavior and they are not being consequences for having admitted a wrong doing.

When a child does something wrong it is important to focus on the behavior and not the child’s character. Children that are shamed or humiliated will be motivated to lie in the future in an effort to avoid these difficult emotions. Parents should avoid playing “20 questions” or acting like the Grand Inquisitor. Parents should act on what they know, that is, observable behavior and deal directly with the behavior.

*When lying becomes a problem:* Of course lying may reflect a more serious emotional or behavioral problem. Chronic lying, or lying that appears to be habitual, is maladaptive and will cause the child or adolescent to have relationship issues with peers, family and teachers. Children and adolescents who clearly know the difference, but still tell elaborate stories that appear to be truthful, likely have some underlying emotional problem. These children and adolescents often tell their “stories” with a great deal of enthusiasm and appear to be quite believable. Some children and adolescents may lie to take advantage of others, or lie to cover up their own maladaptive behavior, such as drinking, taking drugs, or engaging in other delinquent behavior.

*Seeking help:* If a child or adolescent develops a pattern of lying which is serious and repetitive, then professional help is indicated. The child and parents should consult with a child therapist and determine if there are more serious underlying emotional issues or if the lying is primarily related to behavioral issues.

## Psychological Testing and Diagnosis

Reading through the *Diagnostic and Statistical Manual of Mental Disorders-IV* it quickly becomes apparent that most of the diagnoses that we make for a child or adolescent are not dependent upon data obtained through psychological testing. Most DSM-IV diagnoses are based on history and symptoms. The most obvious exceptions are Learning Disabilities, cognitive processing disorders and Mental Retardation. In some cases, psychological testing is not required to make a diagnosis, but it is clearly indicated. For example, most clinicians recognize psychological testing can provide valuable information when there has been trauma at birth, developmental delay, a drug overdose, head injury, surgery, regression in development, or a serious medical illness.

Given that psychological testing is not needed to make a diagnosis, why is it so common for children referred for behavioral and emotional problems to undergo psychological testing? There are a number of very good reasons. In many cases testing can assist in clarifying a diagnosis. For example, depression and anxiety share many overlapping symptoms and behaviors. A brief battery of tests can assist in clarifying what the salient issues are. Testing is not decisive when making the diagnosis, but is undertaken to clarify the nature and extent of a particular problem. Psychological tests can be used to rule out other disorders and identify strengths and weaknesses. For example, a child suspected of having a Mood Disorder may be administered an IQ test, projective testing, and may be asked to complete a variety of questionnaires. The goal of this testing would be to ensure that there are no complicating factors such as a cognitive impairment or comorbid condition, identify factors involved in the mood disorder (e.g., body image, self-esteem, peer issues), and to assess the seriousness of the mood disorder.

In some cases guidelines promulgated by professional organizations provide strong recommendations for obtaining information that can only be gathered through psychological testing. For example, the *American Academy of Pediatrics* makes the following recommendation when assessing for ADHD:

“In the evaluation of a child for ADHD, the primary care clinician should include assessment for other conditions that might coexist with ADHD, including emotional or behavioral (e.g., anxiety, depressive, oppositional defiant, and conduct disorders), developmental (e.g., learning and language disorders or other neurodevelopmental disorders), and physical (e.g., tics, sleep apnea) conditions.”

As we learn more about disorders such as ADHD, Bipolar Disorder, and Asperger’s it is becoming very clear that most children with one of these diagnoses have other cognitive issues that affect their functioning. Impairments in long-term retrieval, working memory, and cognitive fluency can only be identified by psychological testing. Further, without proper assessment, appropriate accommodations and interventions cannot be identified. Children exhibiting behavior problems may have limited intellectual capacity, a learning disability, or a language delay. While a thorough Diagnostic Assessment can assist in identifying these issues, only a comprehensive psychological battery can rule out the presence of a learning disability, low intelligence, cognitive impairment, or language delay.