

UTAH NETWORK ON JUVENILES OFFENDING SEXUALLY

POLYGRAPHY EXAMINATION PROTOCOL

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This proposal has been the culmination of work by Ron Mervis, Dave Fowers, Utah Network on Juveniles Offending Sexually, Dr. Kim English, Steve Bartlett APA Member, and numerous graduate students.

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INTRODUCTION

This proposal was prepared for the Utah State Division of Youth Corrections. The information is the result of collaboration among specialists in the field of polygraphy and sexual offending. The document contains a large amount of information on the polygraph machine, polygraph examination, legal issues and the proposed policy. The appendix contains more specific information on the assignments and tasks of the youth, type of tests, scoring and current policy and procedures from the American Polygraph Association.

BACKGROUND

Throughout history, problems in ascertaining the truth have plagued mankind. There has been a variety of methods employed to ascertain the truth, by means of threat, promise and in some cases, torture. However, the justices of the era soon realized that admissions gained could not be relied on because of the ways in which they were obtained, and consequently they later rejected evidence gathered in this way.

In the last few centuries there have been significant gains in the gathering of information and protecting the rights of the accused. Technology has given us ways to electronically record statements made by suspects, witnesses and complainants alike. A gap remains in discerning between the truth and deception. Efforts to diminish this gap have included the use of hypnosis, truth serums and voice analysis, but with few positive results. Only the polygraph, after more than 100 years, has stood the test of time.

WHAT IS THE POLYGRAPH?

The term "polygraph" literally means "many writings." The name refers to the manner in which selected physiological activities are simultaneously recorded. Polygraph examiners may use conventional instruments, sometimes referred to as analog instruments, or computerized polygraph instruments.

A polygraph is an instrument that records certain physiological changes in a person undergoing questioning in an effort to obtain truth or deception. A polygraph simultaneously records a minimum of respiratory activity, galvanic skin resistance/conductivity and cardiovascular activity.

The polygraph is a scientific recording device designed to register a person's bodily responses to being questioned. Popularly known as a lie detector, the polygraph has been used chiefly in criminal investigations, although it is also used in employment and security screening practices. Because no machine can unerringly recognize when a person is lying, the polygraph results are used in conjunction with other evidence, observations and information. Emotional stress reflected by this test, for instance, need not be due to lying. Ordinary nervousness, individual physical or mental abnormalities, discomfort, excessive pretest interrogation, indifference to a question, question construction, and the skills and expertise of the examiner can also affect test accuracy. The polygraph can, however, provide a basis for an evaluation of whether or not the subject's answers are truthful. This test has also been helpful in exonerating innocent persons accused of crimes. A polygraph

is actually several instruments combined to simultaneously record changes in blood pressure, pulse and respiration. The electrical conductivity of the skin's surface can also be measured—increased sweat-gland activity reduces the skin's ability to carry electrical current. The apparatus worn by the seated subject includes a pneumograph tube around the chest, an ordinary blood-pressure cuff and electrodes on the fingers and surfaces of the hand. The actual physiological changes are transmitted through a small panel unit into synchronized readings on moving graph paper. These parallel graphs are then correlated and interpreted to determine whether the subject is truthful or deceptive. Proper conditions and procedure are essential in polygraph testing. The room used should be plain, quiet, comfortable and private. Videotaping, two-way mirrors and microphones are used as legal precautions. The examiner's role is the most critical and significant condition. The examiner must be consistently objective and should be thoroughly trained in scientific interrogation to reduce the inherent human error.

POLYGRAPH USE

Polygraph testing is currently being used in more than 50 countries in the fields of corrections, criminal investigations, intelligence/counter intelligence and civil matters. In the United States alone all federal law enforcement agencies either employ their own polygraph examiners or use the services of examiners employed in other agencies. Examiners and quality control programs exist in the FBI, Secret Service, military, US Customs, US Marshals, Defense Criminal Investigation Service, Internal Revenue Service, US Capitol Police, Food & Drug Administration, Department of Energy, Central Intelligence Agency, Police & County Sheriff's departments, sex therapists and numerous other investigative bodies.

Law enforcement agencies using the polygraph do so predicated on the basis that it is an important investigative aid and not a substitute for standard investigative techniques. For decades the law enforcement community has used polygraph testing as an investigative aid to: verify the statements of victims; establish the credibility of witnesses; evaluate the truthfulness of suspects and to help exonerate the innocent who is surrounded by circumstantial or uncorroborated evidence.

POLYGRAPH USE WITH SEXUAL OFFENDERS

Polygraph technology is accepted in Sex Offender Treatment Programs when testing convicted sex offenders while on parole or probation. Today a very high number of pedophiles on probation in the states of Oregon and Washington are currently under polygraph surveillance and maintenance programs as part of their parole conditions. The success of the Jackson County Sex Offender Treatment Program (JCSOTP) in Oregon has been so great that other states including California, Texas, Tennessee, Florida, Massachusetts, Indiana and Colorado have adopted the use of polygraph examinations in the supervision, treatment and monitoring of sex offenders on parole and probation.

Research has shown that the polygraph examination when integrated into treatment helps to more accurately obtain an adjudicated/convicted offender's sexual history, break

through the denial and secrecy of offending, maintain and monitor treatment compliance, all of which increase the potential competency development of the offender, accountability to their victims and community safety. These are the three prongs of the Balanced and Restorative Justice Model adopted by the Division of Youth Corrections. The polygraph can be an important tool with the adolescent sexual offender in meeting the goals of this model.

LEGAL LANDSCAPE

Polygraph results (or psychophysiological detection of deception examinations) are admissible in some federal circuits and some states. More often, such evidence is admissible where the parties have agreed to their admissibility before the examination is given, under terms of a stipulation. Some jurisdictions have absolute bans on admissibility of polygraph results as evidence and even the suggestion that a polygraph examination is involved is sufficient to cause a retrial. The United States Supreme Court has yet to rule on the issue of admissibility, so the rules in federal circuits vary considerably. The Supreme Court has said, in passing, that polygraph examinations raise the issue of Fifth Amendment protection [*Schmerber v. California*, 86 S. Ct. 1826 (1966)]. The Supreme Court has also held that a Miranda warning before a polygraph examination is sufficient to allow admissibility of a confession that follows an examination [*Wyrick v. Fields*, 103 S. Ct. 394 (1982)]. In 1993, the Supreme Court removed the restrictive requirements of the 1923 Frye decision on scientific evidence and said Rule 702 requirements were sufficient [*Daubert v. Metall Dow Pharmaceuticals*, 113 S.ct. 2786]. *Daubert* did not involve lie detection, per se, as an issue, as *Frye* did, but it had a profound effect on admissibility of polygraph results as evidence, when proffered by the defendants under the principles embodied in the Federal Rules of Evidence expressed in *Daubert*, see [*United States v. Posado* (5th Cir. 1995) WL 368417]. Some circuits already have specific rules for admissibility, such as the 11th Circuit which specifies what must be done for polygraph results to be admitted over objection, or under stipulation [*United States v. Piccinonna* 885 F.2d 1529 (11th Cir. 1989).] Other circuits have left the decision to the discretion of the trial judge. The rules that states and federal circuits generally follow in stipulated admissibility were established in [*State v. Valdez*, 371 P.2d 894 (Arizona, 1962).] The rules followed when polygraph results are admitted over objection of opposing counsel usually cite [*State v. Dorsey*, 539 P.2d 204 (New Mexico, 1975)]. Primarily because of *Daubert*, as well as the impact the other cited cases have had, polygraph examination admissibility is changing in many states. Many appeals, based on the exclusion of polygraph evidence at trial are now under review by appellate courts.

In Utah, the pertinent cases are *State v. Jenkins*, 523 P.2d 1232 (1974) and *State v. Rebetevano*, 681 P.2d 1265 (1984).

POLYGRAPH EXAMINATIONS

Polygraph examinations are considered an evaluative clinical tool to be used to help verify the accuracy and completeness of a youth's self reported history of sexually abusive, deviant and problematic behavior. The examination can also be used to monitor compliance with treatment, supervision and community safety. The polygraph is viewed as a clinical tool to facilitate a sexually offending adjudicated youth in moving through shame, denial and confusion, and as an effort to provide external validation of statements and claims. Polygraphy can be described as the evaluation of physiologic reactions that are occurring in response to the emotions of fear or conflict that are associated with deception. When there is fear there are autonomic changes that prepare the body for flight or fight. Some of these physiologic changes are recorded on the polygraph chart, and the examiner is able to interpret these changes with a considerable degree of accuracy as being indicative of truthfulness or deception. There are no patterns of response that are consistent with lying in and of itself, but rather, the changes are associated with sympathetic arousal in the autonomic nervous system.

POLYGRAPH EXAMINATION PHASES

The polygraph examination is usually divided into four different phases:

- Data Collection and Preparation

- Pretest Interview

- Test

- Post-test Interview

Data Collection and Preparation

In the first phase the referring source will assist the examiner in gathering all pertinent information about the case. It is critical that the examiner and the referring source dialogue regarding the information and the youth. The necessary data may include the police report, victim and witness statements, social history, psychological/psychiatric evaluations, legal violations and consequences, previous treatment, family history, medical, educational and developmental history, substance abuse, emotional difficulties and any other relevant data on the youth. The examiner reviews the material while focusing on any obvious issues that need to be explored more fully in the examination. For example, if the youth lives with a sibling who is the same age as the victim, spends excessive time on the computer, and/or seems to isolate.

Pre-Test Interview

In this critical phase, rapport should be established with the sexually offending adjudicated youth. The sexually offending adjudicated youth must feel that the exam will be free from bias and accurate. The procedure should be explained to the sexually offending adjudicated youth. This would include discussion of the instrument, physiology, construction of test questions and the ability and competency of the examiner. All of the questions are reviewed with the sexually offending adjudicated youth and the words are defined for the sexually offending adjudicated youth. The examiner must communicate that the expectation is that the sexually offending adjudicated youth will be truthful.

Testing Procedures

There are two major types of testing techniques. The guilty knowledge test (GKT) and the control question technique (CQT). While the GKT is very effective, it is used infrequently because it requires that only the investigators and the guilty person know certain significant data related to a particular act. The CQT is used as a basis of comparison with the critical items in the test. This technique is used in the majority of examinations. The test is composed of a number of different types of questions while there are a minimum of three or four relevant questions dealing with the issue at hand.

Full Disclosure Examination:

The full disclosure examination is a verification and discussion of all of the youth's sexually deviant behaviors, the details of what they did, how they set up the abusive/deviant behaviors and how many times they engaged in the behaviors. It is based on their completed written sexual history. This examination is administered within three to six months of the beginning of treatment.

Maintenance & Monitoring Examination:

The maintenance examination is a periodic examination of an offender's treatment compliance and community safety restrictions. This examination also serves to identify and deter high-risk behaviors and sexual acting out in the program. Examinations may be administered every six months after passing the full disclosure examination. It can be done more frequently on sexually offending adjudicated youth that present as high risk, and will not exceed three separate tests in a one-year period by the same examiner. The sexually offending adjudicated youth will complete the following written clinical assignments before a maintenance polygraph:

- Weekly Logs
- Check-in Forms
- Treatment Maintenance Form
- Discussions about the positive/negative consequences of passing or failing
- Developing and reviewing test questions with the sexually offending adjudicated youth
- Expecting the sexually offending adjudicated youth to pass

Errors in Polygraph Examinations: False Positives and False Negatives

While the polygraph technique is highly accurate, it is not infallible and errors do occur. Polygraph errors may be caused by the lack of information sharing, failure to properly prepare the sexually offending adjudicated youth for the examination, or by a misreading of the physiological data on the polygraph charts. Errors are usually referred to as either false positives or false negatives. A false positive occurs when a truthful sexually offending adjudicated youth is reported as being deceptive; a false negative when a deceptive sexually offending adjudicated youth is reported as truthful. Some research indicates that false negatives occur more frequently than false positives, other research studies show the opposite conclusion. Errors become less important when the goal is

obtaining information that will help the sexually offending adjudicated youth and all of their victims.

Since it is recognized that any error is damaging, examiners utilize a variety of protective measures to identify the presence of factors, which may cause false responses, and to insure an unbiased review of the polygraph charts; these include:

- an assessment of the sexually offending adjudicated youth's emotional state
- medical information about the sexually offending adjudicated youth's physical condition
- specialized tests to identify the overly responsive sexually offending adjudicated youth and to calm the overly nervous
- control questions to evaluate the sexually offending adjudicated youth's response capabilities
- factual analysis of the case information
- a pre-test interview and detailed review of the questions
- quality control reviews

RATIONALE FOR THE POLYGRAPH EXAMINATION

Polygraph examinations are considered a clinical tool to be used to help verify the accuracy and completeness of a sexually offending adjudicated youth's reported history of sexual abuse, deviance and problematic behaviors. Polygraph examinations are also administered to monitor compliance with treatment and community safety conditions. A polygraph is one of many tools that may be used in conjunction with treatment to elicit information not available through traditional interviewing techniques. It is used as one more modality of treatment incorporated into the existing juvenile sex offender treatment regimen. Scientific studies report that the polygraph examinations result in higher rates of disclosure about deviant behavior than self-report methods. The sexually offending adjudicated youth's compliance with specific conditions of assessment, treatment and the early detection of re-offending behaviors is crucial to community safety and the sexually offending adjudicated youth's ability for competency development. The polygraph examination affords the sexually offending adjudicated youth the opportunity to develop the tools to break the cycle of abuse and thereby may protect society from being victimized again.

It is extremely important to obtain an accurate and comprehensive sexual history for each sexually offending adjudicated youth early in the treatment process. With this history, the team is able to determine the severity of each youngster's problem and the type of treatment needed. However, it is difficult to determine when an adolescent offender is telling the truth about his sexual history. For example, it is common for each offender to have a series of non-disclosed victims in their home community. These victims may be younger siblings, relatives and neighbors, who need treatment and protection. In addition to this, treatment providers are aware that many offenders have also been sexually and physically abused in the past. These sexually offending adjudicated youth sometimes accuse innocent parents or conversely try to protect their abusers from legal consequences

by not admitting to the abuse. These issues guide the treatment plan, help in the selection of the most appropriate interventions and will maximize treatment.

There is a growing need for confirmation for truth in our society, especially in the Juvenile Justice System. With the capabilities and availability of the polygraph, the truth can be more readily found. There is no differentiation for age when there is a necessity for finding the truth. A polygraph examination can be an effective tool in the discovery of truth in children, adolescents and adults.

Disclosure testing is an approach that rests on the premises that sexual offenders deny many of the aberrant acts that they have committed and therapists generally believe that they cannot successfully treat an abuser who is in denial. These admissions tend to occur at three different phases of the clinical process. Upon learning that they are scheduled to take a polygraph examination, many offenders begin to inform that the therapists of acts that they have committed in the past. These disclosures are often followed by a large number of admissions during the pre-test examination interview. Finally, those individuals who are found to be deceptive make additional disclosures at the end of the test. Post-tests disclosures may be inaccurate or incomplete and require a separate test when the therapist wants to verify the information.

The use of the polygraph is only one of several methods that sexually offended adjudicated youth are monitored in the community. The polygraph is used to encourage and support honesty as is the treatment goal. Other methods such as electronic surveillance, youth self-reports, spousal or parental reports, drug testing and case managers house calls are important methods to monitor the sexually offending adjudicated youth.

A non-prosecution agreement should be in place through the district attorney or corrections division to prevent challenges of self-incrimination. Judges, case managers, court officers, and child protective services must also support this arrangement.

There should never be any over-reliance on any of the technological, logical or psychological tools used in offender treatment until empirical data consistently support the validity and reliability of instruments. Therapists using the polygraph should corroborate their information with other sources before ascribing guilt or attributing deception. Polygraph results alone are not sufficient evidence to determine facts or to be the basis of termination from treatment. All self-reported information obtained during the clinical polygraph examination will be reviewed and incorporated into any recommendations.

There should be recognition of the risk of false positives (approximately 10%) that could incriminate innocent persons. The risks of false negative (approximately 8%) are also a concern, as deceptive persons may not be detected and thus may be granted privileges that escalate risk factors.

There should not be any reliance solely on polygraph findings in case management or legal decisions. Therapists using the polygraph need to recognize the nonobjective aspects of

the polygraph. Therapists should recognize the validity and reliability of the polygraph without ascribing excessive authority to its results.

There should not be any threats or legal sanctions on the basis of polygraph results. The focus is on helping the sexually offending adjudicated youth in their treatment, providing services for all of their victims and keeping the community safe. The use of such threats may exacerbate a stress reaction and increase the risk of false-positive results.

Sexually offended adjudicated youth who are court ordered into treatment programs should not be considered to give truly informed, voluntary consent when the only other option is incarceration. Retractions or attempts at countermeasures may result from coercive pressure. Such threats or coercion will also increase the likelihood of challenge by defense attorneys.

Therapists and treatment programs using the polygraph must acknowledge that some youths are unlikely to test accurately. These youths include those with psychotic symptoms, active manic-depressive or dissociative symptoms, panic disorders or mental retardation (IQ below 70) and those below the age of 15.

BENEFITS TO THE DIVISION

1. To assist in obtaining full disclosure earlier in treatment and reduce the “denial period.” This will also impact the length of stay the sexually offending adjudicated youth is in a treatment program.
2. Enhance the clinician's ability to break through the secrecy and denial that is typically a part of a sex offender's pattern of abuse.
3. Improve treatment outcomes by shortening the denial phase, thereby affording the sexually offending adjudicated youth more opportunity to address risk reduction.
4. To reduce the length of stay with this population in the treatment program. The research strongly supports the notion that the polygraph examination breaks down the denial system and that with subsequent tests treatment compliance can be measured.
5. To increase protection to the community and increase sexually offending adjudicated youth accountability by providing knowledge of sexually offending adjudicated youth's compliance with rules and restrictions from the program and as conditions of the Division of Youth Corrections community based placement.

POLICY

The State of Utah Division of Youth Corrections will use the Clinical Polygraph Examination (CPE) integrated with juvenile sex offender treatment with adjudicated sexually offending youth that are ordered to the custody of the Division of Youth Corrections. The CPE is the employment of any instrumentation used for the purpose of detecting deception or verifying truth of statements of any person under supervision and/or treatment for the commission of sex offenses. The CPE is specifically intended to assist in the treatment and supervision of sex offenders.

PROCEDURE

1. The primary objective of the clinical polygraph examination is to obtain information necessary for placement recommendations, treatment plan, risk assessment, community management and clinical interventions.
2. The primary use of the clinical polygraph examination will be the full disclosure examination, conducted in conjunction with their written self-reported sexual history.
3. The recommendation for use of the clinical polygraph examination will be made by designated local Clinical Multidisciplinary Teams. The team members should include at a minimum, a licensed psychologist and/or a licensed clinical social worker, a member of the Utah State Network on Juveniles Offending Sexually, licensed mental health professional, and when appropriate the following, employees of the Division of Child and Family Services, Division of Mental Health, Division of Services to People with Disabilities, and the local juvenile court. All members must have experience with youth that sexually offend. The primary criteria for the team to consider recommending a clinical polygraph examination include, but are not limited to, the following:
 - a. Age of Youth
 - b. Delinquency History
 - c. Sexual Offense History
 - d. Type of Sexual Offending
 - e. Presence of Mental Illness
 - f. Culpability
 - g. Current Medications
 - h. Cognitive Functioning
4. The multidisciplinary team must be able to clearly justify and explain to the sexually offending adjudicated youth and the legal guardian the purpose of the polygraph procedure, the type of physiological measurements collected, question construction and how the information will be used, which includes mandatory reporting and possible prosecution. If through the examination any new sexual abuse victims are revealed, the appropriate law enforcement and child protective services agency will be notified.

5. The clinical polygraph examination can only be used with the voluntary, written consent of the sexually offending adjudicated youth, parent and/or legal guardian.
6. Staff will explain to the sexually offending adjudicated youth consequences of a failed polygraph examination. These may include, but are not limited to, one or more of the following:
 - a. Required to retake the test
 - b. Rework prior assessment assignments previously completed
 - c. Loss of privileges
 - d. Inform parent of results
 - e. Report to case manager
7. At no time will termination from the program or a return to court be based solely on a failed clinical polygraph examination.
8. Members of the multidisciplinary team will review the reports provided by the polygraph examiner. If the results are “inconclusive” the possible reasons will be examined and a plan of action will be implemented. Potential reasons for an Inconclusive Polygraph Examination:
 - a. Deception: the polygraph instrument is recording a physiological response of fear of being caught in a lie or deception.
 - b. Utility: there is a utility in the lie/cognitive dissonance /avoiding stigma / shame
 - c. Anxiety or Arousal: PTSD /Anxiety Disorder / Manic-Depressive Syndrome / Psychosis / Dissociative Disorder/Panic Attack.
9. There may be questions of validity when used to test children under the age of 15 or individuals with IQ’s of less than 70. Decisions to test will be made on an individual basis with consideration to validity regarding test outcome and conclusions.
10. The polygraph examiner’s written report will address at what time during the examination specific disclosures are made and any concerns of validity of all tests.
11. Information gathered via the polygraph should be verified, when possible, by other sources before used in placement and treatment planning recommendations.
12. A licensed/certified polygraph examiner who has specialized training and experience in testing sexually offending youth will administer clinical polygraph examinations. Certifications and licensures obtained through sanctioned and approved training associations such as the American Polygraph Association, National Association of Polygraph Specialists in Sex Offender Testing/Monitoring, and the Association of Police Polygraph Examiners. (See appendix for specific qualifications.)
13. Written reports by the polygraph examiner will be placed in the youth’s permanent case file. This information will be released in accordance with GRAMA.

14. There will be an evaluation and research component to document the effectiveness of the clinical polygraph examination.

UTAH STATE DIVISION OF YOUTH CORRECTIONS
POLYGRAPH EXAMINATION INFORMED CONSENT FORM

I, _____, state that I have been advised of the following:

1. I understand that the polygraph examination being administered is to help verify the accuracy of the self-report information that I have previously shared (verbal or written) with my therapist, case manager, DYC staff or any other professional person associated with my case and that this information may be used in decisions regarding my case, such as future placements, monitoring compliance with treatment, competency development and community safety.
2. I understand that a licensed/certified polygraph examiner who has the knowledge and experience necessary to conduct this examination with the adolescent sexual offender will administer the polygraph examination.
3. I understand that the polygraph examiner is qualified to use the equipment and is following the professional standards set forth by the American Polygraph Association. The examiner must be a member of this professional organization.
4. I understand that this polygraph exam is being administered without threats or promises of immunity.
5. I do hereby agree to hold harmless the State of Utah, Division of Youth Corrections, their agents and/or their employees.
6. I understand that the examination results may be available to the DYC case manger, juvenile court, the private provider agency, and other relevant agencies or individuals.
7. Any admission of criminal behavior or program violations made during the polygraph process will be shared with DYC case manger, juvenile court, the private provider agency, and any other relevant agencies or individuals.
8. All of the information will be used for consideration in the case assessment process and will be included in the court report regarding recommendations for placement and treatment interventions.
9. Any new crimes that I committed will be reported to law enforcement, child protective services and/or other relevant person and agency.
10. I have the right to discontinue the polygraph examination at any time I understand my doing so may be grounds for a contempt of placement charge and/or may result in being placed at a more intensive community based sex offender specific provider program.

Signature of Youth

Date

Signature of Parent/Guardian

Date

Signature of DYC Case Manager

Date

Signature of Associate Program Director

Date

APPENDIX

Section One: Clinical Polygraph Examination

1. The court order should include the use of the polygraph examinations prior to program placement. The use of the polygraph examination will be integrated as an on-going condition of treatment.
2. Information gathering will be the responsibility of the Division of Youth Corrections. The necessary information are police reports, court reports, victim impact reports, previous provider summaries, parent statements, school reports, youth statements, and any other relevant information prior to polygraph examination.
3. Division of Youth Corrections staff will prepare the sexually offending adjudicated youth by developing rapport and trust, explaining the polygraph, challenging their thinking errors (rationalizations, denial and minimization) and offering repeated opportunities to disclose without punishment which promotes responsibility and honesty.
4. The sexually offending adjudicated youth is expected to complete the following written clinical assignments within the first 30 days in custody of the Division of Youth Corrections and prior to the clinical polygraph examination :
 - a. Autobiography
 - b. Sexual History Report
 - c. Detailed Offense Report
 - d. Sexual Behavior Inventory
5. The report should include the following information:
 - a. Date of Clinical Polygraph Examination
 - b. Date of Report
 - c. Name of Polygraph Examiner
 - d. Name of Report Recipient
 - e. Name of Youth
 - f. Type of Polygraph Examination Given
 - g. Information Shared by the Youth During the Pre-Test Interview
 - h. Description of Committing Offense(s)
 - i. Undiscovered Criminal Violation (s)
 - j. Undiscovered Program Violation(s)
 - k. Relevant Questions Used
 - l. Examination Summary
 1. Score
 2. Explanation of Score
 - m. Post-Test Question/Follow-Up
 - n. Polygraph Examiner's Release of Information

Section Two: Autobiography

This assignment requires that you reflect on your past and take time to remember. Then write your autobiography in a story form. The information requested is personal in nature and may bring up a variety of emotions. It is hoped that you will allow these emotions to surface in a manageable fashion and that you will discuss them. Please cover the following areas.

Remember to write your autobiography in a story format!

BACKGROUND DATA:

Name

Date of Birth

Parents Names

Birthplace

Names and ages of brothers and sisters-biological step, adopted, or blended.

Were there any problems with your birth?

Any significant developmental problems?

Any deaths or serious illnesses of siblings and or parents/caregivers?

FAMILY DYNAMICS:

Who were the primary caregivers?

How were emotions expressed in the home?

How was anger displayed?

How was love displayed?

Describe some family rules, expectations, and values.

What type of discipline was used?

Who was the disciplinarian?

What type of violence was observed in the home?

Between whom?

How did arguments start?

What types of abuse or neglect did you experience?

How were arguments solved?

Did anyone living in your house use alcohol or drugs?

How often?

Were either of your parents/caregivers ever seriously ill, gone a lot, or gone for a long time or mentally /emotionally unavailable?

PHYSICAL DESCRIPTION OF THE RESIDENCE:

What type of residence did you grow up in?

Describe the floor plan?

Describe the play area/yard?

Describe the type of neighborhood that you grew up in?

What type of people did you socialize with?

Was there a special adult in the neighborhood that you associated with? That you respected? That you viewed as a role model? Describe that person. What did you admire about that individual? What characteristics did they have?

EDUCATIONAL EXPERIENCES

How many different schools did you attend?

If you attended a high number of schools, what was the reason for this?

How did you get along with classmates in school?

How did you get along with teachers/authority figures in school?

Were you ever suspended or expelled? If yes, for what? For how long? What did you have to do to return to school?

What were your favorite subjects?

What were your least favorite subjects?

What were your average grades?

What school related extra curricular activities did you participate in?

What did you enjoy most about school?

What did you like least about school?

EMPLOYMENT HISTORY:

What jobs have you had in the past?

What is the longest time you have held a job?

How did/do you relate to your co-workers?

How did/do you relate to authority figures?

What is your ideal job?

JUVENILE DELINQUENCY HISTORY:

How did you become involved with child and family services or child protective services? What age were you? What was the reason for the referral? What happened?

What offenses are on your juvenile record?

What services did you receive?

What facilities have you been in?

What has been the effect on you and your family?

Where you ever placed out of your home? If yes, why were you removed from your home? Where were you placed? For how long?

How did your involvement in the juvenile justice system impact your life?

MENTAL HEALTH:

What type of mental health services have you received?

What was the reason for these services?

How long did you receive these services?

What was the impact on your life?

Have you felt significant or chronic anxiety, anger or depression?

Have you considered trying some kind of medication for the emotional pain?

PHYSICAL HEALTH:

- What serious injuries have you had?
- What have you been hospitalized for?
- What previous operations have you had?
- How long have you used tobacco?
- What type of prescribed medications have you taken in the past? For what reason?
- Are you currently taking medication? If so, what medication? For what reason?

SOCIAL RELATIONSHIPS:

- Discuss your past relationships.
- What type of qualities do you look for in a friend?
- How many close friends do you have?
- What type of qualities do you look for in a partner?
- How do you establish boundaries?
- How comfortable are you being emotionally intimate with friends? With members of the opposite sex or those you are attracted to?

SEXUAL HISTORY

- What were the primary sources of sexuality information?
- What type of information did you receive?
- What was your first sexual experience?
- How many partners have you been with?
- Do you practice safe sex?
- Have you ever been raped or sexually abused? When and by whom?

ADDICTIONS HISTORY:

- Describe the different substances you have used and at what age.
- Do you think you have any addictions?
- What types of things are you addicted to?

TREATMENT HISTORY:

- What types of previous treatment have you been involved in?
- What was the reason for the treatment?
- What type of treatment was it?
- How long were you in treatment?
- How did it impact you?

INTERNAL MOTIVATION FOR TREATMENT:

- What type of changes do you want to make in your life?
- What type of personal investment and commitment do you need to make to change?
- Why do you want to change?
- What benefits will you gain from changing?

STRENGTHS:

What strengths do you possess that will help in the change process?

How can you make sure you use them to the fullest?

What are your positive aspects of your personality?

Section Three: Sexual History Report

The purpose of this report is to obtain a thorough, detailed and honest sexual history. This will include all of your sexual behaviors and actions. For example, playing doctor, window peeking, exposing yourself, fetishes, your victimization, perpetration, sexual arousal patterns, fantasies, and any other types of sexual involvement. The questions below are a general guideline. Write out a detailed account of all of your sexual behaviors. Write your responses on a separate sheet of paper in paragraph form.

1. At what age did you first entertain the idea of sex?
2. What were your first thoughts?
3. Describe the first time you held hands? How old were they? How old were you?
4. Describe the first time you kissed? How old were they? How old were you?
5. Describe the first time you exhibited your genitals to someone? How old were they? How old were you?
6. Describe the first time you fondled breasts outside of their clothes? How old were they? How old were you?
7. Describe the first time you fondled genitals of someone outside of their clothes? How old were they? How old were you?
8. Describe the first time you fondled bare breasts? How old were they? How old were you?
9. Describe the first time you fondled genitals under clothing? How old were they? How old were you?
10. Describe the first time you touched someone with your mouth? How old were they? How old were you? Your hands? How old were they? How old were you?
11. How did you select the person?
12. What characteristics, qualities, vulnerabilities attracted you to them?
13. Define consenting sex.
14. Define non-consenting sex.
15. How many consenting/non-consenting partners have you had? How old were they? How old were you?
16. Where did the sexual behaviors occur?
17. Was there anyone else present? If so, who?
18. How did you set it up?
19. Exactly what did you do the first time? How old were they? How old were you? Subsequent times? How old were they? How old were you? For how long? How old were they? How old were you?
20. Describe the first time you used your finger to penetrate a vagina or anus. How old were they? How old were you?
21. Describe the first time you masturbated? How old were you?
22. Describe the fantasy?
23. Where did you learn about masturbation?
24. Describe the first time you made someone perform oral sex on you? How old were they? How old were you?

25. Describe the first time you performed oral sex? How old were they? How old were you?
26. Describe the first time you had simulated intercourse? How old were they? How old were you?
27. Describe the first time you had vaginal intercourse? How old were they? How old were you?
28. Describe the first time you had anal intercourse? How old were they? How old were you?
29. Insert an object into vagina or anus? How old were they? How old were you?
30. Describe the first time you looked at pornographic material? At what age? Where did you get the material? What type of material was it?
31. Describe the first time you took photographs of someone in inappropriate attire or poses? How old were they? How old were you?
32. Describe the first time you were sexual with animals? At what age?
33. Describe the first time you followed a person (stalking) for sexual purposes? How old were they? How old were you?
34. Describe the first time you watched another person for your sexual purposes? How old were they? How old were you?
35. Describe the first time you used force as part of your sexual behavior? How old were they? How old were you?
36. Describe the first time you hurt or hit someone for sexual arousal? How old were they? How old were you?
37. Describe the first time you used violence to increase sexual pleasure or to get what you wanted? How old were they? How old were you?
38. How did you get them to comply with you?
39. What were your feelings at the time?
40. What was most sexually arousing to you about your sexual behaviors?
41. What was going on in your mind at that time?

Section Four: Offense Report

The purpose of the report is two fold. First, to help you make a complete disclosure which is essential to a successful treatment experience. Second, to assist you in gaining a thorough picture of all details of your offense(s). This assignment should be completed for all of your victims that you sexually offended. You are to complete the assignment in a detailed way. If you have more than 10 victims please talk to your advocate before beginning the assignment for instructions about the level of detail expected. If you find that the assignment is emotionally painful to you try not to be too discouraged. It is common that when a youth reviews their behavior they will have an emotional reaction. The questions below are a general guideline. Write out a detailed account of all of your sexual offending behaviors. Write your responses on a separate sheet of paper in paragraph form.

1. When did you first entertain the idea of offending?
2. What were your first thoughts?
3. How did you select the victim?
4. What characteristics, qualities, vulnerabilities attracted you to your victim?
5. How many victims did you have?
6. What were their ages?
7. What sex were they?
8. Where did the offending occur?
9. Was there anyone else present? If so, who?
10. How did you arrange to get the victim alone?
11. How did you set it up?
12. Exactly what did you do the first time? Subsequent times. For how long?
13. Did you exhibit your genitals to victim?
14. Fondled breasts outside of clothes?
15. Fondled genitals of victim outside of clothes?
16. Fondled bare breasts?
17. Fondled genitals under clothing?
18. Touched victim's body with mouth? Hands?
19. Finger penetration of vagina or anus
20. Made victim masturbate you?
21. Made victim perform oral sex on you?
22. Performed oral sex on victim?
23. Simulated intercourse?
24. Vaginal intercourse?
25. Anal intercourse? Insert an object into vagina or anus?
26. Made victim look at pornographic material?
27. Took photographs of victim in inappropriate attire or poses?
28. Being sexual with animals?
29. Following others (stalking) for sexual purposes?
30. Watch another person for your sexual purposes?
31. Used force to hold victim in place? (hold is force)

32. Hurt or hit victim?
33. Used violence to increase sexual pleasure? Or to get what you wanted?
34. Used verbal threats to get what you wanted?
35. How did you progress in your offense of the victim?
36. How did the offense remain a secret?
37. Why didn't the victim tell?
38. What more sexually would you have done if it had not been reported?
39. How did you get the victim to comply with you?
40. What were your feelings at the time?
41. What was most sexually arousing to you about the offense?
42. If you attempted to stop sexually abusing the victim, what happened?
43. What fantasies did you use to set up the offense?
44. How did your manipulations change as the offense progressed?
45. What was going on in your mind at that time of the offense?
46. How exactly did you make it okay in your head?
47. When and why did you stop doing what you did?
48. Briefly, describe the current stresses in your life?

PLANNING/EXECUTION

1. How did you start to plan the abuse?
2. What did you start to think?
3. What did you start to imagine/fantasize/daydream about?
4. What pictures/stories did you have in your mind about (the victim)? about yourself?
5. How did these make you feel?
6. What did you start to do?
7. What did the victim do?
8. What did you think, feel?
9. When did you first entertain the ideal of offending?
10. Your first thought.
11. How did you select the victim?
12. How many victims did you have?
13. How did you arrange to get the victim alone?
14. How did you set it up?

FIRST INCIDENT ANTECEDENTS

1. Exactly what did you do the first time? Subsequent times. For how long?
2. What was the gender of your victim?
3. When did you first abuse (the victim)? How old were they? How old were you?
4. What was happening at the time?
5. Where were you?
6. Where was (the victim)?
7. What were you doing?
8. What had you been doing previously?
9. What was (the victim) doing?

10. What sort of mood were you in?
11. How were you feeling? happy, angry, sad, scared, hurt, rejected, lonely, trapped, unsuccessful, a failure, sexually aroused?
12. What had happened to make you feel that way?
13. What were you thinking at the time? about yourself? about (the victim)-about sex?
14. What triggered off this thinking?
15. What did you really want?

PRE-PLANNING

1. What were the initial warning signs before this indicating that you might do it?
2. When did you first think about sexually abusing before this?
3. When did you first imagine these pictures/stories?
4. Who were you imagining in these pictures/stories?
5. (the victim)/others?
6. When did you first read about it/watch it on TV?
7. What did you think/feel?
8. When did you first imagine/think about sexually harassing/assaulting someone yourself?
9. When did you first try it out?
10. How did you feel?

VICTIM CHOICE

Why did you choose (the victim)?

What made him/her a good target?

What was it about the victim that attracted you? Physically, age, gender, size, and shape?
Emotionally? Psychologically? Vulnerabilities?

FANTASY SCRIPT

1. What was the abuse like in your imagination?
2. What did you hope it would be like?
3. How did you hope you would feel?
4. How did you hope (the victim) would feel?
5. What did you imagine would feel good for you?
6. How did you hope (the victim) would feel about you?
7. How did you hope others would feel about you?

OFFENSE

1. Did you exhibit your genitals to victim?
2. Fondled breasts/chest outside of clothes?
3. Fondled genitals of victim outside of clothes?
4. Fondled bare breasts/chest?
5. Fondled genitals under clothing?
6. Touched victim's body with mouth? hands?
7. Touched other parts of their body?

8. Finger penetration of vagina or anus
9. Made victim masturbate you?
10. Made victim perform oral sex on you?
11. Performed oral sex on victim?
12. Simulated intercourse?
13. Vaginal intercourse?
14. Anal intercourse? Insert an object into vagina or anus?
15. Made victim look at pornographic material?
16. Took photographs of victim in inappropriate attire or poses?
17. Following others (stalking) for sexual purposes?
18. Watch another person for your sexual purposes?
19. Used force to hold victim in place? (hold is force)
20. Hurt or hit victim?
21. Used violence to increase sexual pleasure? or to get what you wanted?
22. Used verbal threats to get what you wanted?
23. How did you progress in your offense of the victim?
24. How did the offense remain a secret?
25. Why didn't the victim tell?
26. What was most sexually arousing to you about the offense?
27. If you attempted to stop sexually abusing the victim, what happened?

AFTERMATH

1. What was it actually like?
2. How did it make you feel about yourself?
3. What did you say/do to (the victim) afterwards?
4. What did you say to yourself/think afterwards?
5. What fantasies did you use to set up the offense?
6. How did your manipulations change as the offense progressed?
7. What was going on in your mind at that time of the offense?
8. How exactly did you make it okay in your head?
9. When and why did you stop doing what you did?
10. Briefly describe stresses in your life?

JUSTIFICATIONS

1. How did you try to justify/explain away your abuse? in the face of (the victim's) distress?
2. What was the 'good part' /moral side/mature side of you saying about the abuse?
3. What was the 'bad part' /immoral side of you saying about the abuse?
4. What stories/pictures did you make about the abuse to help you to knock out your good/moral side?

SUBSEQUENT INCIDENTS

1. What more sexually would you have done if it had not been reported?
2. How did you get the victim to comply with you?

3. What were your feelings at the time?
4. When did you last (offend)?
5. (go through previous questions as for first incident)
6. How did you plan/set up opportunities to (offend)?
7. Has your abuse got more frequent/more dangerous/involved more victims over time?
8. What is the trend?
9. Have you been feeling more and more in control of it or more and more out of control over time?
10. How have you been feeling afterwards each time? about (the victim)/about yourself?
11. What is the trend over time?

TRAINING

1. When did you last feel like (offending)?
2. What did you do?
3. Are you getting more in charge or are you becoming more and more hooked?
4. When did you last catch yourself planning to abuse?
5. How far had you progressed?
6. Did you/do you think you could have stopped yourself? How?
7. When did you last catch yourself 'fantasizing at young kids, teenagers/(the victim)?
8. When did you last catch yourself masturbating to thoughts/picture in your mind of your preferred victims?
9. What happens in these fantasies?
10. Is this happening more often or less often?
11. Do you think you could stop yourself using these fantasies or are you too hooked/addicted?
12. When did you last catch yourself masturbating to fantasies that are exploitative, violent or weird?
13. When did you last catch yourself reading or looking at material about your victim and feeling sexually aroused/interested?
14. When did you last catch yourself sexually harassing someone or trying to make them feel uncomfortable?
15. Are you doing this more often or less often?
16. Are you trying harder for a career as a sex offender or new lifestyle?
17. How are you trying to quit?
18. How are you avoiding deviant sexual thoughts?
19. How are you avoiding masturbating to deviant sexual thoughts?
20. What types of distractions are you using?
21. When and where are you urges heightened?
22. What are you doing to avoid temptation?
23. How do you feel when you have deviant sexual thoughts, urges, fantasies, masturbate?

Section Five: Polygraph Examiners

The following requisites are taken from the APA website (<http://www.polygraph.org/>):

- Only fully trained polygraphists or intern polygraphists under their direction are authorized to administer polygraph examinations.

- This is the case in nearly all states. New Mexico is one exception. Agencies should consult legal counsel for clarification on this point.
- The polygraph examiner shall make such inquiries of the subject's health, medical history and/or use of medications as necessary to determine his/her ability to take the examination.
 - Polygraph examinations shall not be conducted on any person whom the examiner reasonably believes to be physically or emotionally unsuitable for testing. This may include but is not limited to persons with heart conditions, women who are pregnant and individuals taking certain types of medication that may interfere with test results. When in doubt, the examiner may seek guidance from medical or psychological professionals as authorized by this agency and/or request the examinee to obtain a medical certificate from an appropriate health care provider.
 - An examiner shall not conduct a polygraph examination upon a subject if it is felt for any reason that an unbiased examination cannot be given.
 - Where appropriate, the examiner shall read Miranda rights to the subject and explain the voluntary nature of the test. Where required, the examiner shall obtain a signed consent prior to administering the examination as well as a signed waiver of Miranda rights.
 - An examination shall cease immediately if requested by the subject.
 - Prior to the test, the examiner shall explain the polygraph procedure to the subject and prepare him/her for the examination.
 - The examiner shall be responsible for preparing all questions used in the examination. Prior to the examination, each test question shall be reviewed with the person being tested.
 - The examiner shall independently interpret the chart tracings and render an opinion on findings that includes, but is not limited to, one of the following conclusions:
 - No Deception Indicated
 - Deception Indicated
 - Inconclusive
 - The polygraph examiner shall determine if a second polygraph examination is necessary and appropriate.

The polygraph examinations will be appropriately recorded for diagnostic and documentation purposes. Polygraph examination techniques will be limited to those techniques that are recognized by the industry as standardized and validated examination procedures as taught and recommended by the American Polygraph Association. The Polygraph examiner will be trained and experienced in the use of polygraph with sexual offenders and will be a CAPE examiner (Clinical Polygraph Testing of Convicted Sex Offenders). A post-test interview will be conducted to discuss results with the subject, and attempts will be made to determine the cause of deceptive results. The written reports will indicate how valid the test results are, in the opinion of the examiner.

Section Six: Clinical Polygraph Testing Techniques & Procedures

The recommended procedures include standardized and published Zone Comparison Techniques (ZCT), standardized and published Control Question Techniques (COT); and may allow other standardized and published procedures that meet the guidelines and requirements described above. For a polygraph examination to be appropriately evaluated, the polygraph subject must have exhibited appropriate reaction criteria to the control question(s). Therefore, during-a post-test procedure the polygraph examiner should determine if there were reactions to the control material.

An examiner may not submit a professional opinion that the sexually offending adjudicated youth was Truthful (Non-Deceptive) to the entire examination or to any single relevant question asked during the examination, if the sexually offending adjudicated youth's answer to any relevant question in the test question sequence is determined to be Deceptive. In keeping with professional reporting standards, for a sexually offending adjudicated youth to be reported Truthful (Non-Deceptive) by the examiner, a plus (+) score in each spot must occur. Other applicable grading rules shall also apply. All polygraph charts should be numerically scored, where applicable, despite being computer generated.

Section Seven: Types of Polygraph Examinations

Stimulation/Acquaintance Test:

The Stimulation/Acquaintance Test is to demonstrate the sexually offending adjudicated youth's reaction capabilities and psychological set established for diagnostic purposes. This test is a recognized test process utilized as part of a professional examination procedure and is normally made a part of the clinical polygraph examination of any sex offender.

Specific Issue Polygraph Examination

This specific issue examination is utilized to determine if the sexually offending adjudicated youth appears Deceptive or Non-Deceptive in his/her denial of guilt (all or part) to the offense(s) for which he/she has been convicted or is under court supervision.

Instant Offense Examinations:

The examiner should know the sexually offending adjudicated youth's offense(s) before conducting this test. Specific issue allegations under indictment or pending court action are not clinical polygraph examination subject matter and should not be examined as a clinical test. Disclosure test procedures are designed for the purpose of assisting therapists and/or supervision officials in evaluating denial about an offense for which the sexually offending adjudicated youth is already under court supervision in order to enhance the effectiveness of treatment and supervision programs only.

Disclosure Examinations for Verification of Sexual Histories:

- These disclosure examinations explore sexual histories including additional victims, therapeutic issues and sexual deviance prior to the date of conviction.
- Disclosure examinations over sexual histories specifically exclude the offenses for which the youth was arrested, convicted and placed under supervision.
- Admissions are often obtained during the pre-test phase, as well as the post-test phase of these examinations; therefore, the tests do motivate the sexually offending adjudicated youth to disclose and be honest.

Relevant Questions For Full Disclosure Polygraph Examination.

- Are there other acts that you have committed with your primary victim?
- Are there other victims that you have not reported?
- Is there information that you have purposefully withheld that you should have told?

Have Youth Complete Assigned Written Clinical Assignments Prior to a Maintenance Polygraph

- Weekly Logs/Check-in Forms /Treatment Maintenance form.
- Discussions about the positive/negative consequences of passing or failing.
- Developing and reviewing test questions with the youth.

- Expecting the youth to pass.

Relevant Questions For the Maintenance Polygraph Examination

- Since your last polygraph test, have you been alone with a child under the age of 18?
 - Since your last polygraph test, have you had any kind of sexual contact?
 - Since your last polygraph test, have you had any contact of any kind with (name of victim)?

Test Questions and Construction

- Simple and direct, and as short as possible.
- Should not contain legal and/or clinical terminology (sexual assault, fondling, rape, incest, etc.). This terminology permits the sexually offending adjudicated youth to use rationalization and other defense mechanisms.
- The meanings of each question must be clear, not allow for multiple interpretations and should not be accusatory in nature.
- Should never presuppose knowledge on the part of the examiner.
- Should not use language that “Crosses the Time Barrier” (e.g. Never or Ever).
- Should use language easily understood by the sexually offending adjudicated youth.
- Must be clearly and easily answerable “yes” or “no”.
- Should avoid the use of any emotionally laden terminology (e.g. molest).

Multiple Issues Examinations

Procedures may allow for greater variance in relevant question development (multiple issues). Oftentimes, offenders deny illegal sexual behavior and ideation, except for what is known to officials. The issues under examination may pertain to multiple sexual history deviance by the sexually offending adjudicated youth; for example, those issues before the date of conviction identified by therapists or others on sexual history questionnaires. Therapists, court officers, attorneys, supervision officials and others rely upon disclosure examinations and admissions about sexual histories on the team in the development of appropriate supervision and treatment goals and programs.

Maintenance/Monitoring Polygraph Examinations:

Maintenance/Monitoring Polygraph examinations have a different purpose and intent from Disclosure examinations. Maintenance/Monitoring polygraph examinations have been found to be extremely important in the supervision process. "This examination is specifically targeted to deal with issues of violation of and/or the commission of additional sexual offenses while on or Parole." (Abrams, *Polygraph Testing of the Pedophile*, 1993). Results of these examinations are to assist treatment providers and supervision specialists in developing individual treatment and supervision strategies, and in assessing risk of the sexually offending adjudicated youth.

The monitoring examination shall be defined as a clinical polygraph examination constructed to investigate whether or not the offender has committed any illegal sexual

act(s) or had contact with an individual forbidden by supervision regulations during the period of supervision or leave time.

Section Eight: Standards of the American Polygraph Association

The following items were taken from the website, <http://www.polygraph.org/index.shtml>. They are incorporated in this report to give the reader information regarding the standards and practices in the profession.

Polygraph Examinee

- The examiner shall make reasonable efforts to determine that the examinee is a fit subject for testing, where allowed by law. Basic inquiries into the medical and psychological condition of the examinee as well as any recent drug use should be made where allowed by law. Mental, physical or medical conditions of the examinee that should be observable to, or that should be reasonably known by the examiner, should also be evaluation prior to testing. No test should be conducted where valid results could not be reasonably foreseen.
- During the pretest interview, where allowed by law, the examiner will specifically inquire of the person to be examined whether or not he or she is currently receiving or has in the past received medical or psychiatric treatment or consultation.
- If an examiner has a reasonable doubt concerning the ability of an examinee to safely undergo an examination, a release from the examinee and his or her physician shall be obtained.

Instrumentation and Recording.

- Polygraph examinations shall be conducted with APA approved instrumentation and shall record, at a minimum, the following channels or components:
- Respiration patterns recorded by pneumograph components. Thoracic and abdominal patterns shall be recorded separately, using two pneumograph components.
- Electrodermal activity reflecting relative changes in the conductance or resistance of current by the epidermal tissue.
- Cardiograph to record relative changes in pulse rate, pulse amplitude, and relative blood volume.
 - Physiological recording during each test shall be continuous, and shall be of sufficient amplitude to be easily readable by the examiner and any reviewing examiner. Pneumograph and cardiograph tracings over one-half inch in amplitude will be considered of sufficient size to be easily readable.
 - The polygraph shall be given a functionality or calibration test consistent with manufacturer recommendations. The functionality or calibration test shall be administered prior to all evidentiary examinations. At a minimum these, tests shall be maintained by the examiner for no less than one year. Compliance with state and federal law shall be required.

Test Location and Conditions

Conditions under which testing occurs shall be free from distractions that would interfere with the ability of the examinee to appropriately focus on the issues being addressed. The examination site should be relatively free from outside noise and distraction.

Examiners performing live polygraph examinations in public shall not render opinions regarding the truthfulness or deception of the examinees. Examiners shall attempt to ensure that reenactments of polygraph examinations are clearly conveyed as such to viewers.

Preparation

An examiner shall, prior to the examination, dedicate sufficient time to identify the issues and any potential problems in any area of testing.

Pretest Practices

- The examiner shall obtain information sufficient to identify the examinee.
- The examiner shall obtain the consent of the examinee prior to testing.
- Sufficient time should be spent to ensure that the examinee has a reasonable understanding of the polygraph process and the requirement for cooperation.
- Sufficient time shall be spent to discuss the issues to be tested and to allow the examinee to fully explain his or her answers.
- Sufficient time shall be spent to ensure the examinee recognizes and understands each question. Attempts by the examinee to rationalize should be neutralized by a pretest discussion in which the examinee demonstrates he or she understands the test questions to have the same meaning as does the examiner. Questions shall be asked in a form that would prevent a reasonable person, facing a significant issue, from successfully engaging in a rationalization process to avoid culpability.
- The examiner shall not express bias in any manner regarding the truthfulness of the examinee prior to the completion of testing.

Testing.

- A member polygraph examiner shall use a validated testing technique. Evidentiary examinations shall not materially deviate from the protocol of a validated testing technique. Where investigative examinations deviate from the format or protocol of a validated testing technique, such deviation shall, where the test is subjected to quality control by a reviewing examiner, be noted and justified in writing. For the resolution of specific issues, each polygraph examination shall use a validated testing technique.
- A stimulation test or acquaintance test shall be required for all evidentiary examinations. A stimulation or acquaintance test should be conducted for all initial examinations for any specific issue or investigative examination.
- Questions shall be asked with clarity and distinctiveness.

- Questions shall be balanced in terms of length and impact for each category of questions utilized.
- Questions used in the assessment of truth and deception shall be preceded and followed by time intervals of not less than 20 seconds. When approved validated research supports the use of another time interval, that time span shall prevail.
- Examiners shall collect a sufficient number of charts so as to acquire sufficient data for proper evaluation, in conformance with a validated testing technique.
- Nothing in these standards is intended to prevent the use of new or unvalidated testing techniques for purposes of research.
- Standardized chart markings, recognized and utilized within the polygraph profession should be employed.
- An audio or an audio/video recording of the pretest and in-test phases shall be made and maintained for evidentiary examinations, in conformance with governing state and federal laws.

Scoring.

- Examiners shall employ quantitative or numerical scoring for all evidentiary examinations and for all specific issue investigative examinations.
- Examiner notes of the test evaluation shall have sufficient clarity and precision so that another examiner could read them.
- Examiners shall not disclose the results of the examination until it has been adequately and sufficiently analyzed.
- Examiners shall maintain the confidentiality of their work conducted under privilege until a release by the client is obtained.
- An examiner subject to a quality control evaluation of a case shall fully disclose all relevant information regarding the case under review. Any doubts as to relevancy shall be resolved through disclosure.

APA Code of Ethics

Rights of Examinees-A member shall respect the rights and dignity of all persons to whom they administer polygraph examinations.

Standards for Rendering Polygraph Decisions.

A member shall not render a conclusive diagnosis when the physiological records lack sufficient quality and clarity. This may include, but is not limited to, excessively distorted recordings possibly due to manipulations by the examinee, recordings with insufficient responsivity, or recordings with tracing amplitudes less than that generally accepted by the profession.

Post-Examination Notification of Results.

A member shall afford each examinee a reasonable opportunity to explain physiological reactions to relevant questions in the recordings.

There are three exceptions:

- When the examinee is represented by an attorney who requests that no post-examination interview be conducted and that the results of the examination are released only to the attorney.
- When the examination is being conducted by court order which stipulates that no post-examination interview is to be conducted.
- Instances of operational necessity.

Restrictions on Rendering Opinions.

A member shall not provide any report or opinion regarding the medical or psychological condition of the examinee for which the member is not professionally qualified to make. This shall not preclude the examiner from describing the appearance or behavior of the examinee. Polygraph outcome decisions shall be restricted to only those based on polygraph data.

Restrictions on Examinations.

A member shall not conduct a polygraph examination when there is reason to believe the examination is intended to circumvent or defy the law.

Section Nine: State of Texas Polygraph Examiners Committee on Offender Testing

The following information is taken from the State of Texas Polygraph Examiners website. <http://www.tdh.state.tx.us/HCQS/PLC/esp.htm>. Polygraph Examiners approved by Joint Polygraph Committee on Offender Testing (JPCOT). *This information will be helpful when RFP's are being readied. *

Polygraph Examiner Qualifications

1. Polygraph examiners must hold a current, original Texas Polygraph Examiners License in accordance with the Texas Polygraph Examiners Act [Article 4413(29cc), Section 8].
2. Polygraph examiners shall successfully complete a minimum of forty (40) hours of specialized sex offender polygraph examination training recognized as consistent with JPCOT Guidelines. This Qualification Training shall focus on sex offender assessment, evaluation, and monitoring, in the following manner:
 - a. Twenty-four (24) hours of polygraph training to consist of:
 1. Pre-test interview procedures and formats.
 2. Validity and reliability of examination formats.
 3. Post-test interview procedures and formats.
 4. Reporting format (to whom, disclosure content, forms, etc.).
 5. Standardized polygraph procedures that are recognized by JPCOT.
 6. Administering examinations consistent with the JPCOT Guidelines.
 7. Professional standards and conduct (ethics).
 8. Expert witness qualifications and courtroom testimony.
 9. Use of polygraph results in the treatment, supervision, and case management processes.
 10. Others as recognized by the JPCOT.
 - b. Sixteen (16) hours of specialized training associated with the:
 1. Behavior and motivation of sex offenders. (12 Hours)
 - c. Trauma factors associated with victims/survivors of sexual assault. (4 Hours)
3. For the training to be recognized by JPCOT, the training must have been taken by the applicant and completed not more than 18 calendar months prior to the application submission date.
4. The JPCOT may recognize, prepare, or implement continuing education programs for polygraph examiners.

Continuing Education

1. Continuing education credits shall be recognized by the JPCOT only if the training is consistent with the Guidelines; and, shall be relevant to sex offender assessment, evaluation, and monitoring to include victims and survivors.
2. All polygraph examiners shall, as a minimum, successfully complete twenty (20) hours of specialized sex offender polygraph examination training recognized as consistent with JPCOT Guidelines every two (2) years after attaining their initial forty (40) hours of Qualification Training. This continuing education training shall

focus on sex offender assessment, evaluation, and monitoring in the following manner:

- a. Twelve (12) hours of polygraph training recognized by the JPCOT.
- b. Eight (8) hours of specialized training recognized by the JPCOT.

Polygraph Examination Recording Guidelines

1. All clinical polygraph examinations will be appropriately recorded for diagnostic and documentation purposes.
2. Recording channels/components required for these polygraph examinations will be:
 - a. Respiration patterns made by pneumograph component(s). At least one respiration component will record the thoracic (upper chest) respiration and/or abdominal (lower stomach) respiration pattern.
 - b. One of the chart components will record the Skin Conductance/Resistance, which reflects relative changes and the conductivity/resistance of very small amounts of current by the epidermal tissue. This component is also commonly referred to as the Galvanic Skin Response (GSR).
 - c. The cardiograph component(s) will be utilized to record relative changes in the pulse rate, pulse amplitude, and blood pressure, and other appropriately defined cardiovascular recordings.
3. To effectively evaluate the polygraph tracings collected during any polygraph examination, it is understood by all professional examiners that easily readable trace recordings must be obtained. Tracings that are either too large, too small, or that have extraneous responses to outside stimuli are difficult, if not impossible to validly evaluate. In order to allow the examiner to render a valid and reliable opinion based on the recorded information contained within the polygraph charts, it is recommended that all pneumograph and cardiograph tracings recorded during the polygraph examination be of sufficient amplitude to be easily read and evaluated by the initial examiner, by a reviewing examiner, and for any quality control review purpose.
4. Pneumograph and cardiograph tracings should be not less than one-half inch in amplitude. Chart tracings consistently less than one-half inch in amplitude in the pneumograph and/or cardiograph tracings, without sufficient documented explanation of physiological cause, will be considered insufficient for analysis purposes. Every effort should be made by the examiner to increase baseline amplitude recordings that are less than recommended minimums. Charts that are evaluated and determined to be inadequate may result in a recommendation that the test subject be reexamined.

Polygraph Instrument Calibration

1. Polygraph instruments utilized for the recording of changes in physiological responses as produced by the human body during a polygraph examination, at a minimum, will be calibrated according to the manufacturer's guidelines as provided in the instruction and operation manuals. Calibration of polygraph instruments will be performed to ensure that every examinee is afforded a polygraph examination utilizing an instrument that is demonstrated to be functioning according to the manufacturer's required specifications at the time that polygraph examination was conducted. In addition, calibration charts are required to document instrument operation for quality control review, for purposes of research and data gathering, for purposes of courtroom defense and documentation, and for purposes of peer review.
2. Calibration charts:
 - a. A hard copy (printout) calibration chart will be generated by analog polygraph instruments. Calibration of computerized (digital) instruments should be done in accordance with the manufacturer's recommendations.
 - b. All calibration charts should be filed along with all other pertinent papers as defined by the regulations of the Polygraph Examiners Board.
 - c. Calibration charts for analog instruments will be filled out with the following data:
 1. Instrument make, model, and serial number;
 2. Date, location and time of instrument calibration;
 3. Identity of examiner performing the instrument calibration;
 4. Identification of each component, mechanical or electronic pneumograph,
 5. GSR, mechanical or electronic cardiograph, etc.
 6. Applied sensitivity units and sensitivity checks;
 7. Applied mm of air pressure;
 8. Kymograph checks;
 9. Pneumograph leak checks;
 10. Cardiograph leak checks, to include start and end times.
3. Standardized Chart Markings, recognized and utilized within the polygraph profession, should be employed to annotate all calibration and examination charts. Standardized chart markings should be those which are professionally recognized, and they may be obtained by contacting AAPP, APA, TAPE, or TALEPI.
4. Calibration Requirements -- Polygraph instruments utilized will be calibrated on a regular basis to ensure the instrument is functioning properly. The examiner shall maintain true and accurate records of such calibrations. The records of these calibrations shall be maintained by the examiner for no less than two (2) years.

Recommended Frequency of Clinical Polygraph Examinations

The following guidelines for clinical polygraph examination frequency are recommended to maximize the validity and reliability of the testing:

1. To safeguard against examinee habituation and familiarization between the examiner and subject, it is recommended that the polygraph examiner not conduct more than three (3) separate CPE's of the same type (i.e. maintenance tests) per year on any post-conviction sex offender. A re-examination over previously examined issues where no opinion was formed would not be considered a separate session, but may be defined as a "re-test". For example, more than three (3) separate maintenance examinations per year on the same offender should not be conducted by the same examiner. More than three (3) CPE's of the offender by the same examiner would be considered allowable if they dealt with separate issues; (i.e. one Disclosure Test over the Instant Offense; one Sexual History Disclosure Test; and, two Maintenance Examinations).
2. In order to allow sufficient time for the pre-test, in-test, and post-test procedures, the JPCOT recommends that a polygraph examination take a minimum of 90 minutes. In most cases, it should be anticipated that the examination session will take considerably longer.

Clinical Polygraph Testing Techniques & Procedures

Clinical polygraph examination techniques will be limited to those techniques that are recognized by JPCOT and published within the industry (see appendix A) as standardized examination procedures. To be a recognized examination format, the examination procedure must include appropriately designed relevant questions, appropriately designed control questions for diagnostic purposes, and appropriately designed irrelevant questions as applicable to that defined and standardized procedure. A standardized examination technique or procedure recognized by the JPCOT is defined as:

- a. A technique or procedure which has achieved a published, scientific database sufficient to support and demonstrate validity and reliability from the application and use of that specific polygraph technique; and,
 - b. A technique or procedure that is evaluated according to the published methods for that specific procedure, and that provides for numerical scoring and quantification of the chart data, where applicable; and,
 - c. A technique or procedure that has not been modified without the support of sufficient published validity and reliability studies (see 1a above) for that particular modification; and,
 - d. A technique or procedure that has been taught within the past two (2) years as part of the formal course work at a basic polygraph school accredited by the American Polygraph Association (APA).
2. a. All examinations must include the use of control questions for diagnostic purposes in forming professional opinions of No Deception Indicated (NDI), Deception Indicated (DI), or Inconclusive (INC). Utilizing these examination techniques, as defined above, ensures maximum validity and

- reliability of diagnostic opinions, and ensures that opinions rendered are professionally defensible in court or when challenged.
- b. Recommended procedures include: Standardized and published Zone Comparison Techniques (ZCT), standardized and published Control Question Techniques (CQT); and may allow other standardized and published procedures that meet the guidelines and requirements described above.
 - c. For a polygraph examination to be appropriately evaluated as "NDI", the polygraph subject must have exhibited appropriate reaction criteria to the control question(s). Therefore, during post-test procedure, the polygraph examiner should advise the examinee that there were reactions to the control question(s).
 - d. An examiner may not submit a professional opinion that the examinee was Truthful (Non-Deceptive) to the entire examination or to any single relevant question asked during the examination, if the examinee's answer to any relevant question in the test question sequence is determined to be Deceptive. In keeping with professional reporting standards, for an examinee to be reported Truthful (Non-Deceptive) by the examiner, a plus (+) score in each spot must occur. Other applicable grading rules shall also apply. All polygraph charts should be numerically scored, where applicable, despite being computer generated.
3. Stimulation/Acquaintance Test:
- a. The JPCOT recommends that a Stimulation/Acquaintance Test be employed, as necessary, during each polygraph examination session. The Stimulation/Acquaintance Test is used to demonstrate that the psychological set of the examinee and the examinee's reaction capabilities are established for diagnostic purposes. This test is a recognized test process utilized as part of a professional examination procedure and is normally made a part of the clinical polygraph examination of any sex offender.

- b. Blind or known Stimulation/Acquaintance Procedures, as published (see appendix B, for example) may be used for the Stimulation/Acquaintance Test. Many versions of this test exist. Any Stimulation/Acquaintance test taught in an APA approved school within the past two (2) years would be recognized by the JPCOT.
 - c. CVOS - Calibration Verification of Sensitivity: This technique may be used with analog and computer (digital) instruments.
4. Number Of Relevant Questions:
All standardized and professionally recognized published examination formats and procedures define the number of relevant questions (pertaining to the issue under investigation) that may be utilized. To be recognized by the JPCOT, those applications should not be modified or altered. No examination procedure recognized by JPCOT allows for more than five (5) relevant questions to be asked during any given polygraph examination.
5. Single-Issue Examinations and Mixing Issues:
Only single-issue examinations have documented scientific validity and reliability. Single-issue examination criteria for clinical polygraph examinations, as described in these Guidelines, should be adhered to in order that the CPE results in maximum validity and reliability. Based on all available scientific research, mixing issues (defined herein) during any examination may significantly reduce the examiner's ability to form valid and reliable opinions about the relevant questions. Issues of psychological set, anti-climactic dampening, and other principles forming the foundation of the polygraph science must be adhered to; thus, the need not to mix issues and the requirement for single-issue examinations to maximize diagnostic accuracy. For example, any examination mixing sexual history relevant questions with relevant questions about the instant offense (Disclosure) or about violations of probation/parole (Maintenance/Monitoring) would be mixing issues and would not be considered by the JPCOT to be a valid or an appropriate examination technique. As well, mixing relevant questions about issues that do not constitute violations of probation or parole with relevant questions about issues that do constitute violations of probation or parole in the same examination format (question series) would "mix issues" and should not be done.
6. Definition of Testing Time Frames and Of Mixing Issues:
- a. Mixing Issues: For the purposes of JPCOT Recognition, Mixing Issues on a clinical polygraph examination is defined to mean "Crossing the Time Barrier" associated with The Sexual History Disclosure, The Disclosure of the Instant Offense, and The Maintenance/Monitoring Examination. As well, mixing issues is defined to mean including relevant test questions about probation/parole violations with relevant questions that are not violations of probation/parole (i.e. clinical interests only) on the same examination.
 - b. Type of CPE's by Time Frames:

- c. The Disclosure Test on the Instant Offense refers to the offense(s) for which the examinee is currently under court supervision. The specific offenses and respective outcry complainants are the only appropriate relevant material for this examination.
- d. The Disclosure Test Over the Sexual History refers to the time frame of the examinee's lifetime prior to the date of conviction, excluding the offense(s) for which the examinee is under court supervision.
- e. The Maintenance/Monitoring Tests refer to the time frame from the date of the conviction to present date.
- f. “Crossing the Time Barriers” is interpreted to mean mixing all or any two of the above-defined areas of inquiry on the same test question sequence. Crossing the time barrier and mixing other issues as defined herein can significantly affect the results and subsequently the opinion of the examiner and is not recommended.

7. Relevant Question Construction:

In order to design an effective polygraph examination and to adhere to standardized and recognized procedures, the relevant questions to be utilized should be constructed to be:

- Simple and direct, and as short as possible.
- Should not include legal terminology (sexual assault, fondling, rape, incest, etc.). This terminology allows for examinee rationalization and utilization of other defense mechanisms.
- The meaning of each question must be clear, not allow for multiple interpretations, and should not be accusatory in nature.
- Should never presuppose knowledge on the part of the examiner.
- Should not use language that "Crosses the Time Barrier"; i.e. ever or never
- Should use language easily understood by the examinee.
- Must be clearly and easily answerable yes or no.
- Should avoid the use of any emotionally laden terminology (i.e. molest).

POLYGRAPH GLOSSARY

analog studies: Analog studies are laboratory studies of polygraph testing that simulate actual field examinations. Typical components of field examinations are replicated. The goal of such studies is to test the validity of various polygraph techniques under controlled conditions.

aperiodic checking: Polygraph tests conducted at irregular times with randomly or otherwise selected personnel to ask questions for internal security purposes.

autonomic lability: Term used to describe individual differences in autonomic arousal.

base rate: The number of guilty (or innocent) subjects as a percentage of the total.

baseline: The readings on a polygraph chart that form a point of comparison for the physiological responses to the polygraph questions.

classified information: Information that pertains to national security and by definition cannot be disclosed to others without clearance.

clinical components: Components of a polygraph test procedure, including "proper" examiner attitude and relationship with subjects, that attempt to ensure accuracy.

construct validity: The extent to which a test or procedure measures what it is designed to measure.

control question technique: A polygraph question technique that incorporates control questions which are designed to be arousing for non-deceptive subjects and less arousing for deceptive subjects than the relevant questions.

counterintelligence: Efforts of an organization to stop outside groups from gaining information about itself.

counterintelligence screening examinations: Examinations given to personnel who already have access to classified information.

electrodermal response: A physiological measure that has been shown to be related to physiological arousal. It is measured as the electrical resistance of the skin with electrodes attached to the fingertips.

external validity: The established generalizability of a study to particular subject populations and settings.

false negative: An erroneous decision that an individual is not deceptive when she or he is actually deceptive.

false positive: An erroneous decision that a person is being deceptive when he or she is actually being truthful.

field testing: Actual techniques used by polygraph examiners.

generalizability: The extent to which results of previous investigations can be used in evaluation of present investigations.

ground truth: The establishment of actual guilt or innocence. In a field study, it is based on a criterion independent of the polygraph test (e.g., confession, judicial outcome, and panel decision).

inconclusive: Outcome of an examination in which it cannot be determined from the subject's responses whether he or she is deceptive or non-deceptive.

interaction: An occurrence, which affects validity of polygraph, testing because individual character traits or situational factors might result in unexpected physiological responses.

internal validity: The degree to which a study has controlled for extraneous variables which may be related to the study outcome.

irrelevant questions: Neutral questions designed to assess the subject's baseline physiological response to questioning and to provide a rest between relevant questions.

numerical scoring: The assignment of numbers to polygraph chart responses.

physiological arousal: Responses related to increases in anxiety. Those measured in polygraph examinations include electrodermal response, blood pressure, and respiration rate.

polygraph chart: A continuous graph on which a subject's physiological responses are registered.

predictive association: An index that measures the proportional reduction in the probability of error in predicting one category (in this case, deception) when the second category (in these case, polygraph examination results) is known.

predictive validity: The accuracy with which criterion scores obtained in the future can be estimated from test data obtained in the present.

pre-employment screening: The use of polygraph testing to question employee applicants.

pretest interview: The first portion of the polygraph testing procedure in which subjects are informed about the examination and their rights. In some pretest interviews, examiners also make observations about subjects' behavior to assist in determinations of deceptiveness or non-deceptiveness.

psychopathy: A psychiatric diagnostic category signifying a character style prone to criminal activity and amoral, manipulative behavior.

random sampling: A procedure used to obtain representative samples from a population. In complete random sampling, each subject in the population must have an equal chance of being selected and the selection or non-selection of one subject cannot influence the selection or non-selection of another.

relevant/irrelevant technique: An examination technique that uses two types of questions: relevant questions and neutral questions intended to assess the subject's baseline response.

relevant questions: Polygraph test questions about the topic or topics under investigation.

reliability: The degree to which a test yields repeatable results. Reliability also refers to consistency across examiners/scorers.

sensitive compartmented information: Classified information above the top-secret level.

socialization: The process in and by which individuals learn the ways, ideas, beliefs, values, patterns, and norms of a particular culture and adapts them as a part of their own personalities.

validity: A measure of the extent to which an observed situation reflects the "true" situation.