Document Version

This is the author's preprint.

Citation for published version:

Rubén Yusta-Tirado, Lorena P Gallardo-Peralta, José Luis Gálvez-Nieto, Esteban Sánchez-Moreno, Validation of the Attitudes toward Lying to People with Dementia (ALPD) Questionnaire among Social Workers in Spain, Health & Social Work, 2024;, hlae028, https://doi.org/10.1093/hsw/hlae028

Citing this paper

Please note that where the full-text provided on Comillas' Research Portal is the Preprint versión, preprints are early stage research papers that have not been peer-reviewed.

General rights

Copyright and moral rights for the publications made accessible in the Research Portal are retained by the authors and/or other copyright owners nd it is a condition of accessing publications that users recognize and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the Research Portal for the purpose of private study or research.

- You may not further distribute the material or use it for any profit-making activity or commercial gain.

- You may freely distribute the URL identifying the publication in the Research Portal.

Take down policy

If you believe that this document breaches copyright please contact Comillas providing details, and we will remove access to the work immediately and investigate your claim

Validation of the Attitudes toward Lying to People with Dementia (ALPD) Questionnaire among Social Workers in Spain

Rubén Yusta-Tirado, Lorena P. Gallardo-Peralta, José Luis Gálvez-Nieto, and Esteban Sánchez-Moreno

<abstract>Gerontological interventions should address the various geriatric syndromes suffered by the elderly, such as neurodegenerative diseases. Therapeutic lying is an effective and humanizing strategy to deal with dementia, used by various disciplines in the social and healthcare fields. This intervention strategy is made up of all the different responses to reality that are given to a person with cognitive impairment. This study analyzes the validity of the Spanish adaptation of the attitudes toward lying to people with dementia (ALPD) questionnaire, given to 253 social workers who directly and indirectly intervened with older people suffering from cognitive impairment in public and private centers in Spain during the year 2022. The results of the validity and reliability analyses support the psychometric quality of ALPD for use in Spanish social workers. The statistical results indicate a good fit of the bifactor model (person-focused and lie-focused) and show the questionnaire to be reliable, with adequate psychometric properties. The article concludes with a discussion of practical, formative, and ethical challenges for social work in the field of geriatric services.
KEY WORDS: confirmatory factor analysis; dementia care; gerontological social work; lying strategy; older people

Rapid population aging on a global scale, particularly in European countries, tends to be accompanied by an increase in geriatric syndromes such as dementia. The World Health Organization (WHO; 2017) defines dementia as "*an umbrella term for several diseases that are mostly progressive, affecting memory, other cognitive abilities and behaviour, and that interfere significantly with a person's ability to maintain the activities of daily living*" (p. 2).

There are estimated to be 55 million people suffering from dementia worldwide (WHO, 2023), with Alzheimer's disease being the most common form of dementia, representing between 60 percent and 70 percent of cases (Cao et al., 2020). The high prevalence of dementia makes it the largest global challenge for 21st century healthcare and social care (Olazarán et al., 2023). In the case of Spain, it is estimated that there are currently around 600,000 people affected by this geriatric syndrome, and that if current demographic forecasts are maintained, in 2050 it will affect 1 million people (Villarejo Gallende et al., 2021).

Social work is one of the gerontological disciplines that intervenes in situations involving dementia. As stated by Cox (2007), social workers play a significant role in the care of people with dementia, directly intervening with users and in the development of programs and services that ensure the needs of this group are covered. Communication between the patient and their environment is one of the main problems faced when dealing with dementia (Bayles et al., 2020), and social workers have a central function in this regard (Barreto-Pico, 2017). It is therefore absolutely vital to understand how social work interventions are carried out in this highly complex context.

<a>Dementia Intervention Strategy: Therapeutic Lying

People living with dementia often become disoriented with regard to people, place, and time. Episodes of confusion can last for moments, a day, or longer. The way in which disorientation presents and the response to this disorientation will vary from person to person, but it regularly manifests as profound anxiety and frequent attempts by the person living with dementia to correct whatever is upsetting them (Long et al., 2024). Formal and informal caregivers are able to respond to this kind of situation in various ways, with therapeutic lying representing one strategy or tool for communicating with people suffering from cognitive impairment (Hasselkus, 1997). . This tool allows communication within the framework of the reality in which people with dementia are living (James, 2015). Therapeutic lying can also be

perceived as “a deliberate action of bending, twisting, or softening the truth to reframe information that the person will find upsetting or that has previously seemed upsetting” (Long et al., 2024, p. 524).

Therapeutic lying is an effective and humanizing strategy when communication is failing. It has been described as a person-centered activity in the best interests of a person with dementia (Culley et al., 2013; Mills et al., 2018). A recent systematic review by Long et al. (2024) explains that therapeutic lying is an intentional intervention with a strongly empathetic orientation, which is intended to improve well-being and quality of life among people with dementia.

This article describes therapeutic lying as a safe, beneficial, and person-centered intervention, while in terms of safety, it is reported not to cause physical or psychological harm and even to reduce the risk of violent conduct by the person with dementia. Long et al. assert that if therapeutic lying is used is used in a positive manner, its benefits can include the person with dementia appearing less anxious, distressed, and agitated.

<a>Literature Review

The scientific literature only reflects an incipient examination of the use of therapeutic lying (James, 2015; Meeuwse, 2017; Sachweh, 2008; Sperber, 2015 Tuckett, 2012). Use of therapeutic lying in the context of social work has only been investigated by James et al. (2006), who conducted a study exclusively involving social workers, while Elvish et al. (2010) carried out an interdisciplinary study including psychologists, nurses, volunteers, and carers, with only 9 percent of the sample comprising social workers.

The latter study represents one of the key advances in the study of therapeutic lying by healthcare professionals, as it administered the attitudes toward lying to people with dementia (ALPD) questionnaire to consult 151 professionals from various disciplines on their degree of acceptance/rejection of therapeutic lying (Elvish et al., 2010). Regarding the

conception of lying by people with cognitive impairment, Day et al. (2011) developed a study in which they asked a group of people with Alzheimer's disease in an initial phase about this intervention strategy, and revealed that this could be acceptable as long as it is in the best interest of the person. In this same approach, the Mental Health Foundation (2016) established through a study that the use of therapeutic lying is appropriate only when it seeks to protect the physical or psychological safety of the person with cognitive impairment or the people around them.

<a>Measuring the Use of Therapeutic Lying with ALPD Questionnaire

The ALPD questionnaire, designed by Elvish et al. (2010), originally had 25 questions, and the authors subsequently validated a 16-item approach. The questions outline a series of common situations in interventions with people suffering from cognitive impairment. Respondents have to indicate the degree to which they feel it would be acceptable to use lying. The questionnaire has a bifactorial structure: lie-focused and person-focused. The lie-focused questions analyze situations in which the concept of lying is the key that defines its use or restriction, while the person-focused questions concern situations in which telling the truth or lying entail different situations relating to the user with cognitive impairment or people in their circle.

The ALPD questionnaire was applied in the United Kingdom between 2007 and 2008 in a sample consisting mainly of psychologists and nurses, of which only 9 percent were social workers. After revisions of the questionnaire, all item-total correlations were above .5 and Cronbach's alpha value was .94, suggesting that the scale had good internal consistency.

<a>Current Study

The aim of this study is to analyze the validity of the adaptation into Spanish of the ALPD questionnaire for social workers who directly or indirectly intervene with older people suffering from cognitive impairment in public and private centers in Spain.

<a>METHOD

<b>Background

We conducted a quantitative and transversal study titled "*Analysis of the* Use *of* Therapeutic Lying *among* People *with* Cognitive Impairment *from a* Social Work Perspective." Convenience sampling was used and the snowball technique was applied, taking into account that there is no established database in Spain that keeps records of the professionals who intervene in the field of gerontological social work. As a result, the leading public and private institutions that reflect this professional profile were contacted, and support was obtained from the Spanish General Council of Social Work, a national body that coordinates the 36 professional social work associations distributed throughout the various Spanish autonomous communities. All participants provided their informed consent, which was requested before they opened the application containing the questionnaire. The study guaranteed anonymity and the key ethical safeguards established in the Declaration of Helsinki of 1964. In this regard, the study was approved and overseen by the Research Ethics Committee of Complutense University, Madrid (Report Number CE_20220217-05_SOC).

<b>Pilot Study

The research team established contact with the authors of the original English-language version of the ALPD questionnaire, who authorized its use and translation into Spanish. A process of translation and adaptation into Spanish was initiated following the general guidelines for studies in the field of healthcare (Ortiz-Gutiérrez & Cruz-Avelar, 2018). The first step was the translation into Spanish, for which two independent translators were contacted whose native language is English and who have a good command of Spanish. In a second step, the research team consisting of Spanish social workers from the area of gerontology and a sociologist acted as an evaluation committee for the Spanish version. In a third step, a reverse translation was carried out by a third and different translator. The fourth

step was the revision of the harmonization of the different translations carried out; as no major discrepancies were observed, the Spanish version was adopted for use in this study. As a fifth step, the questionnaire was applied to a small sample (pilot study).

A pilot study was carried out with 11 social workers in March 2022. The social workers were contacted via a snowballing effect and the criterion for inclusion was work in gerontology. No changes were deemed necessary following the pilot study as the questionnaire did not pose any problems in terms of reading, understanding, or length.

<b>Primary Study

The pilot study was followed by a broader application, between April and June 2022. The questionnaire was offered online, through a link accessed by the participating professionals, and then processed by LimeSurvey. The sample selection criterion was practicing as a social worker within gerontology and other social intervention areas that implied indirect access to people with cognitive impairment. This resulted in a total of 492 social workers responding to the online questionnaire, although as 239 failed to complete it, the sample was ultimately made up of 253 professionals. The questionnaire combined nonobligatory and obligatory questions, with sociodemographic and employment-related questions only added as nonobligatory, meaning that there were some lost values comprising less than 6 percent of the sample, including age, marital status, children, autonomous community of residence, and years of professional experience. These sociodemographic questions were included to analyze possible differences in social worker profiles and the use of therapeutic lying. In this way, the 16 items from ALPD questionnaire were answered by all study participants.

<b>Participants

The main features of the sample are presented in Table 1. Of the participants, 93 percent were female. The majority age range was 40 to 49 years (32 percent); 43 percent were single and 43 percent were married; 49 percent of participants had children. In terms of autonomous

community of residence, a majority lived in Madrid (18 percent), Castilla y León (17 percent) and Andalucía (16 percent). Finally, in terms of years spent as a social worker, much of the sample had extensive experience amounting to 16 or more years in professional practice (33 percent), in addition to which a significant proportion reported having limited experience of social work practice, with 30 percent of the sample made up of professionals with less than five years of experience.

<b>Measures

<c>ALPD Questionnaire. The 16-item version of the ALPD questionnaire designed by Elvish et al. (2010) was used. One dimension of the bifactorial questionnaire is lie-focused (items 1, 9, 13, 15, and 16) and the other is person-focused (items 2–8, 10–12, and 14). The response categories adhere to a five-point Likert scale with possible responses of totally agree, agree, neither agree/disagree, disagree, and totally disagree.

<c>Sociodemographic and Employment-Related Background. The following variables were measured in this section: age, gender, marital status, number of children, residential setting, current location, academic background, and professional experience as a social worker.

<b>Data Analysis

Descriptive statistics were analyzed for each of the items. Kolmogorov–Smirnov univariate normality tests and a multivariate kurtosis test were carried out to select the appropriate analytical approach. Confirmatory factor analysis (CFA) was applied to evaluate the theoretical structure of the questionnaire, using the MPLUS (Version 8.1) software (Muthén & Muthén, 2017). The polychoric correlation matrix and unweighted least squares with mean and variance adjusted (ULSMV) estimation methods were used for its implementation. Several goodness-of-fit indices were used to evaluate the CFA models: ULSMV χ^2, comparative fit index (CFI), Tucker–Lewis index (TLI), and root mean square error of

approximation (RMSEA). Reasonable CFI and TLI values were considered to be those equal to or higher than 0.90 (Schumacker & Lomax, 2016). A factorial invariance analysis was also carried out, including the following models (Vandenberg & Lance, 2000): M0 configural (equal number of factors), M1 metric (equal factorial loads), and M2 scalar (equality of thresholds). For RMSEA, values lower than or equal to 0.080 were considered a reasonable fit (Browne & Cudeck, 1993). The corrected item-total correlation method and the McDonald's ω and Cronbach's α coefficients were used to estimate reliability (Green & Yang, 2015; Trizano-Hermosilla et al., 2021).

<a>RESULTS

Table 2 shows the descriptive statistics for the questionnaire. Item 11 ("It is acceptable to lie in an emergency when there is a risk that a person might injure himself") can be observed as presenting the highest average (M = 3.74, SD = .91), while the lowest was recorded for item 3 ("Lies should be used when you know from past experiences that the truth is likely to upset the person"; M = 2.55, SD = 1.05). Univariate normality was also estimated. The results of the Kolmogorov–Smirnov test permit a rejection of the normality test null hypothesis ($p < .001$). On a supplementary basis, the multivariate kurtosis test showed results consistent with the univariate tests, rejecting the multivariate normality hypothesis (multivariate kurtosis coefficient = 346.866, $p < .001$).

<b>Validity

In relation to the evidence of validity of the scale, the results that support the structure of two factors (person-focused and lie-focused) are presented. To achieve these results, two CFA models were estimated with the 16 items of the scale to confirm the factorial structure of the questionnaire. The first estimated model was a unidimensional null model; as expected, the goodness-of-fit indices were unsatisfactory: ULSMV χ^2 (104, N = 253) = 333.469; CFI = 0.966; TLI = 0.961; RMSEA = 0.093; confidence interval (90CI) [0.082, 0.105]. The second

model included the two correlated factors and presented satisfactory goodness-of-fit indices: ULSMV χ^2 (103, N = 253) = 236.474; CFI = 0.975; TLI = 0.971; RMSEA = 0.072; 90CI [0.060, 0.059]. The results confirmed that the original theoretical model of two correlated factors is the model that best fits the data.

After the factorial structure of the questionnaire had been identified, an invariance analysis was carried out (see Table 3), taking into account the variables of age (0 = 22–40 years; 1 = 41–65 years) and professional experience (initial = 0–12 years, advanced = 13–40 years). In both cases, the first contrasted model was M0 (configuration invariance). The results show that the goodness-of-fit indices are satisfactory for both variables, leading to the conclusion that the factorial structure of the questionnaire presents factorial structure equivalence in both subsamples according to age and experience. Model M1 (metric invariance), which imposes restrictions on factorial loads, was subsequently contrasted. The goodness-of-fit indices were satisfactory, showing an absence of statistically significant differences between models M1 and M0. As a result, the factorial loads were equivalent according to age and experience. Finally, the third model M2 (scalar invariance) was contrasted. It imposes restrictions on thresholds, with no differences observed between M2 and M1. This leads to the conclusion that the thresholds are equivalent according to age and experience.

<b>Reliability

The results of the reliability analysis of the scale showhigh reliability of both factors. Table 4 presents the reliability estimators of the ALPD questionnaire. Taking into account the model of two correlated factors, the results indicate a high level of reliability for each factor, and notably the person-focused factor, with a greatest lower bound value equal to 0.946.

<a>DISCUSSION

The aim of this study was to validate the Spanish-language version of the ALPD questionnaire for a sample of social workers in Spain. The results confirm that the questionnaire scores maintain a structure of two correlated factors and adequate reliability levels. The results obtained based on CFA support the original model developed by Elvish et al. (2010). In addition, the internal consistency indices obtained for both factors were satisfactory and similar to those obtained in the original study. In this regard, Elvish et al. (2010) reported a Cronbach's alpha of .94 for the 16-item scale, while our study returned Cronbach's alphas of .80 for lie-focused and .93 for person-focused items. Additionally, both studies reported a higher average for the "*It is acceptable to lie in an emergency when there is a risk that a person might injure himself*" item than for the other questions (with averages of 3.52 in the original version and 3.74 in this one). These results provide psychometric evidence for the questionnaire as a reliable and adequate instrument to be used with the Spanish population.

The results also showed that the questionnaire scores would be equivalent to a level of scalar invariance according to age and experience. The ALPD questionnaire thus had the same properties regardless of the participating social workers' age and professional experience.

As a key discipline in terms of dementia-related gerontological interventions, social work needs access to more evidence regarding the use of the main intervention strategies in an area as complex as therapeutic lying. Within this framework, validating the ALPD questionnaire—one of the most commonly applied questionnaires in geriatric contexts—is particularly important (Cantone et al., 2019; Hartung et al., 2021; Tan, 2020). The ethical controversy involved in lying as part of a social intervention certainly poses a challenge in professional practice, and there is a need to understand how much it is trusted and accepted among social workers. The findings of this study conclusively confirm the ALPD

questionnaire as a reliable and robust scale in terms of its psychometric properties in the context of gerontological social intervention in Spain.

In this regard, therapeutic lying is a tool of last resort to be applied in contexts involving long-term care and with the aim of avoiding the use of interventions based on physical restraints and/or antipsychotic medications (Long et al., 2024). It is among the receptive and humanizing interventions found in gerontology and geriatrics, applied when there is a lack of effective communication with people suffering from dementia, and this requires further discussion in social work given its status as a discipline that plays a fundamental role in the communication processes involved in interventions with people who have cognitive impairment, as noted by Barreto-Pico (2017). Likewise, given its initial application to the field of social work, it would be worth considering the inclusion of therapeutic lying in professional training. Much scientific literature on therapeutic lying emphasizes a need for professionals to be trained in the use of therapeutic lying if they are to implement such a complex intervention resource (Hasselkus, 1997; Tuckett, 2012; Tullo et al., 2015). This should not be ignored in the case of social work, as relationships of trust are a fundamental element in social interventions (Romanco, 2023).

It is also a challenge to examine ethical implications through case studies with social workers, who intervene using this strategy in older people's residential settings as part of their daily practice. As our study shows, people who mainly carried out their activities in residential facilities were more aware of the term and its use was more widespread among this group, making it absolutely necessary to examine this issue as it applies to these professionals. It should not be forgotten that the contemporary residential care setting hosts people who are at more advanced ages, with very advanced degrees of dependency (Abellán et al., 2020; Acevedo et al., 2014). This creates a greater need to use therapeutic lying and hence presents an appropriate setting for study, training, and development.

<a>LIMITATION AND CONCLUSION

Certain limitations affecting this study should be taken into account. First, the study was conducted using a nonprobabilistic sample of social workers practicing directly and indirectly in the field of gerontology in Spain. In this sense, it is important to proceed with caution when generalizing the findings. This means that a future challenge will be to replicate this kind of study, examining therapeutic lying or other intervention strategies in situations involving dementia, and to continue to increase empirical evidence regarding this area of intervention, which involves a significant number of social work professionals. Second, it is worth noting that there was a high percentage of questionnaires that were partially completed, perhaps because this is a poorly developed area in Spain. Certainly, the use of therapeutic lying is increasing in the country, but it is still a developing tool and, therefore, the level of information that social workers have is limited. Along these lines, a third limitation of the study is related to the composition of the sample, which includes both social workers whose professional field is specifically gerontology and social workers whose field involves intervention with older people but does not involve a specialization in social gerontology. Along these lines, the questionnaire did not include a specific section that would allow for a more detailed description of the participants' experience with the geriatric population and with dementia patients specifically.

Within the framework of these limitations, the present study constitutes a contribution to the research on the use of therapeutic lying in gerontology in general, and in social gerontology in particular. This contribution stems from the fact that it is the first study that has validated the ALPD questionnaire for social workers. The results confirm that it is a reliable and adequate questionnaire with robust psychometric properties for application among social workers working in the dementia-related gerontological area. As has been

discussed in this article, therapeutic lying is a humanizing, effective, and beneficial strategy in situations involving dementia. <dgbt>

<a>**References**

Abellán, A., Aceituno, P., Fernández, I., Ramiro, D., & Pujol, R. (2020, April 24). *Una estimación de la población que vive en residencias de mayores* [An estimate of the population living in elder care residences]. Envejecimiento en Red. https://envejecimientoenred.es/una-estimacion-de-la-poblacion-que-vive-en-residencias-de-mayores/

Acevedo, E., Alcaraz, M., Benito, J., Muir, B. R., & Navalón, C. (2014). Situación de nuestros mayores institucionalizados en residencias y necesidades para su integración social [Situation of our elderly institutionalized in residences and requirements for their social integration]. Azarbe, 3, 279–282.

Barreto-Pico, M. A. (2017). Abordaje teórico sobre la comunicación y el trabajador social [Theoretical approach on communication and social worker]. *Dominio de las Ciencias, 3*, 470–487.

Bayles, K., McCullough, K., & Tomoeda, C. K. (2020). Cognitive-communication disorders of MCI and dementia: Definition, assessment, and clinical management. Plural Publishing.

Browne, M., & Cudeck, R. (1993). Alternative ways of assessing model fit. In K. Bollen & J. Long (Eds.), Testing structural equation models (pp. 136–162). SAGE.

Cantone, D., Attena, F., Cerrone, S., Fabozzi, A., Rossiello, R., Spagnoli, L., & Pelullo, C. P. (2019). Lying to patients with dementia: Attitudes versus behaviours in nurses. Nursing Ethics, 26, 984–992. https://doi.org/10.1177/0969733017739782

Cao, Q., Tan, C. C., Xu, W., Hu, H., Cao, X. P., Dong, Q., Tan, L., & Yu, J. T. (2020). The prevalence of dementia: A systematic review and meta-analysis. Journal of Alzheimer's Disease, 73, 1157–1166. https://doi.org/10.3233/JAD-191092

Cox, C. (2007). Dementia and social work practice. Springer.

Culley, H., Barber, R., Hope, A., y James, I. (2013). Therapeutic lying in dementia care. *Nursing Standard*, *28*(1), 35-39. http://dx.doi.org/10.7748/ns2013.09.28.1.35.e7749

Day, A., James, I., Meyer, T., & Lee, D. (2011). Do people with dementia find lies and deception in dementia care acceptable? Aging & Mental Health, 15, 822–829. https://doi.org/10.1080/13607863.2011.569489

Elvish, R., James, I., & Milne, D. (2010). Lying in dementia care: An example of a culture that deceives in people's best interests. Aging & Mental Health, 14, 255–262. https://doi.org/10.1080/13607861003587610

Green, S. B., & Yang, Y. (2015). Evaluation of dimensionality in the assessment of internal consistency reliability: Coefficient alpha and omega coefficients. Educational Measurement: Issues and Practice, 34, 14–20.

Hartung, B., Freeman, C., Grosbein, H., Santiago, A. T., Gardner, S., & Turzanski, M. (2021). Evaluation of a workshop on therapeutic lying and dementia care for long-term care staff supporting persons with dementia. Journal of Continuing Education in Nursing, 52, 438–444. https://doi.org/10.3928/00220124-20210804-10

Hasselkus, B. (1997). Everyday ethics in dementia care: Narratives of crossing the line. The Gerontologist, 37, 640–649. https://doi.org/10.1093/geront/37.5.640

James, I. (2015). The use of CBT in dementia care: A rationale for Communication and Interaction Therapy (CAIT) and therapeutic lies. Cognitive Behaviour Therapist, 8, Article e10. https://doi.org/10.1017/S1754470X15000185

James, I., Wood-Mitchell, A., Waterworth, A., Mackenzie, L., & Cunningham, J. (2006). Lying to people with dementia: Developing ethical guidelines for care settings. International Journal of Geriatric Psychiatry, 21, 800–801. https://doi.org/10.1002/gps.1551

Long, S., Irving, K., & Murphy, C. (2024). Is therapeutic lying contradictory to person-centred care? Toward understanding the connection. Aging & Mental Health, 28, 520–530. https://doi.org/10.1080/13607863.2023.2202632

Meeuwse, A. (2017). Therapeutic lies in the context of dementia care. Canadian Nursing Home, 28, 4–8.

Mental Health Foundation. (2016). What is truth? An inquiry about truth and lying in dementia care. Author.

Mills, R. M., Jackman, L., Mahesh, M., & James, I. (2018). Key dimensions of therapeutic lies in dementia care: A new taxonomy. *OBM Geriatrics*, *3*(1), 1–1. https://doi.org/10.21926/obm.geriatr.1901032

Muthén, L., & Muthén, B. (2017). Mplus user's guide (8th ed.). Authors.

Olazarán, J., Carnero-Pardo, C., Fortea, J., Sánchez-Juan, P., García-Ribas, G., Viñuela, F., Martínez-Lage, P., & Boada, M. (2023). Prevalence of treated patients with Alzheimer's disease: Current trends and COVID-19 impact. Alzheimer's Research & Therapy, 15, Article 130. https://doi.org/10.1186/s13195-023-01271-0

Ortiz-Gutiérrez, S., & Cruz-Avelar, A. (2018). Translation and cross-cultural adaptation of health assessment tools. *Actas Dermo-Sifiliograficas*, *109*, 202–206. https://doi.org/10.1016/j.ad.2017.09.012

Romanco, F. J. (2023). Confianza y respeto en Trabajo Social. Un binomio complejo desde la Ética [Trust and respect in social work: A complex binomial from an ethical perspective]. Transformación, 7, 18–21.

Sachweh, S. (2008). *Spurenlesen im Sprachdschungel – Kommunikation und Verständigung mit demenzkranken Menschen*. Huber Publications.

Schumacker, R., & Lomax, R. G. (2016). A beginner's guide to structural equation modelling (4th ed.). Routledge.

Sperber, M. (2015). Therapeutic lying: A contradiction in terms. Psychiatric Times, 31, 1–4. https://www.psychiatrictimes.com/view/therapeutic-lying-contradiction-terms

Tan, A. K. (2020). Compassionate deception: A conceptual analysis. *International Journal of Caring Sciences*, *13*, 1467–1473.

Trizano-Hermosilla, I., Gálvez-Nieto, J., Alvarado, J., Saiz, J., & Salvo-Garrido, S. (2021). Reliability estimation in multidimensional scales: Comparing the bias of six estimators in measures with a bifactor structure. Frontiers in Psychology, 12, 1–7. https://doi.org/10.3389/fpsyg.2021.508287

Tuckett, A. (2012). The experience of lying in dementia care: A qualitative study. Nursing Ethics, 19, 7–20. https://doi.org/10.1177/0969733011412104

Tullo, E., Lee, R., Robinson, L., & Allan, L. (2015). Why is dementia different? Medical students' views about deceiving people with dementia. Aging & Mental Health, 19, 731–738. https://doi.org/10.1080/13607863.2014.967173

Vandenberg, R., & Lance, C. (2000). A review and synthesis of the measurement invariance literature: Suggestions, practices, and recommendations for organizational research. *Organizational Research Methods*, *3*, 4–70. https://doi.org/10.1177/109442810031002

Villarejo Gallende, A., Eimil Ortiz, M., Llamas Velasco, S., Llanero Luque, M., López de Silanes, C., & Prieto Jurczynska, C. (2021). Informe de la Fundación del Cerebro: Impacto social de la enfermedad de Alzheimer y otras demencias [Report of the Brain Foundation: Social impact of Alzheimer's disease and other dementias]. Neurología, 36, 39–49. https://doi.org/10.1016/j.nrl.2017.10.005

World Health Organization. (2017, December 7). Global action plan on the public health response to dementia 2017 - 2025. https://www.who.int/publications/i/item/global-action-plan-on-the-public-health-response-to-dementia-2017---2025

World Health Organization. (2023, March 15). Dementia. https://www.who.int/news-room/fact-sheets/detail/dementia

<authorblurb>**Rubén Yusta-Tirado, PhD,** is Lecturer, Faculty of Human and Social Sciences, Universidad Pontificia Comillas, C/ Comillas 3-5, Madrid, 28049 Spain; email: ryusta@comillas.edu. **Lorena P. Gallardo-Peralta, PhD,** is Senior Lecturer, Department of Social Work and Social Services, Universidad Complutense de Madrid, Madrid, Spain. **José Luis Gálvez-Nieto, PhD,** is Senior Lecturer, Department of Social Work, Universidad de La Frontera, Temuco, Chile. **Esteban Sánchez-Moreno, PhD,** is Full Professor, Department of Sociology: Methods and Theory, Universidad Complutense de Madrid, Madrid, Spain.

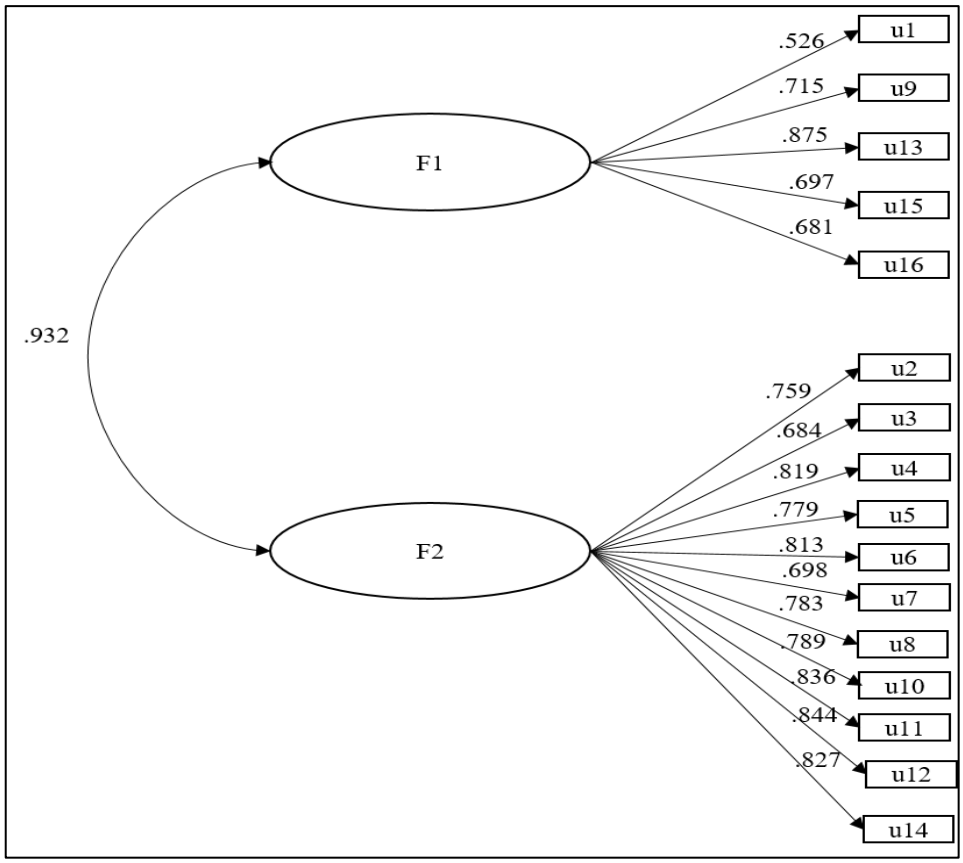
Original manuscript received December 21, 2023

Final revision received March 4, 2024

Editorial decision March 19, 2024

Accepted March 22, 2024

Figure 1: Factor Structure of the ALPD Questionnaire



Notes: ALPD = attitudes toward lying to people with dementia; F1 = lie-focused; F2 = person-focused. All parameters were statistically significant ($p < .001$).

Table 1: Participant Characteristics (*N* = 253)

Characteristic	***n* (%)**
Gender	
Women	234 (93)
Men	19 (7)
Age (years)	
20–30	46 (18)
30–39	58 (23)
40–49	80 (32)
50+	53 (21)
Unavailable	16 (6)
Marital status	
Single	108 (43)
Married/cohabiting	110 (43)
Divorced or similar	15 (6)
Other situations	15 (6)
Unavailable	5 (2)
Children	
Yes	124 (49)

No	125 (49)
Unavailable	4 (2)
Residential setting	
Andalucía	40 (16)
Aragón	15 (6)
Baleares	6 (2)
Canarias	11 (4)
Cantabria	3 (1)
Castilla La Mancha	8 (3)
Castilla y León	42 (17)
Cataluña	15 (6)
Madrid	46 (18)
Comunidad Valenciana	12 (5)
Extremadura	16 (6)
Galicia	18 (7)
La Rioja	1 (0)
Murcia	4 (2)
Navarra	4 (2)
País Vasco	9 (4)
No response provided	3 (1)
Professional experience (years)	
0–5	76 (30)
6–10	32 (13)
11–15	47 (19)
16+	84 (33)
Unavailable	14 (5)

Table 2: Descriptive Statistics and Normality Tests

Item	*M*	*SD*	g1	g2	K-S Test
1	3.08	1.03	–.41	–.66	.228*
2	3.14	1.10	–.39	–.97	.282*
3	2.55	1.05	.32	–.86	.261*
4	2.95	1.11	–.08	–1.24	.254*
5	3.03	1.09	–.31	–1.08	.265*
6	2.97	1.08	–.06	–1.12	.235*
7	2.81	1.17	–.08	–1.31	.242*
8	3.32	1.10	–.61	–.58	.301*
9	3.54	1.01	–.75	.14	.296*
10	3.32	1.04	–.49	–.58	.277*
11	3.74	0.91	–1.09	1.35	.342*
12	3.37	0.99	–.61	–.28	.287*
13	3.43	1.01	–.69	–.22	.307*
14	3.69	0.96	–1.04	.80	.351*
15	3.04	1.30	–.13	–1.15	.203*
16	2.89	1.03	–.26	–.63	.217*

Notes: g1 = skewness; g2 = kurtosis; K-S = Kolmogorov–Smirnov.

* $p < .001$.

Table 3: Measurement Invariance by Age and Professional Experience

Variable	Model	ULSMV-χ^2 (df)	CFI	TLI	RMSEA	Comp.	ΔULSMV-χ^2	Δdf	*p*-value (ΔULSMV-χ^2)	ΔCFI
Age	1 M0	299.719 (206)	.978	.974	.062					
	2 M1	289.981 (220)	.984	.982	.052	2 vs. 1	15.834	14	.3236	.004
	3 M2	327.324 (250)	.982	.983	.051	3 vs. 2	37.344	30	.1673	.002
Experience	1 M0	313.610 (206)	.976	.972	.066					
	2 M1	307.688 (220)	.981	.979	.058	2 vs. 1	21.255	14	.2801	.005
	3 M2	335.941 (250)	.981	.982	.054	3 vs. 2	28.253	30	.9101	0

Notes: ULSMV = unweighted least squares with mean and variance adjusted; CFI = comparative fit index; TLI = Tucker–Lewis index; RMSEA = root mean square error of approximation; comp. = model comparison.

Table 4: Evidence of Reliability

Factor	McDonald's ω	Cronbach's α	Greatest Lower Bound
Lie-focused	.809	.805	.835
Person-focused	.930	.929	.946