

Model Policy for Post-conviction Sex Offender Testing

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~~1. Model Policy.~~ This Model Policy ~~should be considered~~ is a description of recommended best-practices for polygraph professionals who engage in Post-Conviction Sex Offender Testing (PCSOT) activities. ~~This Model Policy~~ It is intended to provide a basis for local programs ~~developing to develop~~ or ~~updating update~~ their PCSOT ~~regulations, and policies.~~ ~~However, it~~ does not ~~attempt to~~ address all aspects of PCSOT activities or policy implementation at the local level.

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~~1.1. Compliance and local authority: 1.1~~

~~Compliance and local authority.~~ Examiners should acquaint themselves with and adhere to all legal and regulatory requirements of their local jurisdictions. In case of ~~any~~ conflict between the Model Policy and ~~any~~ local ~~practice~~ requirements, ~~the policies or legislation,~~ local ~~regulations procedures~~ should ~~prevail.~~ ~~Examiners who work in jurisdictions and programs without local regulations should refer to this Model Policy as a guide take precedence.~~

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~~1.1.1. Compliance with this Model Policy: 1.1.1.~~

~~Compliance with this Model Policy.~~ Examiners whose work varies from the recommendations of this Model Policy should be prepared to provide justification for doing so.

~~1.1.2. Compliance with professional standards: 1.1.2.~~

~~Compliance with professional standards.~~ Unless prohibited by law, regulation or agency policy, all members of the American Polygraph Association (APA) shall comply with the APA Standards of Practice.

~~1.2. Periodic review and modification: 1.2. Periodic review.~~ This Model Policy ~~should will~~ be reviewed and amended periodically in order ~~for it~~ to remain consistent with emerging information from ~~new~~ empirical studies ~~and changes in practice.~~

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~~2. Evidence-based approach. To the extent possible, this~~

~~2. Evidence-based approach. This~~ Model Policy ~~relies is based~~ on knowledge and principles derived from existing research pertaining to polygraph testing, risk assessment, risk management, and behavioral/mental health treatment of persons convicted of a sexual offense. ~~Examiners should be cautious of field practices based solely on a system of values or beliefs.~~ Some elements of this Model Policy are intended to promote reliability and professionalism through the implementation of standardized field practice ~~recommendations~~ in the absence of data from empirical studies.

~~2.1. Face valid principles: 2.1. Face-valid principles.~~

~~Face-valid principles.~~ When an evidence-based approach is not possible, ~~the~~ this Model Policy emphasizes face-valid principles pertaining to polygraph testing, ~~field investigation principles~~ and related fields of science. ~~These include including~~ psychology, physiology, mental health treatment, ~~forensic threat risk~~ assessment, signal detection, decision theory, inferential statistics, and predictive analytics.

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~~2.2. Evolving evidence.~~ 2.2. Evolving evidence. In the event that evidence from ~~future~~ empirical studies ~~reveals~~indicates that the practice recommendations of this Model Policy are inconsistent with empirically based evidence, the evidence-based information should prevail.

~~3. PCSOT program goals.~~ 3. PCSOT program goals. ~~The primary ultimate goal of all PCSOT activities should be~~ to increase public safety by adding. ~~One of the primary goals of all PCSOT activities is to increase the amount of information available to those working with persons convicted of sexual offenses in order to add incremental validity to risk-~~ assessment, risk management, and treatment- planning and risk management decisions made by professionals who provide supervision and sex-offense-specific treatment to persons convicted of a sexual offenses.

~~3.1. Multidisciplinary collaboration:~~

3.1. Multidisciplinary collaboration. Examiners who engage in PCSOT activities should emphasize a ~~multi-disciplinary or multi-systemic containment~~collaborative approach to work with other professionals involved in the supervision and treatment of persons convicted of a sexual offense. ~~This approach involves a collaborative effort among professionals~~communication between individuals from varying disciplines and systems including treatment providers, supervising officers, polygraph examiners, medical and psychiatric professionals, child-protection/family-services workers, and other professionals as may be deemed necessary.

~~3.2. Operational objectives:~~

3.1.1. The aim of this collaborative approach is to formulate supervision and treatment strategies that are matched to individual strengths, needs, and abilities in order to enhance competencies, and to promote changes in thoughts, feelings, and behaviors to promote healthy living and reduce the risk of sexual recidivism, enabling the successful reintegration of the offender back into the community.

3.2. Operational objectives. Any or all of the following operational objectives should be considered a reasonable and sufficient basis to engage in PCSOT activities:

- A. ~~Increased disclosure of problem behavior that will be~~Increased disclosure of problem behaviors of ~~interest~~relevance to professionals who work with persons convicted of a sexual offense;
- B. ~~Deterrence of problem behavior~~Deterrence of problem behavior among persons- convicted of a sexual offense by increasing the likelihood that engagement in such behaviors will be brought to the attention of supervision and treatment professionals;~~and,~~
- C. ~~Detection of involvement in or abstinence from problem behavior~~Quantification of the likelihood of deception or truth-telling about involvement in or abstinence from problem behavior that ~~would~~will alert supervision and treatment professionals to any escalation in the individual's level of ~~threat~~risk to others or to the community ~~or potential victims.~~

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E. Enhancing engagement of persons convicted of sexual abuse offenses by encouraging increased disclosure of relevant information and by demonstrating adherence to treatment and supervision plans.

4. Decision support. Psychophysiological Detection of Deception (PDD) (polygraph)

4.0 Decision-support. Polygraph testing of persons convicted of a sexual offense should be regarded as a decision-support tool intended to assist professionals in making important decisions regarding risk and safety. Polygraph testing should not replace the need for other forms of behavioral monitoring or traditional forms of supervision and field investigation.

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4.1. Professional judgment. 4.1. Professional judgment. Polygraph testing and polygraph test results should not supplant or replace the need for professional expertise and judgment. When used but contribute to it. While as a basis of scientific test polygraphy provides information for, decisions that are based on it, especially those concerning other persons, are the responsibility of professionals. The probabilistic nature of polygraph test outcomes should be taken into account when used as part of the professional decision-making. Polygraph test results should be used with consideration for their probabilistic value of the test process.

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4.2. Successive hurdles. 4.2. Successive hurdles. Examiners may use a successive hurdles approach to testing to maximize both the informational efficiency and sensitivity of multi-issue (mixed-issue) screening polygraphs and the diagnostic efficiency and specificity of event-specific/single-issue exams. Screening exams in PCSOT are conducted in the absence of known allegations or known incidents. Follow up examinations should employ a single issue technique whenever increased decision accuracy is required. Increased overall decision accuracy can be observed when tests are blind, independent and when results are conclusive. Successive-hurdles activities may include the use of mixed issue or single issue screening polygraphs followed by additional polygraph testing or other activities, including posttest discussion, and additional field or background investigation. Follow-up examinations may be completed on the same dateday as the initial exam, or they may be scheduled for a later date.

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4.2.1. Screening exams. Examiners should use multi issue polygraph techniques only in the absence of a known incident, known allegation, or a particular reason to suspect wrongful behavior. Screening exams may at times be narrowed to a single target issue of concern. However, most PCSOT screening exams will involve multiple target issues for which it is conceivable that a person could be involved in one or more behavioral issues and uninvolved other behavioral issues of concern.

4.2.2. Event specific diagnostic exams. 4.2.1 Examiners may use single issue test formats for follow-up exams conducted in response to a previously unresolved multiple issue screening exam. Single issue test formats should also be used for event-

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~~specific/diagnostic exams that~~ are conducted in response to known allegations or known incidents for which there is reason to suspect the involvement of the examinee. ~~Examiners should use single issue polygraph techniques for follow up exams conducted in response to a previously unresolved multiple issue screening exam, and whenever a screening test can be reduced to a single issue of concern.~~

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~~4.3. Confidentiality and mandatory reporting.~~ **4.3. Confidentiality and mandatory reporting.** Except as provided by law, information from the polygraph examination and test ~~results (outcomes)~~ should be kept confidential and provided only to those professionals involved in the multi-disciplinary supervision and treatment of ~~persons convicted of a sexual offense~~ the examinee.

4.3.1. ~~Examiners and mandated reporting.~~ **Examiners and mandated reporting.** Examiners should ~~follow~~ adhere to local and state mandatory reporting laws.

4.3.2. ~~Other professionals and mandatory reporting.~~ **Other professionals and mandatory reporting.** Examiners should remain aware that other ~~professional members of~~ professionals in the ~~multi-systemic containment team~~ collaborative treatment approach may be subject to mandatory child-abuse reporting or other mandatory disclosure requirements.

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~~5. General principles.~~ **5. General principles.** Examiners who engage in PCSOT activities should adhere to all of the generally accepted principles that pertain to polygraph testing, including, but not limited to the following:

~~5.1. Rights and dignity of all persons.~~ **5.1. Rights and dignity of all persons.** Examiners should respect the rights and dignity of all persons to whom they administer polygraph examinations. Examiners should conduct all ~~polygraphs~~ polygraph tests with sensitivity and awareness to issues of diversity and individual differences.

~~5.2. Polygraph examiner as part of the supervision and treatment team.~~ **5.2. Polygraph examiner as part of the supervision and treatment team.** Examiners should consider themselves to be an integral part of the multidisciplinary supervision and treatment team. Contact with the supervision and treatment team should be on a regular basis as needed, though ~~contact with an examinee will be periodic (i.e., the examiner will not maintain routine contact with the examinee between examinations).~~

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~~5.3. Non-interference with ongoing investigations.~~

5.3. Non-interference with ongoing investigations. Examiners who engage in PCSOT activities should not interfere with or circumvent the efforts of any ~~open or ongoing~~ investigation of a new criminal allegation.

5.4. ~~Known and unknown allegations.~~ **Known and unknown allegations.** Examiners who engage in PCSOT activities should investigate and attempt to resolve, ~~if possible,~~ known allegations and known incidents before attempting to investigate or resolve behavioral concerns that do not involve a known allegation or known incident unless requested otherwise by the referrer.

~~5.5. Confirmatory testing.~~ 5.5. Confirmatory testing. PCSOT activities should be limited to the Psychophysiological Detection of Deception (PDD).- Confirmatory testing approaches involving attempts to verify truthfulness of partial or complete statements ~~made subsequent~~ pertaining to the issue of concern should not be utilized in PCSOT programs. Truthfulness may be inferred when it is determined with reasonable and reproducible probability that the examinee has not attempted to engage in deception regarding the investigation targets.

~~5.6. Ethical and professional roles.~~ 5.6. Ethical and professional roles. Examiners who possess multiple types of credentials (i.e., examiners who are also therapists, probation officers, or police officers) should be limited to one professional role with each examinee and should not conduct polygraph examinations on any individual whom they directly or indirectly treat or supervise.

~~5.7. Number and length of examinations.~~ 5.7. Number and length of examinations. Examiners should not conduct more than five examinations in a single day,

5.7.1. ~~Length of examination. Examiners~~ Length of examination. Examinations should ~~not plan to conduct examinations of~~ be scheduled for not less than 90 minutes in duration from the start of the pretest interview through the end ~~of the post-test interview. Examiners should not conduct a complete polygraph examination in less than 90 minutes absent exigent circumstances such as when an review.~~

~~5.7.2. Number of exams per examinee is not suitable for testing, an examinee refuses to continue with the examination, or when the issue under investigation is resolved prior to collection of data.~~

~~5.7.2. Number of exams per examinee. Examiners. Because of the risks of familiarization and other possible retest effects, examiners should not conduct more than four separate consecutive examinations per year on with the same examinee except where unavoidable or required by law or local regulation. This does not include re-testing due to a lack of resolution during from an initial or earlier examination.~~

~~5.8. Examination techniques.~~ 5.8. Examination techniques. Examiners should use a recognized comparison question technique for which there is evidence of validity and reliability, including estimates of sensitivity and specificity, published in the Polygraph ~~APA~~ journal or other peer-reviewed scientific journal. There should not be more than four ~~(4)~~ relevant questions per test series.

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6. Operational definitions.

Operational definitions. Examiners should ensure that every behavior of concern to the multi-disciplinary supervision and treatment team ~~will be~~ anchored by an operational definition ~~that describes the behaviors of concern.~~ Operational definitions should be common among all referring professionals and ~~should~~ use language that is free of ~~vague~~ jargon. It should be easily understood by the examinee. Examples of operational ~~definition~~ definitions include the following:

- A. ~~Physical sexual contact.~~ Physical sexual contact: refers to rubbing or touching another person's sexual organs (i.e., breasts, buttocks, genitalia) whether over or under clothing, ~~if~~ for the purpose of sexual arousal, sexual gratification, sexual stimulation or sexual "curiosity." This includes having, allowing, or causing another person to rub or touch one's own sexual organs, whether over or under clothing, ~~for purposes of sexual arousal, sexual gratification, sexual "curiosity," or sexual stimulation.~~ This does not include medical care with adults or children, or parental contact with children's private areas in the form of diapering, wiping, bathing, dressing, or changing, unless done for the purpose of sexual arousal or stimulation.
- B. ~~Sexual contact includes the above definition, and also includes non contact.~~ Non-contact Sexual Behavior: refers to sexual behaviors such as exhibitionism, voyeurism, public masturbation, child ~~pornography~~, or other ~~non contact~~ sexual behaviors ~~that are unlawful but do not involve physical contact.~~
- C. ~~Force (real or implied violence) includes~~ Sexual contact: any form of contact with an individual for the purpose of sexual arousal, sexual gratification, sexual stimulation or sexual "curiosity."
- D. ~~Force (real or implied violence):~~ any form of real or implied violence ~~including~~ for sexual arousal, physical restraint to prevent a victim from leaving, escaping, or moving away from the assault, ~~or~~ threats of harm ~~against~~ to a victim's family members or pets. Force/restraint may also include alcohol or drug use in a manner that deprives a person of an ability to consent.
- D. ~~Coercion (non-violent) includes~~ E. Coercion (non-violent): any non-violent means ~~of gaining the~~ to gain compliance of a victim who expresses his or her reluctance to comply (e.g., bribery, threats to embarrass or end a relationship, etc.). Coercion may also include using or providing alcohol or drugs in a manner that influences a person's thoughts, choices and behavior in ways that would differ from those when not under the influence.
- E. ~~Grooming (child grooming) includes~~ F. Grooming (child grooming): any means of building trust or exploiting a relationship ~~such that a;~~ this could include befriending family members to gain access to a child which could allow the victim tolerates an offense with- to surmise a perception of complicity, also applies to internet-based behaviors.

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~~F. Manipulation; includes~~ G. Manipulation: any means of trickery to gain the compliance of a victim who is unaware of the sexual motives of the offender (e.g., wrestling, horseplay, tickling or other trickery and similar behaviors).

~~G. Relative (family member); includes aunts, uncles, nieces, nephews, children, grandchildren, parents, grandparents, brothers, sisters, cousins, or~~ H. Relative (family member): any person related by blood, marriage, or adoption, or where a relationship has a legal relationship or the appearance of a family relationship (e.g., a dating or live-in relationship with the person(s) natural, step or adoptive parent).

~~H. Minor, child, youth, and underage person; refers to anyone who has not yet reached the age of majority or adulthood (usually 18). Adolescence, though it refers to older/teenage children, is included in this broad category.~~

~~I. Incidental contact:~~ I. Minor, child, youth, and underage person includes any person defined by local laws and legislature as being below the age of consent to engage in sexual behavior.

~~J. Incidental contact; refers to any brief or, unanticipated or unplanned contact, typically concerning minors, including any~~ J. Incidental contact: refers to any brief or, unanticipated or unplanned contact, typically concerning minors, including any greeting (e.g., waving, or smiling), interaction (i.e., verbal), or incidental physical contact (e.g., shaking hands, hugging, patting the head, bumping into, exchanging money or merchandise, etc.).

~~J. Physical contact:~~ K. Physical contact: includes shaking hands, hugging, patting the back or head, bumping into, exchanging money or merchandise along with other forms of physical contact including sitting on one's lap, holding, wrestling or athletic activities, etc.

~~K. Alone or unsupervised with minors; refers to~~ L. Unapproved contact with minors any contact or activity with minors in a location where one cannot be seen that goes against the examinee's agreement with treatment, probation, or parole (whether state or heard, and where others are not aware federal). This may include a variety of one's presence or activity-restricted behaviors that vary for individuals, including being alone with a minor, and in non-sexual physical contact, and/or other interactions.

~~M. Alone/unsupervised contact with minors; interaction, activity or contact with minors in any context which the activity cannot be monitored or observed, takes place in the absence of someone approved by treatment and/or supervision to supervise this contact.~~

~~L. Pornography; refers to~~ N. Approved Supervisor: an individual who the supervision and/or treatment team has agreed can supervise contact between the examinee and a minor. They will have been informed of the individual's diagnosis and offense issues, knowledgeable about the limits of acceptable behavior, and how to report a problem.

~~O. Pornography; the explicit depiction of sexual subject matter for the sole purpose of~~

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sexually arousing the viewer, sometimes referred to as X-rated or XXX material, though there is no formal rating system ~~that includes these designations. Minors cannot purchase pornographic materials in most, if not all, jurisdictions.~~

~~M. Sexually stimulating materials/erotica; refers to~~ P. Child Sexually Explicit Material (CSEM)/Indecent Images of Children (IIOC): any visual depiction of sexually explicit conduct involving a minor (someone under 18). May include videos, digital or computer-generated images indistinguishable from an actual minor, and images created, adapted, or modified, but appear to depict an identifiable, actual minor. Undeveloped film or videotape, and electronically stored data that can be converted into a visual image. (USCC.Gov, 2021)

~~Q. Sexually stimulating materials/erotica~~ the use of sexually arousing imagery, especially for masturbation purposes.

~~N. Sexual fantasy/erotic fantasy; refers to~~ R. Sexual thought thoughts or patterns of thoughts, often in the form of mental imagery; with the goal of creating or enhancing sexual arousal or sexual feelings.

~~S. Sexual Fantasy/Erotic fantasy;~~ can be a developed or spontaneous story, or a short mental flash of sexual imagery. ~~This differs from a sexual thought by length and narrative complexity. Short sexual thoughts often lead into a sexual fantasy.~~

~~O. Masturbation:T.~~ Masturbation: refers to sexual stimulation of one's genitals, often, though not always, to the point of orgasm. Stimulation can be over or under clothing, either manually or through other types of bodily contact, through the use of objects or devices, or through a combination of these methods. Although masturbation with a partner is not uncommon, masturbation for the purpose of this Model Policy refers to self-masturbation.

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~~7. Examination questions:7.~~ Examination questions. Examiners should have the final authority and responsibility for ~~the determination of~~ determining test questions and question language, which must be reviewed with the examinee. Examiners should advise the supervision and treatment professionals to refrain from informing the examinee of the exact test questions and ~~investigations~~ investigation targets, or coaching the examinee in the mechanics, principles, or operations of the polygraph test. ~~Technical questions~~ Questions about polygraph testing should be directed to the examiner at the time of the examination. ~~Examiners should advise~~ It is however appropriate for community supervision team members and treatment professionals ~~that it is appropriate,~~ to inform the examinee of the purpose or type of each examination.

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~~7.1. Relevant questions:~~

7.1. Relevant questions. Relevant questions should pertain to a single frame of reference, which ~~refers~~ relates to the type of PCSOT examination. (See section 8.)

7.1.1 ~~Content.~~Content. Relevant questions should address behaviorally descriptive topical areas that have a common time of reference, ~~which refers to the~~ (time-period under investigation-), ~~and frame of reference (purpose of the exam)~~ Content should bear operational relevance to ~~actuarial or phenomenological~~evidence-based risk assessment, risk management and treatment planning methods. Examiners should exercise caution to ensure they do not violate any rights of examinees regarding answering questions about criminal behaviors.

7.1.2 ~~Structure.~~Structure. Relevant question construction should be ~~as follows~~:

- A. ~~answerable by a “NO”~~answerable by a “NO” without unnecessary mental exercise or uncertainty;
- B. ~~behaviorally descriptive~~behaviorally descriptive of the examinee’s direct or possible involvement in an issue of concern ~~and, whenever possible, not indirectly addressing that issue by targeting a subsequent denial of it;~~
- C. ~~simple.~~simple. direct and easily understood by the examinee;
- D. ~~time delimited~~time delimited (date of incident or time of reference);
- E. ~~free of assumptions of guilt~~free of assumptions of guilt or deception;
- F. ~~free of idiosyncratic jargon.~~free of jargon. legal terms; and
- G. ~~free of references to mental state.~~ free of references to mental state or motivational terminology except to the extent that memory or sexual motivation may be the subject of an examination following an admission of behavior.

~~7.2. Comparison questions.~~7.2. Comparison questions. Comparison questions should meet all common requirements for the type of comparison question being applied.

7.2.1. ~~Content.~~ Comparison questions should address broad categorical concerns regarding honesty and integrity and should not be likely to elicit a greater physiological response than deception to any relevant question in the same test.

~~7.2.2. Structure.~~Structure. Comparison questions should be structurally separated from relevant questions by either the frame of reference or the time of reference. Nothing in this Model Policy should be construed as ~~favoring~~favoring the use of exclusive or non-exclusive comparison questions or ~~as~~ probable or directed lie comparison questions.

8. ~~Types of PCSOT examinations.~~ Types of PCSOT examinations. Examiners should utilize ~~five~~four basic types of PCSOT examinations: instant offense exams, ~~prior allegation exams,~~ sexual history disclosure exams, maintenance exams, and ~~sex~~sexual offense monitoring exams. These basic types of examinations provide both a frame of reference and a time of reference for each examination. Examiners should not mix investigation targets from different frames of reference (examination types) or times of reference within a single PCSOT examination.

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~~8.1. Instant offense exams.~~ Examiners should use two basic types of examinations to investigate the circumstances and details of the instant offense for which the examinee was convicted: The Instant Offense exam and the Instant Offense Investigative exam. These exams should be conducted prior to victim clarification or reunification in order to reduce offender denial and mitigate the possibility of further traumatizing a victim. These circumstances might result when an offender has attempted to conceal the most invasive or abusive aspects of an admitted offense or whenever the multi-disciplinary community

8.1. Instant offense examination. The Instant Offense (IO) exam can be conducted at any time during the treatment and supervision process if a person denies all or part of the behavioral allegations of the instant offense, or if the multi-disciplinary treatment or supervision team determines that accountability for the circumstances and details of the instant offense represent a substantial barrier to ~~an examinee's~~ a convicted person's engagement and progress in sex offense specific treatment. The goals of this exam may be several and can include reduction of denial of the behavioral allegations and circumstances of the instant offense, improve the information available for treatment planning, risk assessment and risk management, and to mitigate the potential for further traumatizing an abused person.

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~~8.1.1. Instant offense exam.~~ Examiners should conduct the Instant offense (IO) Offense exam as an event-specific diagnostic polygraph for ~~examinees~~ convicted persons who deny any or all important aspects of the allegations pertaining to ~~their present~~ the sex offense crime(s) for which they have been convicted and are presently subject to supervision and treatment. It may be used to investigate a pattern or series of ~~the conviction~~ offenses against an individual abused person, including offenses over a period of time.

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8.1.1.1. Instant offense examination targets:

8.1.1.1. It is not mandatory that the instant offense is always conducted as the first polygraph examination. A multi-disciplinary treatment and supervision team may wish to prioritize the maintenance exam instead of an instant offense if there are concerns about behavioral self-control for persons whose are released to the community to begin treatment and supervision after a period of incarceration.

8.1.1.2. An instant offense (diagnostic) exam may also be used to investigate unresolved prior allegations, whether convicted or not, that a convicted person denies, if the multidisciplinary treatment and supervision team determine that these may present a barrier to engagement and progress in treatment or compliance with supervision and risk management efforts.

~~8.1.1.3. Instant offense – examination targets. Examiners, along with the other members of the community supervision team, should select the relevant investigation targets from the circumstances of the allegation that the examinee denies convicted person denies. Target issues for this diagnostic polygraph test are not independent.~~

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~~8.1.1.2. Instant offense – testing approach. Examiners should conduct this exam as an event-specific diagnostic exam. However, nothing in this Model Policy should be construed as to prohibit the completion of the Instant Offense exam in a series of single-issue exams when such an approach will lead to more accurate or satisfactory resolution of the investigation targets.~~

~~8.1.1.4. Instant offense – time of reference. The time of reference for this examination is the time of the reported allegations.~~

~~8.1.2. Instant Offense Investigative Exam. When a supervision and/or treatment team has determined it necessary to test the limits of a convicted persons' admitted offenses against an individual abused person (such as prior to reunification or clarification with an abused person), examiners should use an~~8.1.2.

~~Instant offense investigative exam. When necessary, examiners should use the Instant Offense Investigative (IOI) screening exam to test the limits of an examinee's admitted behavior and to search for other behaviors or offenses not included in the allegations made by the victim of the instant offense. This should happen examination may be useful after substantial progress in treatment and prior to victim clarification or reunification.~~

~~8.1.2.1. Instant offense investigative – examination targets: with a victim. Examiners, alongtogether with the other members of the community-treatment and supervision team, should select relevant targets from their concerns investigation target questions regarding additional or unreported offense behaviors in the context of the instant offense. At the discretion of the examiner and the other professional members of the community supervision team, examination targets may include the following:~~

- ~~A. Number of offense incidents against the victim: when the admitted number of offense incidents is very small.~~
- ~~B. Invasive offense behaviors: when the examinee denies intrusive or hands-on offense behaviors against the victim of the instant offense.~~

~~C. Degree of physical force or violence: when the examinee denies use of violence, physical restraint, threats of harm, or physical force against the victim of the instant offense.~~

~~D. Other sexual contact behaviors: when not that are not already included in the allegations made by the victim of the instant offense, at the discretion of the community supervision team.~~

~~8.1.2.2. Instant offense investigative testing approach. Examiners should conduct this exam as a multi facet or multi issue (mixed issue) screening exam. However, nothing in this Model Policy should be construed as to prohibit the completion of of the instant offense. Target questions may include the number of offense incidents, earliest or latest offenses, relevant behaviors that are not already known, the degree of physical force, restraint, violence or threats of harm, and other/unknown behaviors involving the abused person. Test questions for this screening polygraph may address a variety of behavioral issues but are not independent in as much as they will all pertain to one abused person. The time of reference for the Instant Offense Investigative exam in a series of single issue exams (i.e., in the absence of an allegation involving the behavioral examination targets) when that approach will lend to more accurate or satisfactory resolution of the investigation targets should be the duration of the convicted person's relationship with the abused person(s).~~

~~8.2. Prior allegation exam.~~

~~8.1.2.1. Caution is warranted with the use of an IOI when the reported behavior is extensive as it may not be realistic or necessary to know everything that was done to an abused person(s).~~

~~8.2. Sexual History Exam. Examiners should use the Prior Allegation Exam (PAE Sexual History Examination (SHE) to investigate prior alleged sex offenses (i.e., allegations made prior to the current conviction) before attempting to investigate and resolve an examinee's history of unknown/unreported sexual offenses. This exam should be considered identical in design and structure to the Instant Offense Exam, except that the details of the allegation stem not from the present crime of conviction but from an allegation prior to the conviction resulting in the current supervision and treatment. This examination may be conducted irrespective of whether or not the examinee was charged with or convicted of the prior alleged offense. Examiners should exercise caution to ensure they do not violate any rights of an examinee regarding answering questions about criminal behaviors.~~

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~~8.3. Sexual history exams I and II. Examiners should use two basic types of Sexual History examinations to investigate the examinee's/the convicted person's history of involvement in unknown or unreported sexual offenses and other sexual behaviors that may be indicators of sexual compulsivity, sexual pre-occupation, or sexual deviancy behaviors. Information and results from these examinations should be provided are intended to the professional members assist decision making in respect of the supervision and treatment team to add incremental validity to decisions pertaining to risk assessment, risk management and treatment planning.~~

~~8.3.1. Sex history document. Examiners should work with the community supervision team to require that examinees complete a written sexual history document prior to the conduct of a sexual history polygraph. The sexual history document should provide operational definitions that unambiguously describe each sexual behavior of concern. The purpose of the document is to help examinees review and organize their sexual behavior histories. It aids in familiarizing examinees with the conceptual vocabulary necessary to accurately discuss sexual behaviors; it can assist examinees in recognizing sexual behavior that was abusive, unlawful, unhealthy, and identify behaviors that are considered within normal limits.~~

~~8.3.1.1. Prior review of the sex history document. Examiners should request that each examinee review the sexual history document with his or her community supervision team and treatment group prior to the examination date. The examiner does not need to review this document prior to the examination date, though the content should be reviewed during the structured or semi-structured pretest interview.~~

~~8.3.1.2. Examiner authority. It should be the examiner's discretion to administer an alternative form of PCSOT examination if an examinee has not completed and reviewed the sexual history document prior to the examination date.~~

~~8.3.2. Sexual history exam I—unreported victims. When requested, examiners should conduct the Sex History Exam I (SHE I) to investigate the examinee's lifetime history of sexually victimizing others, including behaviors related to victim selection, victim access, victim impact, and Results may increase knowledge about attitudes and behaviors, other types of criminal offenses, or other serious sexual offenses against unreported persons. These target issues provide a summary of several tangible signal issues that may provide usable information about victim age, victim profile, victim selection, victim control/access, and victim silencing behaviors. SHE I examinations may also provide information about the examinee's capacity for grooming, manipulation, violence, relationship building and relationship exploiting in addition to the capacity to offend in the absence of a relationship. Gathering information in these areas is additive to forensic risk assessment and risk management efforts. Ruling out matters in these SHE I areas may permit the justification of a lower assessed risk level.~~

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~~8.3.2.1. Sexual history exam I – examination targets. Examiners, along with the other members of the community supervision team, should select investigation targets that provide operational relevance to actuarial and phenomenological risk/threat assessment protocols pertaining to recidivism, victim selection, and risk management decisions. Examples include the following:~~

~~A. Sexual contact with underage persons, (refer to local statutes) including sexual contact with persons younger than age 15 (or applicable local statute) while the examinee was legally adult, or sexual contact with persons 4 or more years younger than the examinee (or applicable local statute) if the examinee. The aim is a juvenile.~~

~~B. Sexual contact with relatives, whether by blood, marriage, or adoption, or where a relationship has a legal relationship or the appearance of a family relationship (e.g., a dating or live-in relationship with the person(s) natural, step or adoptive parent).~~

~~C. Use of violence to engage in sexual contact, including physical force/physical restraint and threats of harm or violence toward a victim or victim's family members or pets through the use of a weapon or any verbal/non-verbal means.~~

~~D. Sexual offenses against persons who appeared to be unconscious, asleep, or incapacitated, including touching or peeping against persons who were asleep, severely intoxicated, impaired due to drugs, or who were mentally/physically helpless for other reasons.~~

~~8.3.2.2 Sexual history exam I – time of reference. The time of reference for the Sex History Exam I may be restricted to the period of time prior to the current court supervision order that mandated the present not to identify prosecutable crimes, but to help clarify if the person has a history of acting upon a particular sexual interest or desire and/or patterns of problematic behavior. Information and results from these examinations should be provided only to the professional members of the supervision or treatment program when there are concerns about 1) potential differences in consequences for pre-treatment or pre-conviction acts and those acts occurring post-conviction or after treatment onset, or 2) examinee rights pertaining to the behavioral targets after conviction while under the supervision of a court or in a treatment program team unless otherwise directed by law.~~

~~8.3.2.3 Sexual history exam I – testing approach. Examiners should conduct 1. The Sexual History Exam (SHE) should be used when a referring professional wants to investigate a convicted person's lifetime history of unknown/unreported sexual offense behaviors. Behavioral targets should be selected for their relevance to risk as-~~

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assessment, risk management and treatment planning in collaboration with the referring professional and may include behaviors related to selection of, access to, control or silencing of, and impact on abused persons as well as non-contact offenses. Target issues may also include behaviors related to grooming, manipulation, use of violence, physical force, restraint, threats of harm, and building or exploiting relationships as a means of gaining access to others for sexual abuse. The SHE usually addresses a range of different behaviors and targets that are generally assumed to be independent of one another. Nothing in this examination as a screening examination. However, nothing in this Model Policy model policy should be construed as to prohibit prohibiting the completion of the Sex History I Exam SHE in a series of more narrowly focused exams if this approach leads to more satisfactory resolution of the behavioral target issues.

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8.2.1.1. Examiners, in support of the supervision and treatment team, should select investigation targets that provide operational relevance to treatment planning and risk management. Validated polygraph test formats can be used with two to four relevant target issues. It is unrealistic to attempt to test and fully resolve every possible sex history target or to assume that it is possible to know everything about a convicted person's entire lifetime of sexual behavior. Examiners should familiarize themselves with the types of sexual behavior that play an important role in sex offense risk assessment and sex offense treatment. Some sexual behaviors, for example, may be indicative of sexual compulsivity or preoccupation for which the actual number of incidents may not add additional information but may be useful with convicted persons who substantially deny any involvement in those behaviors.

8.2.1.2. SHE- suggested examination targets. Investigation targets should provide operational relevance to treatment planning and risk management. The examples below are not listed in any priority or suggested order, and it is not intended or implied that any or all of them should be included as relevant test questions:

A. Sexual contact with underage persons, as defined by local laws/statutes regarding the legal age of majority and consent, while the convicted person was legally an adult.

B. Sexual contact with relatives, whether by blood, marriage, adoption, or where a relationship has a legal meaning or is in effect a family relationship (e.g., a dating or live-in relationship with the person(s) natural, step or adoptive parent).

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8.3.3. Sexual history exam II— sexual deviancy, compulsivity, and preoccupation: When necessary, examiners should conduct the Sex History (SHE II) examination to investigate the examinee's lifetime history of sexual deviancy, preoccupation, and compulsivity behaviors not including those behaviors described in the Sex History Exam I (Section 8.3.2). This examination may

be most important with examinees who substantially deny involvement in sexual deviancy, compulsivity and preoccupation behaviors.

8.3.3.1. ~~Sexual history exam II — examination targets. Investigation targets for the Sexual History exam II should bear operational relevance to actuarial and phenomenological risk/threat assessment protocols pertaining to sexual deviancy, sexual compulsivity, and sexual preoccupation behaviors. Investigation targets may include any of the following:~~

~~A. Voyeurism/sexual peeping activities.~~

~~C. Use of violence to engage in sexual contact, including real or implied violence, physical force, restraint, or threats of harm toward an abused person or their family members, possibly including pets. This may include the use of a weapon or any physical or verbal means of violence. How mental, emotional or physical violence is used and whether it exceeds the amount needed to gain compliance may provide useful clinical information, especially if it increases the arousal or pleasure of the perpetrator (often referred to as sadistic behavior).~~

~~D. Sexual contact with persons who appeared to be unconscious, asleep, or incapacitated with drugs or alcohol, or who were mentally or physically helpless for other reasons. The defining characteristic of this type of abuse is that an abused person appeared to be asleep or unconscious at the time of an abuse, and no attempt should be made to use this type of target question to determine whether an abused person was actually asleep/unconscious or was feigning sleep or unconsciousness at the time.~~

~~E. Voyeurism/sexual peeping activities, including attempts to look into someone's home, bedroom or bathroom without the person's knowledge or permission, in an attempt to view someone naked, undressing/dressing, or engaging in sexual acts. Voyeurism activities include attempts involving without their permission or knowledge. This includes the use or creation of a hole or opening to view others for sexual arousal, including all attempts to the use any of optical technology or optical devices (e.g., cameras, mirrors, binoculars, or telescope) to view others for sexual purposes, and the use of cell phones to take pictures or videos of persons without their permission (e.g., up the skirt, under a bathroom stall, by hacking into or setting up a video camera).~~

~~B. Exhibitionism/indecent exposure.F. Exhibitionism/indecent exposure, including all attempts to intentionally or to have appear to have "accidentally" exposed one's bare private parts to unsuspecting persons in public places. Exhibitionism may include, including the wearing of loose or baggy clothing that allows one's for the purpose of enabling the sexual organs to become exposed to others or other acts of exposure in public if done for sexual purposes.~~

~~C. Theft or use of underwear/undergarments for sexual arousal or masturbation.~~

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G. Theft or use of underwear/undergarments for sexual arousal or masturbation, including taking or keeping undergarments (including other personal property or “trophy”) from relatives, friends, sexual partners, acquaintances, or strangers for masturbation or sexual arousal. This may also include incidents of wearing another person’s underwear or undergarments without that person’s knowledge or permission, in addition to incidents in which underwear, undergarments, or personal property was returned after use for masturbation or other use for sexual arousal.

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D. Frottage/sexual rubbing,

H. Frottage/sexual rubbing, including attempts to sexually rubgenitally rubbing against or touch other touching a nonconsenting person without their knowledge or permission, by standing or walking too close in public locations (e.g., work, stores, school, or other crowded places), or during any form of play, horseplay, wrestling/athletic activities, or other similar activities.-)

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8.3.3.2. Sexual history exam II—additional investigation targets. Other possible investigation targets for the Sex History Exam include but are not limited to the following:

A. Child pornography,

I. Child pornography, including any history of ever viewing, possessing, producing, using, or distributing pornographic indecent images of minors (i.e., infants, children in sexually provocative poses, with or teenagers under age 18) who were without clothes, or engaging in sexual acts either alone or with others.

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B. Sexual contact with animals,

J. Sexual contact with animals, refers to all sexual behaviors (including attempts) involving pets, (those whether belonging to the examinee or others), domesticated (farm/ranch) animals, or wild animals, whether living or deceased, and whether whole or dismembered. This is often referred to as bestiality.

C. Prostitution activities, including ever paying anyone or being paid for sexual contact (including erotic massage activities) with either money, property, or any special favors. It also includes ever employing or managing others who were paid to engage in sexual activities.

D. Coerced sexual contacts, including bribing, tricking, manipulating, lying, misuse of authority, badgering/pestering, wearing down boundaries, or not accepting “no” for an answer.

E. Stalking/following behaviors,

K. Stalking/following behaviors, including all incidents of following, tracking, or observing someone to his or her home, workplace or vehicle, or following others around a store, aisle, parking lot, workplace/school, campus, or community, for sexual or aggressive/angry reasons. It also includes all other efforts to monitor or observe another person's behavior in

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~~person, electronically or by using a surrogate, without that person's knowledge or permission.~~

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~~F. Use of a computer to solicit minors for sexual activities.~~

~~L. Use of a computer to solicit minors for sexual activities, including ever using a computer, the Internetinternet, or any electronic communication device in an attempt to solicit an underage person for sexual contact. It also includes ever engaging in online sex-chatchats or cyber-sex activities via IRC, Instant Messaging, Web Chat,internet relay chat, instant messaging, web chat, social media applications, dating/ "meet up" apps (applications), email and/or any other electronic method.~~

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~~G. Masturbation or sexual acts in public places~~

~~M. Masturbation or sexual acts in public places where one could be seen by others such as a vehiele, hiding place, standing outside someone's home or window, or anywhere one could watch others without their knowledge or permission. It also includes masturbation or sexual acts in workplace/school locations, public restrooms, or adult entertainment businesses. Although not a public place, masturbating at home in front of a window in order to be seen by others is also relevant.~~

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~~H. N. Online sex activities, including sex-chat, sex-games, and webcamweb-cam sex activities, as well as on-lineonline masturbation and/or tele dildonievirtual activities.~~

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O. Paraphilias are a category of compulsive behaviors. These are exhibitionistic disorder, fetishistic disorder, voyeuristic disorder, frotteuristic disorder, sexual masochism disorder, sexual sadism disorder, pedophilic disorder, transvestic disorder, and other specified or unspecified paraphilic disorder. They often begin at a young age. There are other "paraphilias" too numerous to list, which are characterized by obsessive thoughts and compulsive actions over time which can be illegal and/or harmful to the individual. The examiner should communicate with professionals to become familiar and be open to the possibility that a given examinee may have those issues.

8.2.2. Sex history document. Examiners should work with the community supervision team to require examinees to complete a written sexual history document prior to administering a sexual history polygraph. The sexual history document should provide operational definitions that unambiguously describe each sexual behavior of concern.

8.3.3.3. — Sexual history exam II—time of reference. The time of reference for the Sex History Exam II may be restricted to the period of time prior to the current court supervision order that mandated the present treatment program when there are concerns about 1) potential differences in consequences for pre-treatment or pre-conviction acts and those acts occurring post-conviction or after treatment onset, or 2) examinee rights pertaining to the behavioral targets after conviction while under the supervision of a court or in a treatment program. The time of reference should be included in the test questions unless clearly established during the pretest interview.

8.3.3.4. — Sexual history exam II—testing approach. Examiners should conduct this examination as a multi-issue (mixed-issue) screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Sex History Exam II in a series of more narrowly focused exams when that approach lends to more satisfactory resolution of the behavioral target issues. Nothing in this Model Policy should be construed as to require the investigation of all or any of the suggested investigation targets, or as to preclude the selection of alternative targets pertaining to sexual behavior that would assist the supervision and treatment team in determining and responding to the examinee's supervision and treatment needs.

8.3.3.5. — Testing the limits of admitted sexual compulsivity or sexual preoccupation. The behavior may be clinically significant based on the age of onset, frequency and duration of the behavior, efforts to reduce the behavior, and time since the behavior was last engaged in. It should be the examiner's discretion to administer an alternative form of Post-Conviction Sexual Offender Testing examination if an examinee has not completed and reviewed the sexual history document prior to the examination date.

8.2.2.1 The purpose of the document is to help examinees review and organize their sexual behavior histories. It aids in familiarizing them with the conceptual vocabulary necessary to accurately discuss sexual behaviors during the polygraph pretest interview, it can assist examinees in recognizing sexual behavior that was abusive, unlawful, or unhealthy, and identify behaviors that are considered within normal limits.

8.2.2.2. Testing the limits of admitted sexual compulsivity or sexual preoccupation. Examiners should attempt to prioritize the investigation of behaviors in which the examinee denies any involvement. It ~~may~~ ~~is~~ ~~not~~ ~~be~~ realistic to ~~hope~~ ~~attempt~~ to know everything about a convicted person's lifetime history of sexual behavior. Similarly, it is not realistic to attempt to know every incident when an examinee a convicted person admits to substantial involvement in sexual behaviors that may be an expression of sexual compulsivity or sexual preoccupation. Sex history target questions should be selected carefully in the context of each case. Examinees should not be expected to have a "perfect memory" of historical sexual events. Approximate time frames and estimates regarding frequency should be considered reasonable.

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~~8.4. Maintenance exam. Examiners should conduct the Maintenance Examination (ME) to investigate, either periodically or randomly, the examinee's compliance with any of the terms and conditions of probation, parole, and treatment rules.~~

8.3 Maintenance Exam. Examiners should conduct the Maintenance Examination (ME) to investigate, either periodically or randomly, the examinee's compliance with any of the terms and conditions of probation, parole, and treatment rules.

~~8.4.1.1 Maintenance exam - scheduling.~~ Maintenance exam - scheduling.

Maintenance Exams should be completed approximately each ~~six~~ 6 to 12 months. Examiners should discuss with multidisciplinary team members the possible deterrent benefits of randomly scheduled maintenance exams for some examinees.

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~~8.4.2. Maintenance exam - examination targets.~~ 8.3.2.

~~Maintenance exam - examination targets.~~ Investigation targets for the Maintenance Exam should bear operational relevance to an examinee's stability of functioning and any changes in acute risk level as indicated by compliance or non-compliance with the terms and conditions of the supervision and treatment contracts. ~~Any, any, of the terms and conditions of the probation or treatment which~~ may be selected as examination targets. Investigation targets for Maintenance Exams should emphasize the development or verification of information that would add incremental validity to the early detection of an escalating level of threat or to the community or to potential victims.

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~~8.4.2.1. Unknown allegations.~~ 8.3.2.1. Unknown allegations.

Maintenance Exams should not address known allegations or known incidents, which are properly investigated in the context of an event-specific polygraph exam.

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~~8.4.2.2. Compliance focus.~~ 8.3.2.2. Compliance focus.

Maintenance Exams should emphasize target questions about compliance or non-compliance with supervision and treatment rules. Questions about unlawful sex acts or re-offense behaviors may be included in the examination as long as circumstances related to rights against self-incrimination as listed in the section dealing with Sex Offense Monitoring Examinations (~~section 8.5~~) do not exist. An elevated level of concern regarding re-offense should warrant a Sex Offense Monitoring Exam (SOME) – not a Maintenance Exam. Examiners should exercise caution to ensure they do not violate any rights of an examinee regarding the answering of questions about new criminal behaviors.

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8.43.2.3. ~~Examination targets.~~Examination targets, Examination targets ~~should~~could include, but are not limited to the following:

A. ~~Sexual contact with unreported persons of any age.~~A.

~~Sexual contact with unreported persons of any age,~~ including any form of rubbing or touching of the sexual organs (i.e., breasts, buttocks, or genitalia) of any person not already known or reported to the supervision and treatment team, either over or under clothing, for the purpose of sexual arousal/stimulation, sexual gratification, or sexual “curiosity.” It also includes causing or allowing others to touch or rub one’s own private parts either over of under clothing, for the purpose of sexual arousal/stimulation, sexual gratification, or sexual “curiosity”; and sexual hugging and kissing activities.

B. ~~Use of pornography, if prohibited.~~B.

~~Use of pornography, if prohibited,~~ Pornography use includes viewing or using X-rated (or “XXX”), nude, or pornographic images or materials (e.g., pornographic magazines, pornographic movies on cable television, including scrambled television programming, pornographic movie theaters, pornographic video arcades, videotape, CD/DVD, or other recorded media including pornographic images or materials via computer or the Internet, iPod, cell phone, video games, or any electronic messaging system, or computer communication interaction system if used for sexual arousing imagery). It may also include using non-pornographic erotica (nude or non-nude) images or materials for sexual stimulation or masturbation purposes (e.g., sexually objectifying entertainment magazines, bikini or car magazines, nudity or erotic scenes in non-pornographic movies, sexually oriented stories in magazines, novels, or Internet/computer resources, and/or anything at all on television). This target may be restricted to using pornographic or sexually stimulating materials for masturbation purposes.

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~~C. Physical contact with underage persons.C.~~

~~Physical contact with underage persons, which can include purposeful activities such as hugging, shaking hands, or playing together, and may also include ~~unplanned~~un-planned or incidental physical contact. Examinees may or may not be subject to restrictions and reporting requirements in this area. ~~Question~~Questions should address these restrictions as directly as possible. When there are no restrictions, this target should be omitted. ~~When a target involving contact with minors is used, examiners should select from either 8.4.2.3.C or 8.4.2.3.D to should avoid an imbalanced loading of test target issues.~~~~

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~~D. Being alone or unsupervised with underage persons.D.~~

~~Being alone or un-supervised with underage persons, refers to prohibited activities in which others cannot see, hear, monitor or observe the activities, or for which others are unaware of an activity involving the examinee and one or more underage persons.~~

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~~E. Sexual offenses while under supervision, includingE~~

~~Including forced, coerced or violent sexual offenses, sexual offenses against underage persons, incest offenses, or sexual contact with unconscious persons. It may also include sexual deviancy/compulsivity/preoccupation behaviors such as voyeurism, exhibitionism, theft of undergarments, public masturbation or other sexual behaviors.~~

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~~F. Use of alcohol, illegal drugs or controlled substances~~

~~E.1. Sexual re-offense questions should be used judiciously in the context of routine maintenance (screening) exams. Incidence rates (prior probability) for sexual recidivism are thought to be lower than other types of non-compliance for some convicted persons. However, these questions may be useful when there is a concern about an escalated risk level, in the absence of a known allegation or incident. These questions may also be useful with some convicted persons who's abusive or problem sexual behavior may be more compulsive or persistent and may also be used to investigate the limits of non-compliance when other target issues provide insufficient information on the limits of behavior that may be of interest to professionals involved in treatment planning and risk management. In addition to potentially lower prior incidence rates, sexual re-offense questions may be more complex than other questions due to~~

potential differences in perceived or expected consequences for these behaviors and due to potential differences in the interpretation of the rights of convicted persons when answering questions about criminal acts vs behavioral non-compliance with supervision and treatment rules. It may be preferable, at times, to use re-offense screening questions in the context of a single-issue screening exam.

F. Use of alcohol, illegal drugs or controlled substances, including tasting or consuming any beverage containing alcohol (if prohibited), or consuming any product containing alcohol for the purpose of becoming intoxicated, inebriated, drunk, “buzzed,” or “relaxed.” It also includes any use of marijuana (whether inhaled or not) or any other illegal drugs. This target also includes any misuse of controlled prescription medications, whether borrowing, sharing, trading, loaning, giving away, or selling one’s own or another person’s prescription medications or using any medication in a manner that is inconsistent with the directions of the prescribing physician. For persons with known addictions or substance abuse problems it may be preferable to rely primarily on other forms of testing.

G. Use of an electronic communication devicesdevice for sexual purposes, including computers, cell phones, internet or electronic games, tablets, and other devices such a cameras or surveillance and recording systems to observe, interact, or access others for sexual arousal or sexual contact.

H. Masturbation activities and masturbatory fantasiesMasturbation activities and masturbatory fantasies, which may refer to any involvement in masturbation activities when the examinee is prohibited from those activities, or it may refer to problematic forms of masturbation such as masturbating in a public location or where one could view or be viewed by others. It may also include voluntary or involuntary/intrusive thoughts or fantasies of a minor or past victim while masturbating or masturbation due to stress, boredom, anger, or other negative mood. Sexual thought and fantasy questions should always be linked to a specific behavior of concern.

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~~8.4.3. Maintenance exam – time of reference. I~~
~~Child Sexually Explicit Material~~
~~(CSEM)/Indecent Images of Children (IIOC): any visual~~
~~depiction of sexually explicit conduct involving a minor~~
~~(someone under 18). May include videos, digital or~~
~~computer-generated images indistinguishable from an~~
~~actual minor, and images created, adapted, or modified,~~
~~but appear to depict an identifiable, actual minor.~~
~~Undeveloped film or videotape, and electronically stored~~
~~data that can be converted into a visual image.~~
~~(USCC.Gov, 2021)~~

~~8.3.3. Maintenance exam - time of reference.~~ Maintenance Exams should address a time of reference subsequent to the date of conviction or the previous Maintenance Exam, generally not exceeding one year and only exceeding two years in ~~respecific~~ circumstances. All investigation targets in a test series should have a common time of reference. ~~The time of reference may be described generally as the six-month to a year period preceding the examination; although, there may be reasons for lengthening or shortening the time of reference for some exams.~~

~~8.4.3.4. Maintenance exam – testing approach.~~ Maintenance exam - testing approach. Examiners should ~~typically~~ conduct this examination as a multi-issue (mixed-issue) screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Maintenance Exam in a series of ~~more narrowly focused~~ single-issue exams when ~~that such an~~ approach will lead to more accurate or satisfactory resolution of the investigation targets.

~~8.5. Sex offense monitoring exam.~~ 8.4. Sex offense monitoring exam. Examiners should conduct the Sex Offense Monitoring Exam (SOME) to explore the ~~possibility~~ likelihood that the examinee may have been involved in unlawful sexual behaviors including a sexual re-offense during a specified period of time. Other relevant questions dealing with behaviors related to probation and treatment compliance should not be included.

~~8.5.1. Sex offense monitoring exam – scheduling.~~ 8.4.1. Sex offense monitoring exam - scheduling. Sex Offense Monitoring Exams should be completed whenever there is a specific request from a supervision or treatment professional to investigate the possibility of a new offense while under supervision. Alternatively, this exam may be used when 1) the likelihood of sexual offense or other sexual crime is ~~regarded as elevated because of information received by any~~ the member of the ~~multidisciplinary treatment and supervision team including the examiner,~~ or 2) following a previously unresolved maintenance examination that included a relevant question about sexual offense behavior. Whenever the results of a maintenance exam ~~indicated~~ indicate the need for further testing to obtain a more diagnostic conclusion, a single-issue test format ~~will~~ should be utilized. A single-issue Sex Offense Monitoring Exam can be expected to have improved diagnostic

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accuracy over a multi-issue (mixed issue) exam.

~~8.5.2. Sex offense monitoring exam – examination targets.8.4.2.~~

~~Sex offense monitoring exam - examination targets.~~ Examiners should select investigation targets for the Sex Offense Monitoring Examination that pertain to new sex crimes while under supervision based on concerns expressed by the multidisciplinary supervision and treatment team.

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~~8.5.3. Sex offense monitoring exam – time of reference.8.4.3.~~

~~Sex offense monitoring exam - time of reference.~~ Sex Offense Monitoring Exams should refer to a time of reference generally following the date of conviction or a previous Monitoring Examination. The time of reference should be clearly stated in the test questions and may include all or any part of the time that the examinee is under supervision or in treatment, including a specific date or restricted period of time. The time of reference should emphasize the investigation of possible unlawful sexual acts or sexual re-offense during the most recent period of months prior to the Sex Offense Monitoring Exam.

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~~8.5.4. Sex offense monitoring exam – testing approach. Examiners should~~
~~8.5.4. Sex offense monitoring exam - testing approach. Examiners may~~ conduct the Sex Offense Monitoring Exam as a multi-issue (mixed-issue) screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Sex Offense Monitoring Exam as a ~~narrowly focused single-issue~~ exam when that approach will lead to more accurate or satisfactory resolution of the investigation targets. Examiners should ~~consider the~~ use a single-issue technique when the Sex Offense Monitoring Exam is used to follow-up on a previously unresolved Maintenance Exam.

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~~9. Suitability for testing. Suitable examinees should, at a minimum, be expected to have a capacity for:~~

- ~~A. Abstract thinking;~~
- ~~B. Insight into their own and others' motivation;~~
- ~~C. Understanding right from wrong;~~
- ~~D. Telling the basic difference between truth and lies;~~
- ~~E. Anticipating rewards and consequences for behavior; and~~
- ~~F. Maintaining consistent orientation to date, time, and location.~~

~~9.1. Medications. Examiners should obtain and note in the examination report a list of the examinee's prescription medication(s), any medical or psychiatric conditions,~~

~~and any diagnosed acute or chronic medical health conditions.~~

~~9.2. Trauma and dissociation. Examiners should consult with other professional members about a client's history on trauma and dissociation and proceed with caution.~~

~~9.3. Unsuitable examinees. Examiners should not test examinees who present as clearly unsuitable for polygraph testing at the time of the examination.~~

~~9.3.1. Psychosis. Persons who are acutely psychotic, suicidal, or have un-stabilized or severe mental health conditions, including dementia, should not be tested.~~

~~9.3.2. Age. Persons whose chronological age is 12 years or greater should be considered suitable for polygraph testing unless they are substantially impaired. Polygraph testing should not be attempted with persons whose Mean Age Equivalency (MAE) or Standard Age Score (SAS) is below 12 years as determined by standardized psychometric testing (e.g., IQ testing, and adaptive functioning).~~

~~9.3.3. Level of functioning. Persons whose level of functioning is deemed profoundly impaired and warranting continuous supervision or assistance may not be suitable for polygraph testing.~~

~~9.3.4. Acute injury or illness. Persons suffering from an acute serious injury or illness involving acute pain or distress should not be tested.~~

~~9.3.5. Controlled substances. Persons whose functioning is observably impaired due to the influence of non-prescribed or controlled substances should not be tested.~~

~~9.4. Team approach. Examiners should consult with other professional members of the multidisciplinary supervision and treatment team, prior to the examination, when there is doubt about an examinee's suitability for polygraph testing.~~

~~9.5. Incremental validity. When there are concerns about an examinee's marginal suitability for testing, examiners should proceed with testing only when the multidisciplinary supervision and treatment team determines that testing would add incremental validity to risk assessment, risk management, and treatment planning decisions through the disclosure, detection, or deterrence of problem behaviors.~~

~~10. Testing procedures:9.0 Testing procedures. Examiners who engage in PCSOT activities should adhere to all generally accepted polygraph testing protocols and validated principles.~~

~~10.1. Case background information:9.1. Case background information. The examiner should request and review all pertinent and available case facts within a time frame sufficient to prepare for the examination.~~

~~10.2. Audio-visual or audio recording.~~ 9.2. Audio-visual or audio recording. Examiners should record all PCSOT polygraph examinations. ~~The recording should include the entire examination from the beginning of the pretest interview to the completion of the posttest post-test review.~~ The recording should be ~~maintained~~ retained for a minimum of three years ~~or as required by local laws or standards of practice.~~ The recording documents ~~the quality of the~~ conduct of the testing protocol; documents, and the content and authenticity of the content of the information provided by the examinee, thus precluding possible future denials ~~and.~~ It also facilitates a comprehensive quality assurance review when necessary.

~~10.3. Pre-test phase.~~ 9.3. Pretest phase. Examiners should conduct a thorough ~~pre-test~~ pretest interview before proceeding to the test phase of ~~any~~ the examination. ~~A thorough pretest interview will consist~~ consisting of the following:

10

~~9.3.1. Greeting and introduction.~~ Greeting and introduction. Examiners should introduce themselves by their names and orient the examinee to the examination room.

~~10.3.2. Brief explanation of procedure.~~ 9.3.2.

Brief explanation of procedure. Examiners should ensure examinees have ~~some~~ sufficient information about the ensuing procedure and scope of testing prior to obtaining the authorization and release to complete the exam.

~~10.3.3.~~ 9.3.3.

~~Informed consent.~~ Informed consent. Examiners should obtain ~~at~~ the examinee's informed consent to complete the polygraph test. This may be completed in writing and/or on the audio/video recording; to a waiver/release statement. The language of the statement should minimally include 1) the examinee's voluntary consent to take the test, 2) that the examination may be terminated at any time, 3) a statement regarding the examinee's assessment of his or her mental and physical health at the time of the examination, 4) a statement that information will be provided to the examinee about the polygraph test 5) a statement that all information and results will be released to professional members of the community treatment or supervision team, 6) an advisement that admission of involvement in unlawful activities will not be concealed from the referring professionals and, 7) a statement regarding the requirement for audio/video recording of each examination.

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~~10.3.4. Biographical data/determination of suitability for testing.9.3.4.~~

Biographical data/determination of suitability for testing. Examiners should obtain information about the examinee's background including marital/family status, children, employment, and current living situation in addition to a brief review of the reason for conviction and length/type of sentence. Examiners should obtain, prior to and at the time of the examination, information pertaining to the examinee's suitability for polygraph testing.

~~10.3.5. Explanation of polygraph instrumentation and testing procedures.9.3.5.~~

Explanation of polygraph instrumentation and testing procedures. The testing process should be explained to the examinee, including an explanation of the instrumentation ~~used~~ and the physiological and psychological basis of response. Nothing in this Model Policy should be construed as favoring a particular explanation of polygraph science. In general, an integrated explanation involving emotional attributions, cognitive theory and behavioral learning theory may be the best approach. If asked, accurate information should be provided regarding polygraph accuracy.

~~10.3.6.~~

~~Structured interview.~~Structured interview. The examiner should conduct a thorough structured or semi-structured ~~pre-test~~pretest interview, including a detailed review of the examinee's background and personal information, any applicable case facts and background, a detailed review of each issue of concern, and an opportunity for the examinee to provide his or her version of all issues ~~under investigation being tested.~~ For event-specific diagnostic/investigative polygraphs of known allegations or known incidents, a free-narrative interview is used instead of a structured or semi-structured interview.

~~10.3.7. Review of test questions.9.3.7.~~

Review of test questions. Before proceeding to the test phase of an examination, the examiner should review and explain all test questions to the examinee. The examiner should not proceed until satisfied with the examinee's understanding of and response to each issue of concern.

~~10.4~~ ~~In test operations.~~ 9.4 In-test operations. Examiners should adhere to all generally accepted standards and protocols for test operations.

~~10.4.1~~ ~~Environment.~~ 9.4.1

Environment. All examinations should be administered in an environment that is free from distractions that would interfere with the examinee's ability to adequately focus on the issues being addressed.

~~10.4.2~~ ~~Instrumentation.~~ 9.4.2

Instrumentation. Examiners should use an instrument that is properly functioning in accordance with the manufacturer's specifications.

~~10.4.2.1.~~ ~~Recording sensors.~~ Recording sensors. The instrument ~~should~~ must be capable of continuously ~~record~~ recording the following during the test: thoracic and abdominal movement, electrodermal activity, cardiovascular activity, and movement detected by seat activity sensors. ~~Although not necessary, a~~ channel that detects vasomotor responses or other validated data channels may also be ~~recorded~~ used.

~~10.4.3~~

~~Data acquisition.~~ Data acquisition. The conduct of testing should conform to all professional standards concerning ~~the~~ data quality and quantity.

~~10.4.3.1.~~ ~~Number of presentations.~~ Number of presentations. Examiners employing a comparison question technique should conduct a minimum of three presentations of each relevant ~~question~~ questions. It is acceptable to conduct a fourth or fifth presentation in order to obtain a sufficient volume of interpretable test data to reach a conclusive evaluation.

~~10.4.3.2.~~ ~~Question intervals.~~ Question intervals. Question intervals should allow a reasonable time for recovery. ~~For comparison question techniques, question intervals from stimulus onset to stimulus onset~~ Testing interval should ~~not be less than 20 seconds. It is suggested that a time period between 25 and 30 seconds would be superior to~~ consistent with the ~~minimum time requirements of 20 seconds,~~ the testing format and analytic method used.

~~10~~

~~9.4.3.3.~~ ~~Acquaintance test.~~ Acquaintance test. An acquaintance test should be administered during the first examination of each examinee by each examiner. Examiners are encouraged to use an acquaintance test during the conduct of other tests as appropriate.

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~~10.5. Test data analysis.~~ 9.5. Test data analysis. The examiner should render an empirically-based interpretation of the examinee's responses to the relevant questions based on all information gathered during the examination process.

~~10.5.1. Scoring methods.~~ 9.5.1.

Scoring methods. Examiners should employ quantitative or numerical scoring for each examination using a scoring method for which there is known validity and reliability, and which has been published and replicated.

~~10.5.2. Results – diagnostic exams.~~ 9.5.2.

Results – diagnostic exams. Test results for event-specific diagnostic/investigative tests should be reported as Deception Indicated (DI) or Significant Response (SR) to indicate deception, No Deception Indicated (NDI) or No Significant Response (NSR) indicative of truthfulness, or Inconclusive (INC) / No Opinion (NO).

~~10.5.3. Results – screening exams.~~ 9.5.3.

Results – screening exams. Test results of screening exams should be reported as Significant Response (SR), No Significant Response (NSR) or Inconclusive (INC)/ No Opinion (NO).

~~10.5.5. Interpretation of the test results.~~ 9.5.5. Interpretation of the test results. Examiners should render a professional opinion using published and established decision rules to achieve a categorical interpretation of the probabilistic test result. ~~Examiners should render an opinion that the examinee was deceptive when the test results are SR or DI for any of the investigation targets. Examiners should render an opinion that the examinee was truthful when the test results are NSR or NDI for all of the investigation targets.~~

9.5.5.1 Single issue exam results. The reported result for all relevant questions should be inherited from the overall examination result.

9.5.5.2. Multiple issue exam results. A deceptive examination result is inherited from the relevant question with the most significant reactions indicative of deception. Examiners should not conclude an examinee is deceptive in responses to one or more investigation targets and non-deceptive in responses to other investigation targets within the same examination.

~~10.5.6. Non-cooperation.~~

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~~9.5.6. Non-cooperation.~~ Examiners should note in the examination report whenever there is evidence that an examinee has attempted to falsify or manipulate the test results and whether the examinee was forthcoming in explaining his or her behavior during the test. ~~An opinion that the examinee was Purposefully Non-Cooperative (PNC) is appropriate when there is evidence that an examinee was attempting to alter his or her physiological response data. Examiners reporting an examinee was PNC.~~ Examiners reporting an examinee as non-cooperative are not precluded from rendering an opinion that the examinee was deceptive (SR/DI) when the numerical scores or other information such as a confession that support a conclusion that there were significant reactions to one or more relevant questions. Examiners should not render an opinion of truthfulness (NSR/NDI) when there is evidence that an examinee has attempted to falsify or manipulate the test results.

~~10.5.7.~~

~~Data quality.~~ Data quality. Examiners should not render a conclusive opinion when there is insufficient data of adequate quality and clarity to allow a minimum of three interpretable presentations of each of the investigation targets.

~~10.5.8. Computer algorithms.~~ 9.5.8.

~~Computer algorithms.~~ Computer scoring algorithms should not be used to score examination data that is of insufficient quality for manual scoring.

~~10.6. Posttest review.~~ Post-test review. The examiner or a member of the treatment or supervision team should review the initial test results with the examinee. Examiners may, at the discretion of the multidisciplinary treatment and supervision team, advise the examinee of any significant responses to any of the test questions, and provide the examinee an opportunity to explain or resolve any reactions or inconsistencies. The ~~posttest~~ post-test interview may be done in collaboration with other treatment and supervision professionals.

~~11. Examination report.~~ 10.

~~Examination report.~~ Examiners should ~~issue~~ provide a written report containing a factual and objective account of all pertinent information ~~developed during~~ arising from the examination, including case background information, test questions, answers, results, and statements made by the examinee during the ~~pre-test~~ pretest and post-test interviews.

~~11.1. Dissemination of test results and information.~~ 10.1. Dissemination of test results and information. The polygraph examination report should be provided to the professional members of the multidisciplinary supervision and treatment team who are involved in risk assessment, risk management, and treatment/intervention planning activities.

~~10.1.1.~~

~~Dissemination to other authorities.~~ Dissemination to other authorities. Reports and related work products should be released to the court, parole board ~~or~~ other releasing agency, or other professionals at the discretion of the community supervision/ treatment team members or as required by law.

~~10.1.2.~~

~~Communication after the exam.~~ Communication after the exam. Following the completion of the ~~posttest~~ post-test review, examiners should not communicate with the examinee or the examinee's family members regarding the examination results except in the context of a formal case staffing.

~~11.2. Scope of expertise.~~ 10.2. Scope of expertise. Examiners should not attempt to render any opinion concerning the truthfulness of the examinee prior to the ~~completing~~ completion of the test phase and test-data-analysis. Examiners should not ~~attempt to render any~~ provide an opinion regarding the medical or psychological condition of the examinee beyond the requirement to determine suitability for testing at the time of the examination. ~~although it may be appropriate to raise concerns with the referrer.~~ Post-test recommendations should be limited to the need for resolution of the behavioral targets of the examination within the scope of the examiner's professional capabilities.

~~12. Records retention.~~

11. Records retention. Examiners should retain all documentation, data, and the recording of each examination for a period of at least three years or as required by law.

~~13. Quality assurance.~~ 12. Quality assurance. To ensure examiner compliance with these recommendations and other field practice requirements and to sustain the quality of the testing process, an independent quality control peer-review of a portion of each examiner's work product should take place ~~annually~~ at least once a year.

~~14. Examiner qualifications.~~ 13. Examiner qualifications. Examiners whose work is to be considered consistent with the requirements of this Model Policy shall have completed a basic course of polygraph training at a polygraph school accredited by the APA or meet other training, experience, and competency requirements for professional membership in the APA.

~~14.1. Specialized training.~~ 13.1. Specialized training. Examiners shall have successfully completed a minimum of forty (40) hours of specialized Post-Conviction Sex Offender training that adheres to the standards established by the APA.

~~14.1.2. Continuing education.~~ Continuing education. Examiners shall successfully complete a minimum of thirty (30) continuing education hours that are recognized by the APA every two (2) years.

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