

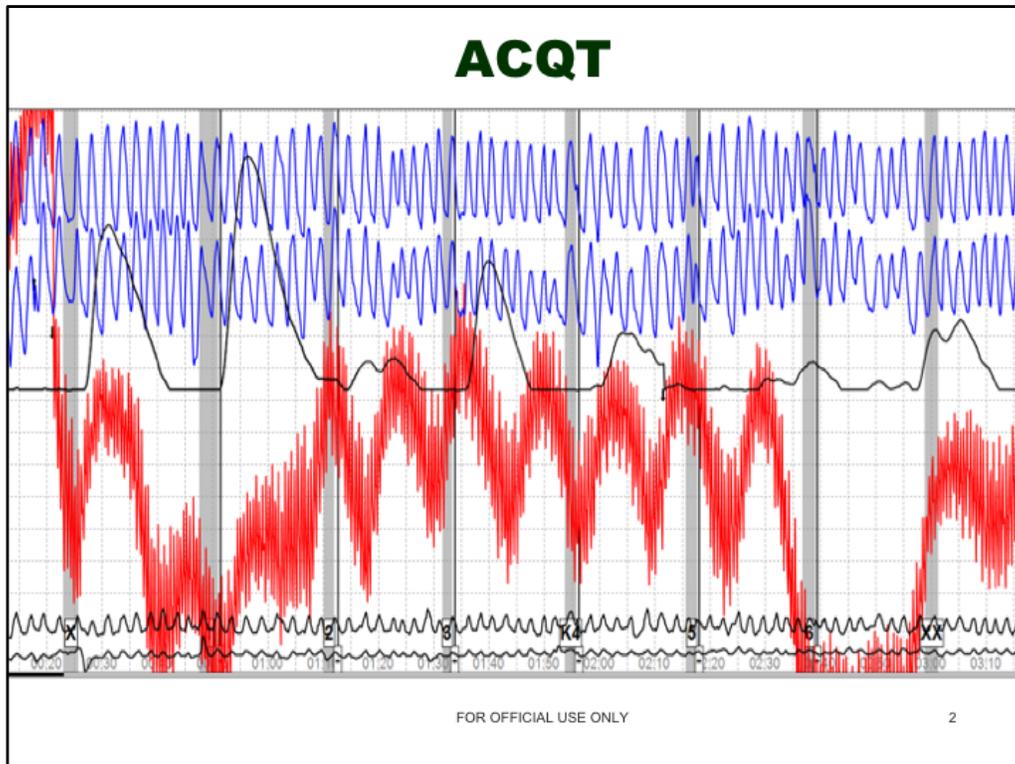
## **Case Review 2**

### **National Center for Credibility Assessment**

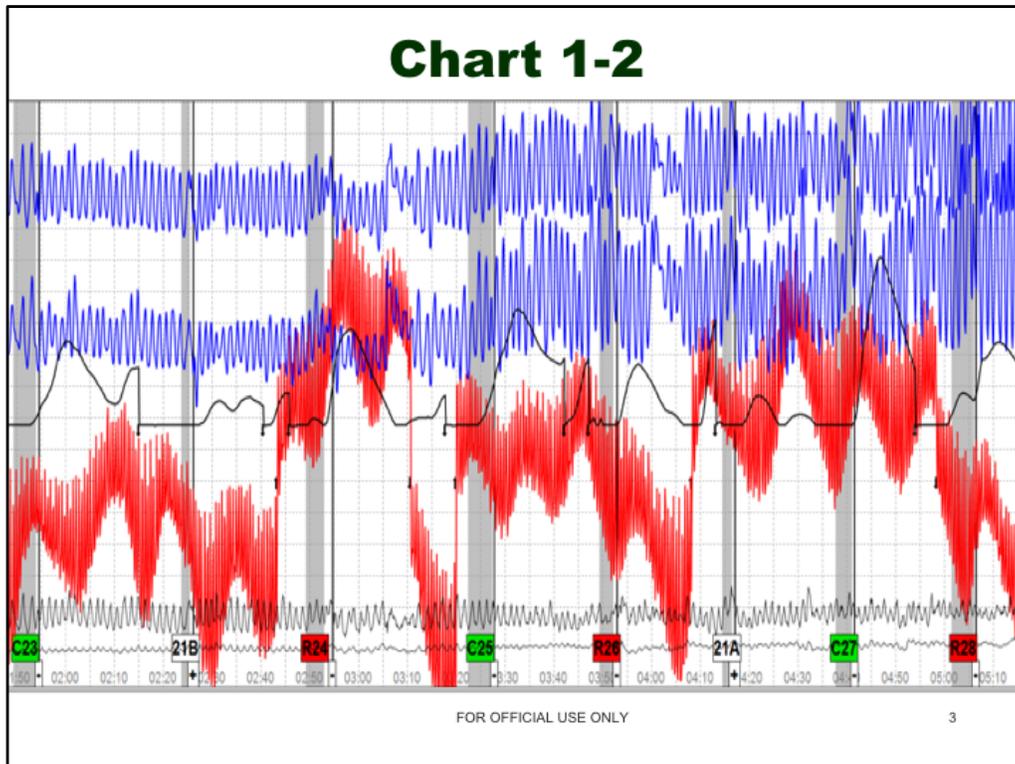
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1

- **Review the test data for Case Review 2 – Do you see atypical physiology?**
  - **If you see atypical physiology – what makes it atypical?**
- **While reviewing the test data – consider whether the data is indicative of deception.**
- **If you consider the test to be deceptive and get a confession – does it really make any difference whether CM activity is present?**
- **If you get the confession to a specific issue why not get the confession to suspected CM activity afterwards?**

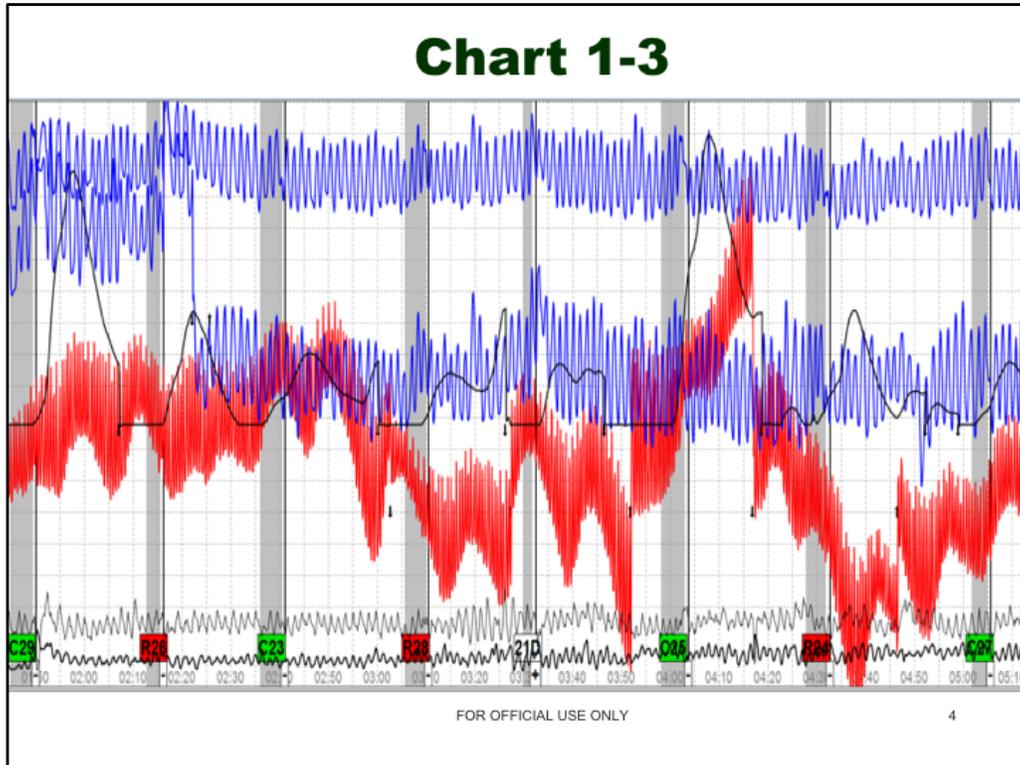


- **Do you have any concerns regarding the test data on this ACQT?**
  - **Discuss the concerns**
- **We see that the breathing is very fast – almost 36 CPM**
- **However, the EDA does not appear nervous**
- **Pulse rate is about 96 BPM and the CV channel is not stable**
- **Fast breathing continues after the XX**
  - **At this point we must ask ourselves – is the breathing normal for this individual (medical condition)**
- **Examinee peaked at the key in the EDA channel**
- **Nothing to indicate CM activity at this point - Or is there?**

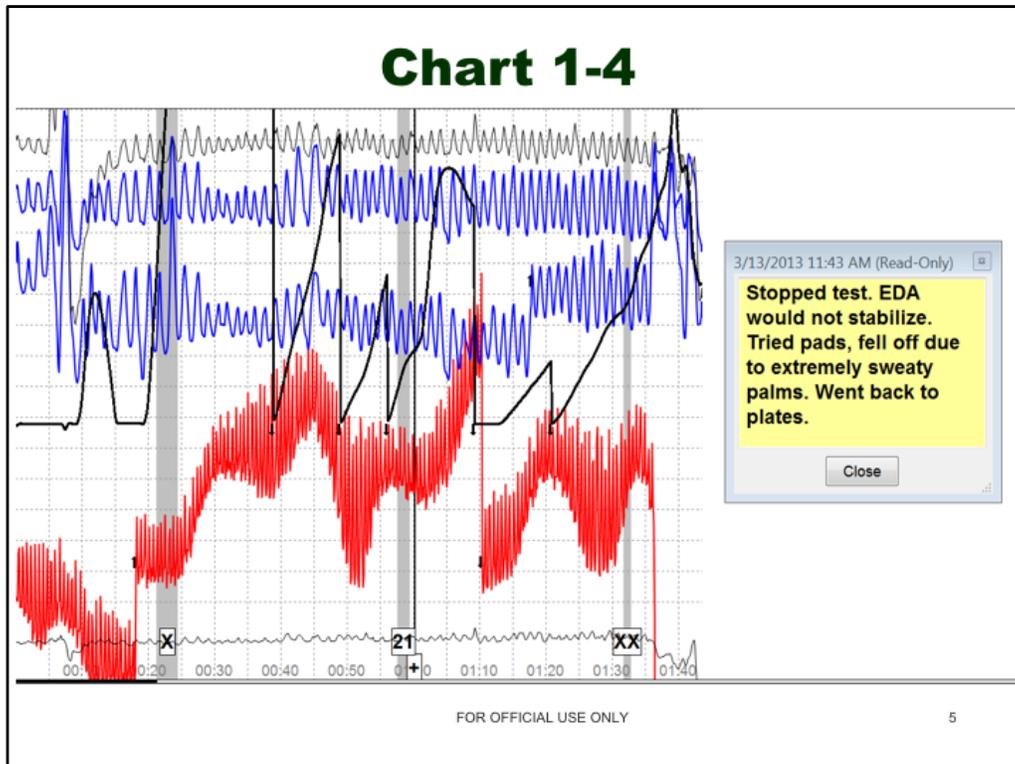


- **What comments do you have about the test data?**
  - **Breathing cycles, Pulse rate & Blood Volume increases**
- **Look at the PN channels at R24 & R26 – Do you think the strange breathing pattern (hitch-in-the-gitty-up) about 10 seconds after the answer is just an anomaly or is it indicative of deception?**
- **Do you think it is unusual that not only is the breathing very rapid, but the amplitude increase in the PN channels increases at C25 and continues to the end of the test?**

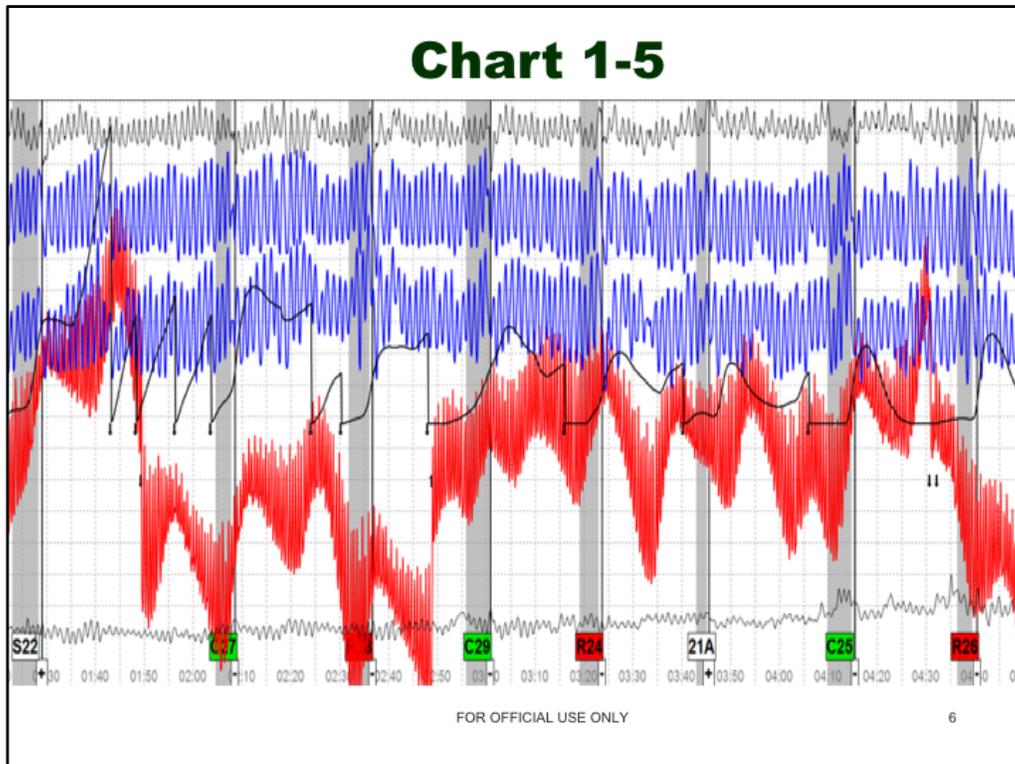
## Chart 1-3



- Do you think the physiology has changed on this chart?
  - What is different? Point out the criteria.
- There is a huge blood volume increase at C25 – Do you think that the examiner should have asked R24 or an Irrelevant question?
  - Explain.
- Do you think the blood volume increase at C25 is atypical?



- What does the note suggest concerning this examination?
  - Extreme anxiety/nervous tension
  - **Deception**



- Note the Sacrifice Relevant in this slide (*it was the same in all the charts*) – very large response.
  - Although it is a “sacrifice” relevant and not numerically evaluated – do not discount repeated responses such as the one seen.
- Do you have any concerns about the CV responses at the comparison questions?
  - Numerically they are clearly NDI – What say you?
  - Do you see atypical physiology anywhere?
- What is your decision?

## **Case Review 2**

### **The rest of the story**

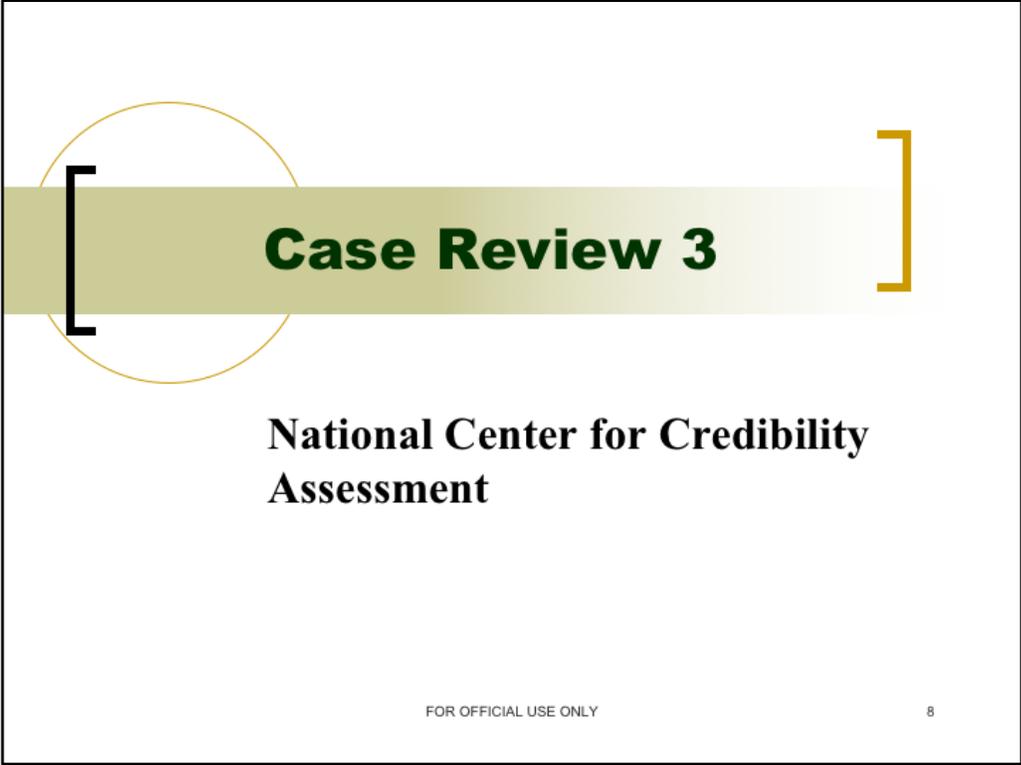
- **Stole \$10,000 from his current employer in weekly increments of \$500 to \$600**
- **Altered his breathing and focused his attention elsewhere so the examiner would not know if he was lying or nervous**
- **Attacked the comparison questions**

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7

- **Case file # 4719-13**
- **Employed by ex-girlfriend's father.**
- **Claimed he was going to use the money to help build a house for he and his ex-girlfriend.**
- **Claimed he still had \$9000 in a safe in his house.**
- **He attacked what he called questions "pertaining to trustworthiness regarding supervisors and parents.**
- **He advised the examiner called the questions "honesty and integrity questions."**
  - **Do you think this suggests he went on-line and studied CM and where to use CM?**

- **Did you see indications of CM in the test data?**



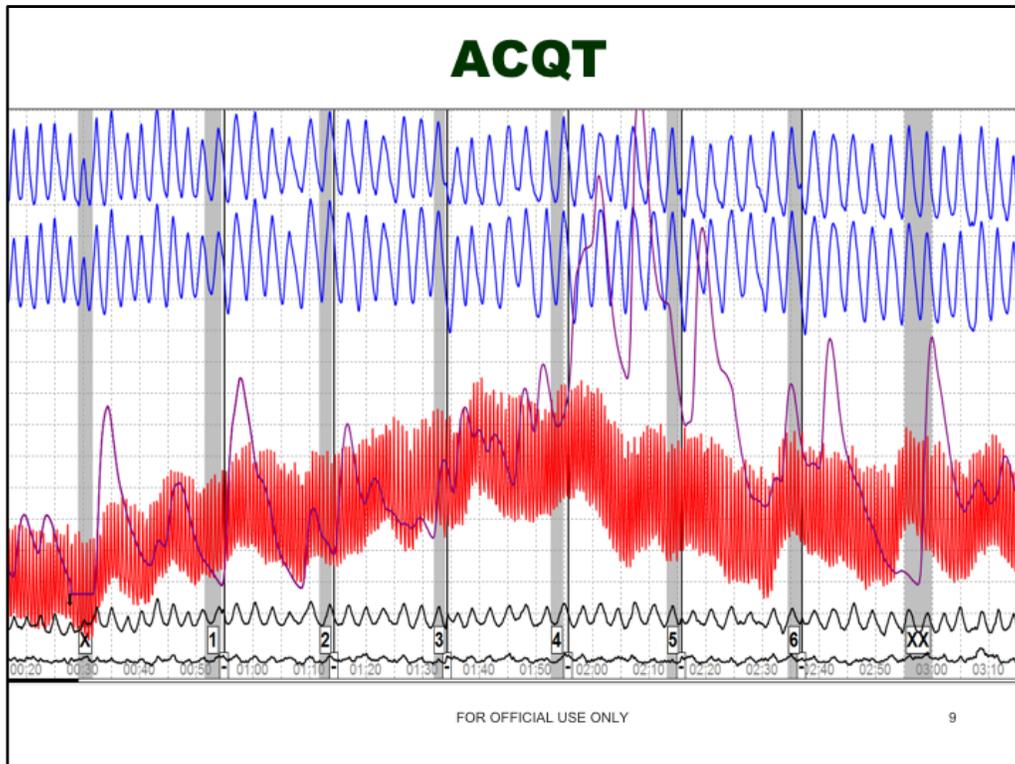
## Case Review 3

National Center for Credibility  
Assessment

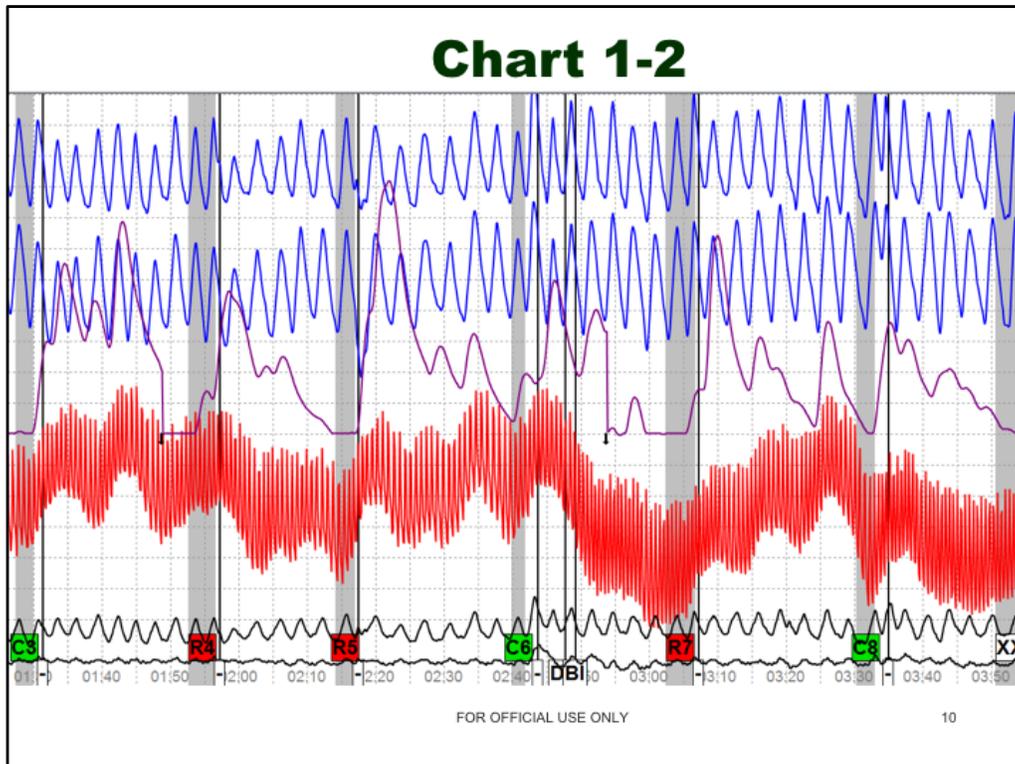
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8

- This case review is similar to the last – **do you see atypical physiology?**
- **Would you consider the test data deceptive?**

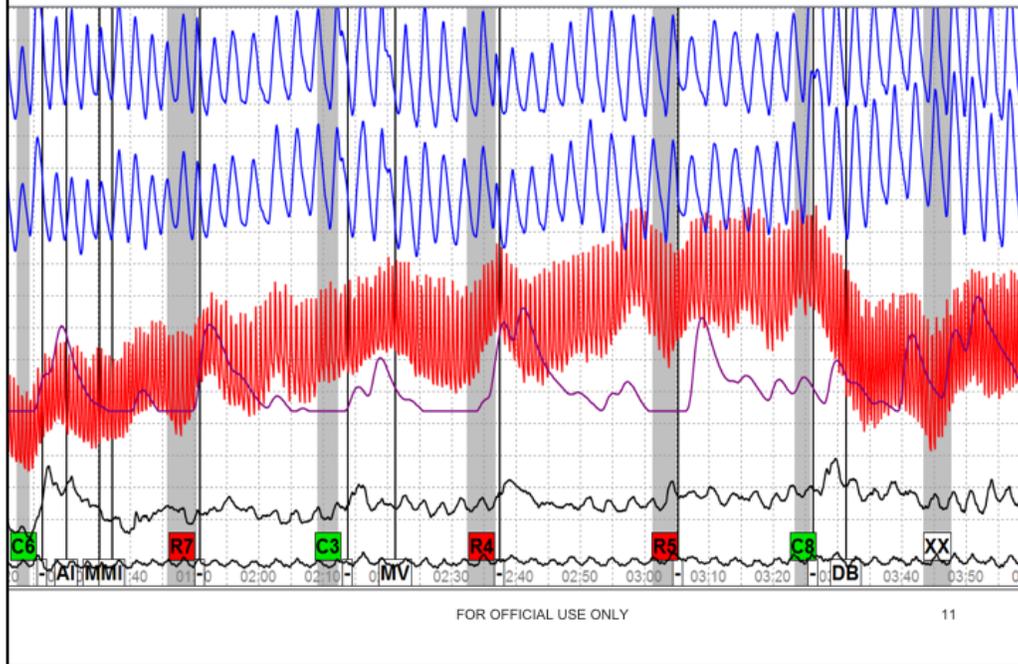


- **What comments do you have regarding the ACQT?**
  - **Examinee peaked at the key in the EDA & CV channels**
  - **Pulse rate is over 100 BPM**
  - **Nothing extraordinary about the PN channels – upper PN channel has a baseline that is slightly unstable**
- **Do you see anything to suggest atypical physiology?**
  - **No**
  - **The high pulse rate provides possibilities: (1) Nervous tension, (2) Deception, (3) CM activity**

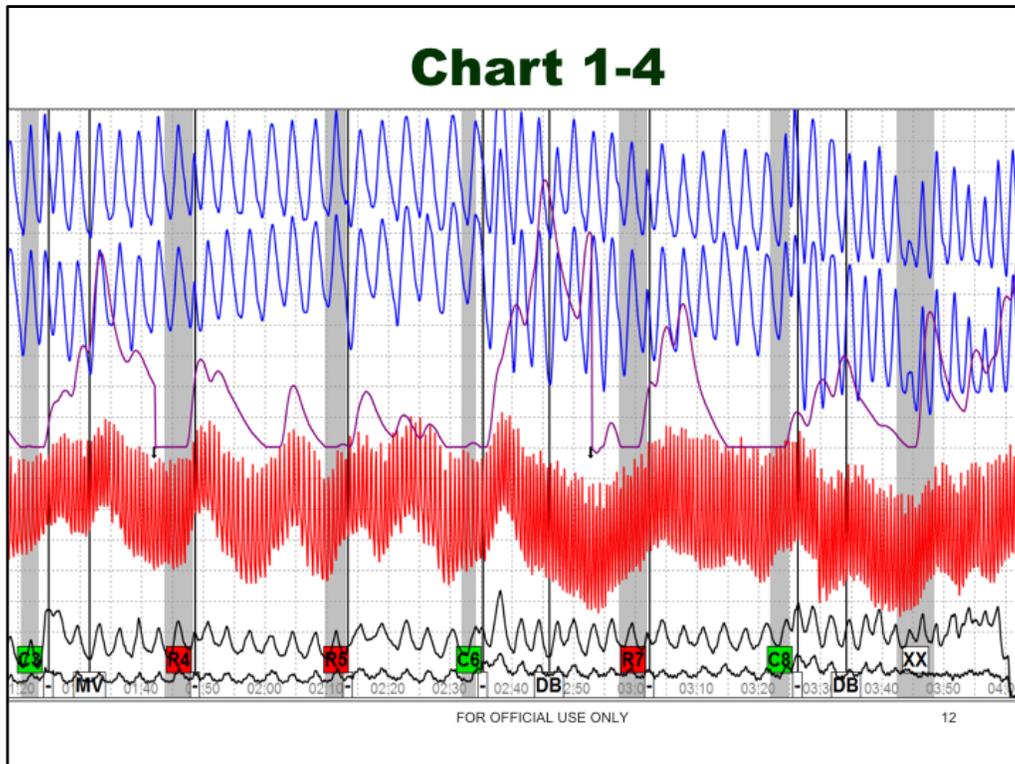


- **Observation: The MV sensors are mirroring the PN channels. Do you think it is significant that there is a rise in the MV sensors at C6 & C8?**
  - **The breathing is deeper starting at C6 – do you think that could account for the MV sensor rising?**
- **Do you see anything atypical in this chart? Explain?**

## Chart 1-3



- In this chart we see movement in the seat cushion at C6, C3, R4, slightly at R5 and C8. The examiner notes the movement and provides MI + an answering instruction at C6 + DB at C8.
- Both PN channels are now unstable with deeper breathing at C3 and C8 - Do you think CM activity is taking place or is there something else going on?



- We are now at the last chart – do you see atypical physiology?
- Do you think an irrelevant question should have been asked between C6 and R7? Explain?
- The examiner had either a DB or MV at 7 of 9 comparison questions – what does that suggest?
- Numerically how would you score this test?

## **Case Review 3**

### **The rest of the story**

- **Examinee's 2<sup>nd</sup> exam – performed CM on the 1<sup>st</sup> exam a month earlier**
- **Breathing CM at the “control” questions**
- **Instructions provided by a friend who used to work for Military Intelligence**
- **Attempting to hide drug involvement**

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13

- **File # 4586-13**
- **Admitted to:**
  - **Smoking synthetic marijuana, snorting cocaine, smoking crystal methamphetamines, and injecting steroids all while a member of the US Army.**
  - **Also admitted to participating in drug trafficking with his father who is currently incarcerated in prison for drug trafficking.**
- **His friend who used to be with Army MI told him to make sure his breathing was different at the control questions.**
- **In his first polygraph he admitted he performed CM to “help himself through the process” but denied lying about relevant issues.**
- **Now you know the rest of the story – he was lying about relevant issues**



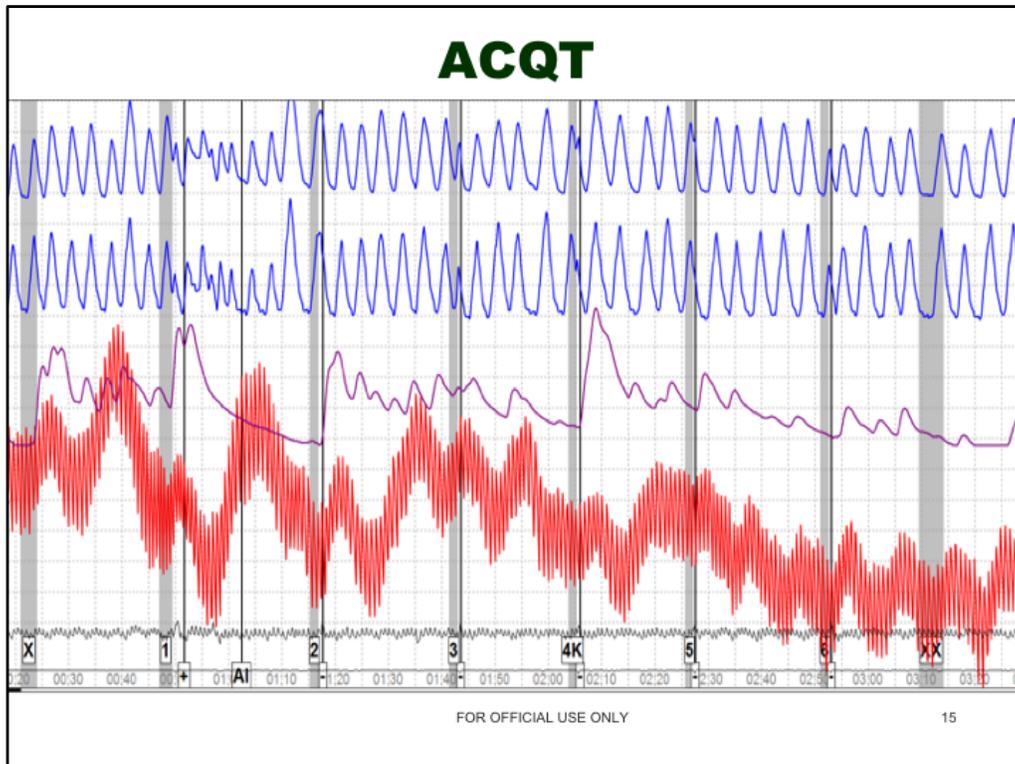
## **Case Review 4**

### **National Center for Credibility Assessment**

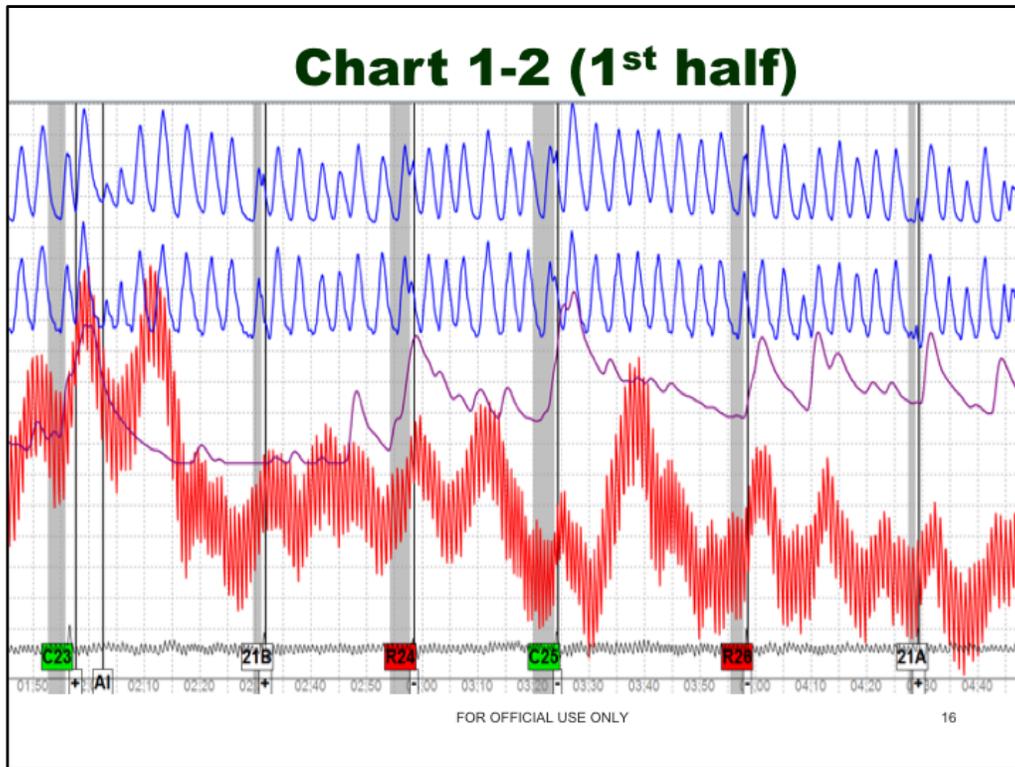
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14

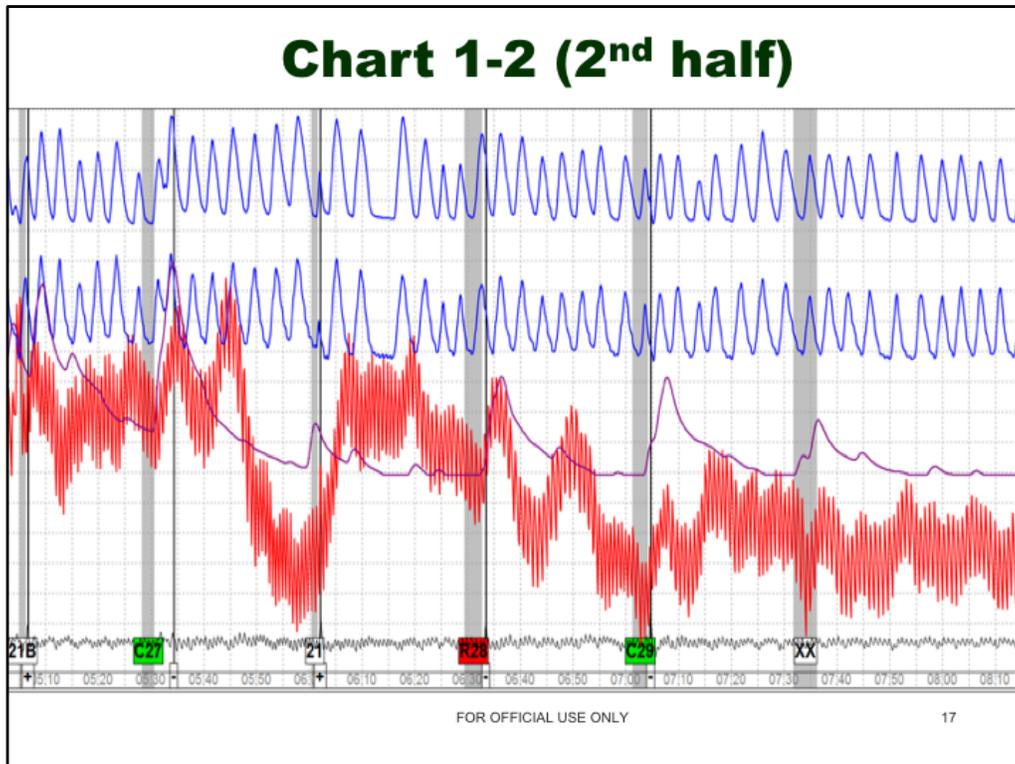
- **The last two Case Reviews revealed breathing CM.**
- **Review the following test data and consider whether atypical physiology is present.**



- The breathing at question1 does not look like the rest of the breathing. What do you think is the cause? Probably the AI.
- Examinee answered “YES” rather than “NO” at Q1. Do you think that should raise a flag? Explain.
- Did examinee peak at the key?

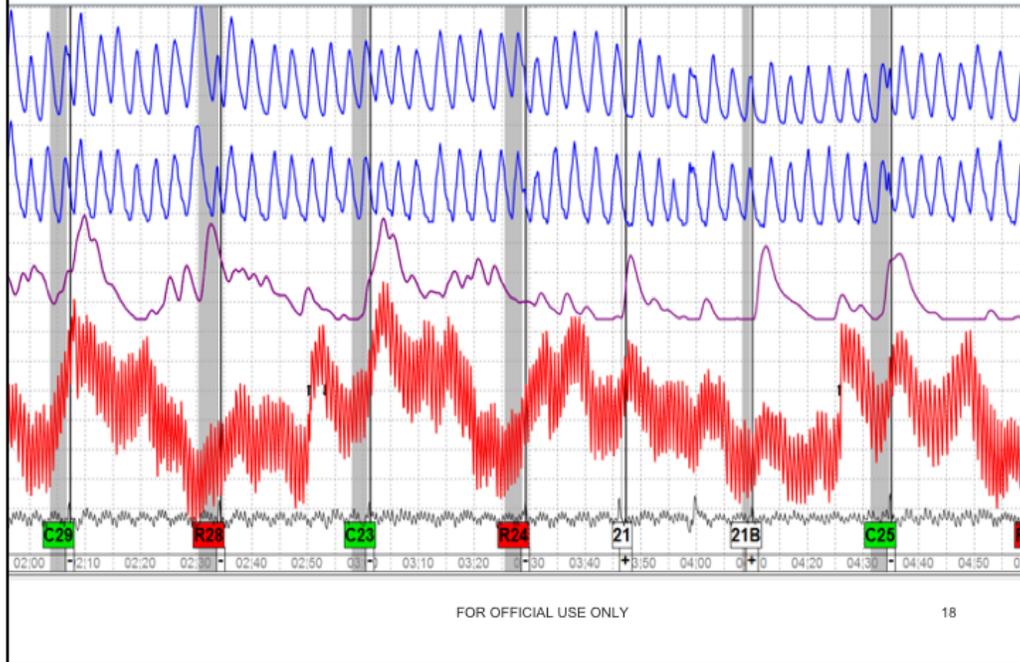


- Do you see anything that appears atypical? Explain.
- Examinee answered C23 wrong. This is the 2<sup>nd</sup> time. Should this be a flag?
- Let's look at the second half of the chart...

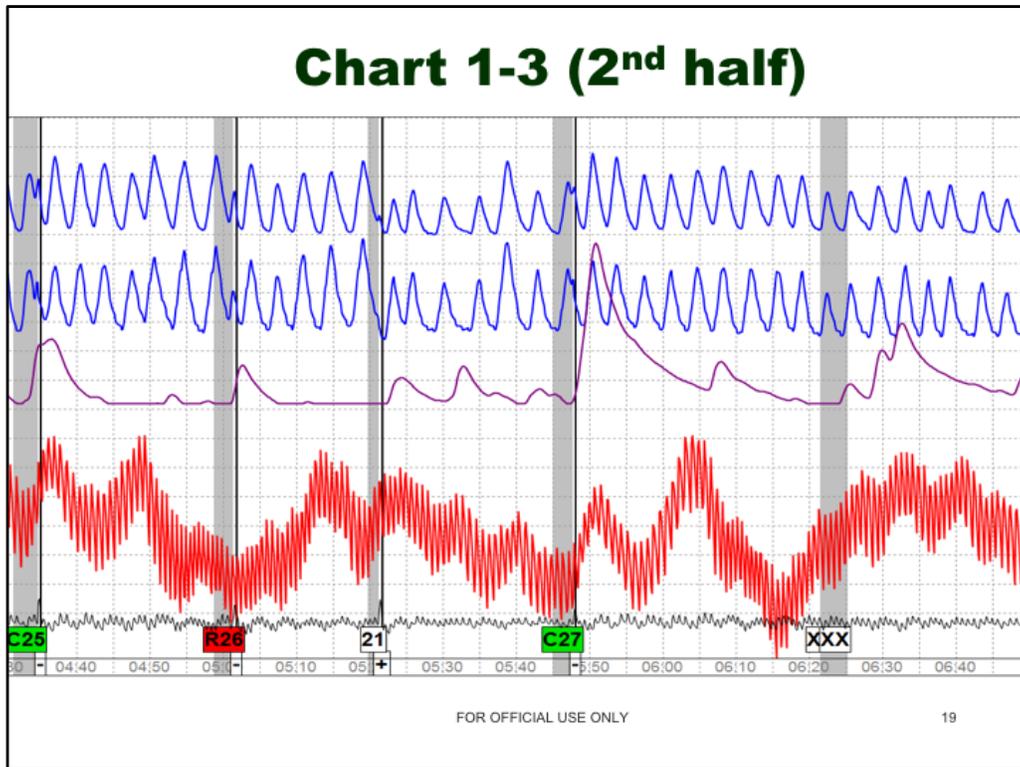


- Do you see anything that appears atypical in this test data? Explain.
- Would you consider C27 for evaluation purposes? Explain.
- The examiner continued to allow the chart data to record after the XX for an additional 40 seconds. What did this test data tell him or her?
- The examiner asked an irrelevant question between C27 & R28. Do you think that was appropriate? Explain.
- What does the response at Q21 tell you?

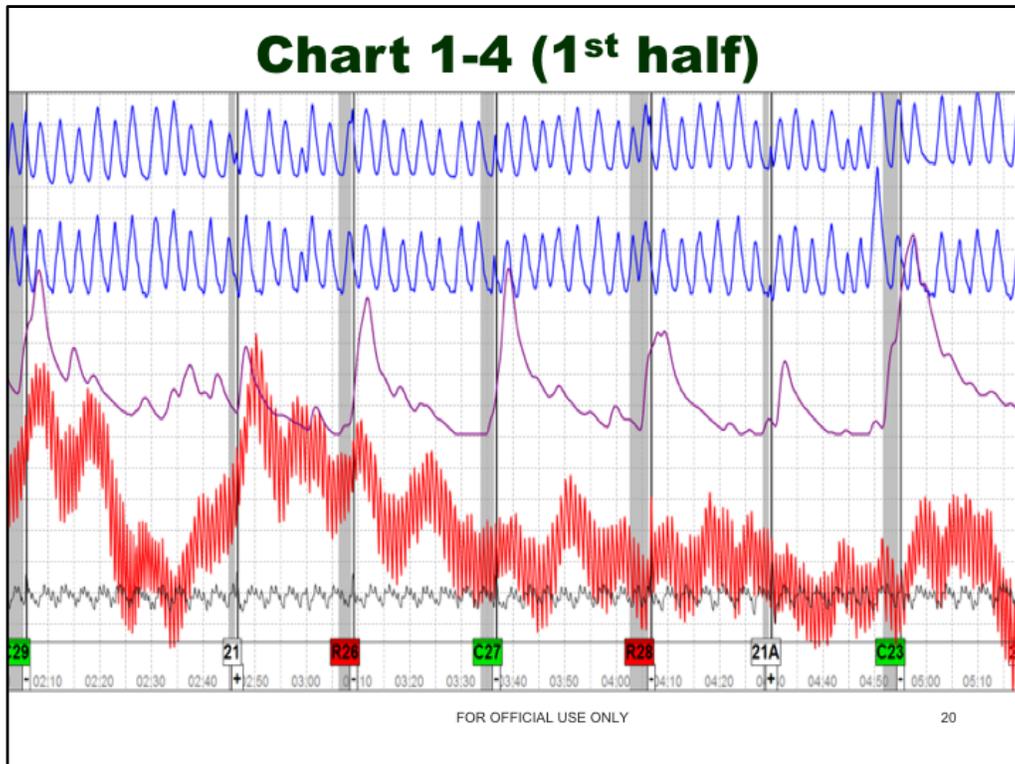
### Chart 1-3 (1<sup>st</sup> half)



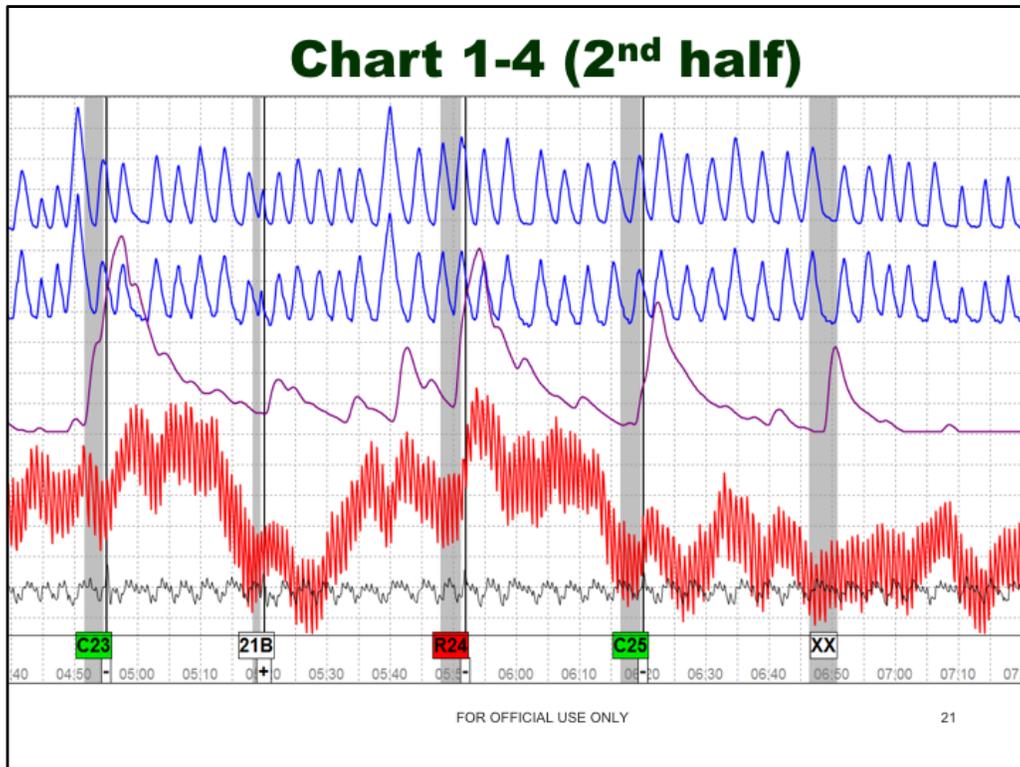
- How many have seen test data like this before?
- How many have evaluated test data that looks like this?
- Is there any reason why you would not evaluate such test data? Explain.



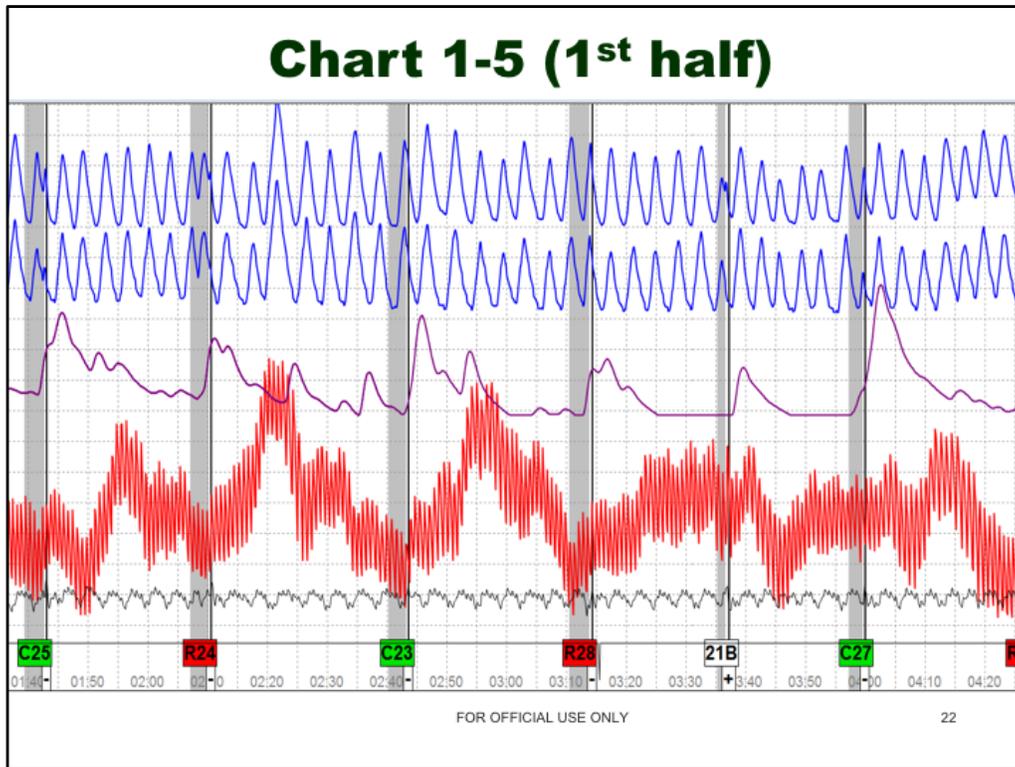
- Do you see anything that might be considered atypical? Explain.
- If everything looks okay – what numeric score would you give to this spot?



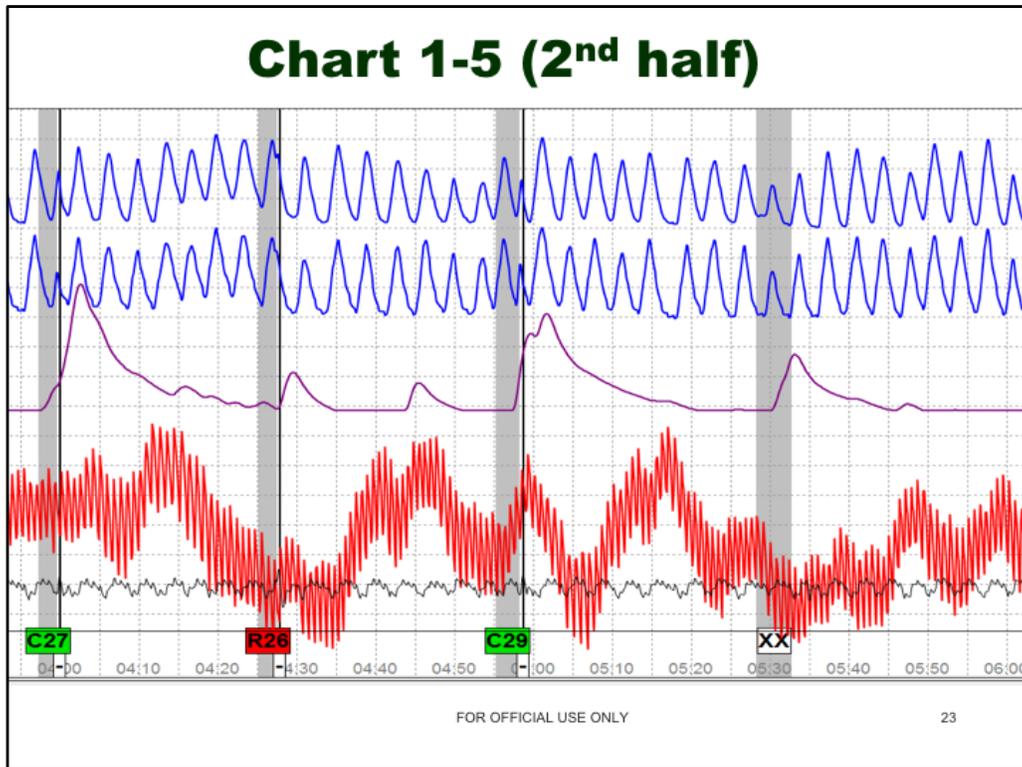
- We are on our 3<sup>rd</sup> chart now – Have you seen any atypical physiology?
- Would you eliminate C23 from the evaluation process due to the bigger breath just before the question was asked?
- Do you see anything in the PN channels to indicate atypical physiology? The answer is NO.
- Do you think it is unusual that the examinee would respond at every comparison question every time?



- What numeric evaluation would you give the data so far?
- Let's look at one more chart.



- Do you think the continued rise at R24 is due to the deeper breath?
  - Would you artifact the CV channel at R24?
- Do you see any atypical physiology?



- Do you have a numeric evaluation? What is it?
- Do you think CM activity took place on this exam?
  - If you think CM activity took place – what kind of CM?

## Case Review 4

### The rest of the story

- Theft from an employer, use + sale of marijuana & ecstasy + use of nitrous oxide
- Examinee used terms “pretest” & “post test” during the pretest interview
- Mental CM used at C25 & C27 first 2 charts and at all questions on the last chart

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24

- **File # 2011-1605 – hiding criminal activity & drug use**
- Examinee admitted to using mental CM to affect the outcome of the polygraph examination.
- He attacked C25 & C27 bu reciting positive thoughts in his head.
- On the last chart he recited positive thoughts after answering every question.
- He went to eHow.com and initially researched how to beat the polygraph – that led him to other sites that suggested mental arithmetic, tack in the shoe, biting the tongue and controlled breathing. (eHow has 1 million articles & 170,000 videos)
  - He claimed he did not use those techniques
- **Subject used the terms ‘pretest interview’ & ‘post test interview’ during examinee’s pretest which alerted examinee to watch for CM.**