

**RECOMMENDED GUIDELINES FOR CLINICAL
POLYGRAPH EXAMINATIONS
OF SEX OFFENDERS**

**THE JOINT POLYGRAPH COMMITTEE ON
OFFENDER TESTING
(JPCOT)**

**TEXAS ASSOCIATION OF LAW
ENFORCEMENT POLYGRAPH
INVESTIGATORS (T.A.L.E.P.I.)
CO-CHAIR**

**TEXAS ASSOCIATION OF
POLYGRAPH EXAMINERS
(T.A.P.E.)
CO-CHAIR**

**APPROVED BY THE JPCOT
FEBRUARY 2, 1998**

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PREFACE

In recent years, polygraph examinations have become an integral part of many assessment/monitoring programs utilized by Registered Sex Offender Treatment Providers (RSOTP's), probation and parole officers (PO's), and court officials. According to the 1994 Council on Sex Offender Treatment (CSOT) survey, 41% of RSOTP's in Texas currently use the polygraph as a treatment component. Today, it is estimated that 49% or more of the counties in Texas utilize the Clinical polygraph (Margaret Griffin, Hunt County CSCD, Texas Survey, 1996).

Being aware of the increasing use of Clinical polygraph examinations with sex offenders, on September 9, 1994, the CSOT formed the Clinical Polygraph Committee to work jointly with a representative group of Texas Polygraph Examiners to propose recommended guidelines. Through a series of meetings and conference calls, these Guidelines were developed. They were initially endorsed by the CSOT on January 27, 1995, and by the Texas Polygraph Examiners Board (TPEB) on April 13, 1995. One revision was completed in July 1996 by the JPCOT. A second revision, with the addition of Appendix A and B, was completed in October 1997. This publication was adopted at a meeting of the JPCOT in Dallas, Texas on February 2, 1998 and includes all recommendations and suggestions made through that date. These Guidelines are a product of the JPCOT.

The Joint Polygraph Committee on Offender Testing (hereafter The Joint Committee or JPCOT) prepared these Standards. This Joint Committee's membership includes representation from: the Council on Sex Offender Treatment (CSOT), the Interagency Advisory Council (IAC) of the CSOT, the Texas Polygraph Examiners Board (TPEB), the Texas Association of Polygraph Examiners (TAPE), the Texas Association of Law Enforcement

Polygraph Investigators (TALEPI), and the Texas Association for Sex Offender Treatment (TASOT).

The members of the JPCOT feel that it is important to recognize that with any powerful treatment tool there exists a potential for misuse. A critical point of understanding concerning the Clinical polygraph is that it is a diagnostic tool. The polygraph examination's utility, i.e., its ability to obtain information, is a separate issue from forming diagnostic opinions that are scientifically valid, reliable, and defensible. By emphasizing the use of methods with established validity and reliability, the Guidelines seek to protect examinees, RSOTPs, supervision specialists, and polygraph examiners.

The JPCOT recommends that the Guidelines be followed by any polygraph examiner conducting Clinical polygraph examinations of sex offenders for RSOTPs, supervision specialists, or under order of the Courts. The JPCOT believes these Guidelines allow competent examiners to maximize utility without sacrificing procedures necessary for accuracy.

The term "Guidelines" hereafter shall be interpreted to mean the most recent published "Minimum Guidelines for Clinical Polygraph Examinations of Sex Offenders" that have been approved by vote of the JPCOT.

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JOINT POLYGRAPH COMMITTEE ON OFFENDER TESTING (JPCOT) 1998--

Committee Roster

Andy Sheppard, B.A., Co-Chair
Representing the Texas Association of Law Enforcement Polygraph Investigators
350 West IH 30
Garland, TX 75043
Ph. 214-861-2186 Fax 214-861-2187

Bryan Perot, Co-Chair
Representing the Texas Association of Polygraph Examiners
500 Cedar Ridge
Pflugerville, TX 78660
Ph. 512-251-6107 Fax 512-251-6524

Deborah Moore, M.A., LMSW-ACP, LPC
Representing the Texas Association of Sex Offender Treatment
1174 Country Club Ln.
Ft. Worth, TX 76112
Ph. 817-496-9796 Fax 817-496-3239

Steve Scales, B.S.
Representing Community Supervision & Corrections
651 East 18th St.
Plano, TX 75074
Ph. 972-881-3036 Fax 972-881-3110

Patti Dobbe
Representing the Texas Department of Criminal Justice-Parole Division
8610 Shoal Creek
Austin, TX 78758
Ph. 512-406-5302 Fax 512-406-5366

Resource Participants

Frank DiTucci
Executive Officer, Texas Polygraph Examiners Board
P.O. Box 4087
Austin, TX 78773
Ph. 512-424-2058 Fax 512-424-5739

Grace L. Davis, LMSW-ACP
Executive Director, Council on Sex Offender Treatment
Texas Dept. Of Health
1100 West 49th Street
Austin, TX 78756-3183
Ph. 512-834-4530 Fax 512- 834-6677
E-mail: csot@licc.tdh.state.tx.us

Ex-Officio Member

Eric J. Holden, M.A., LPC
Behavioral Measures & Forensic Services, L.L.C.
13140 Coit Rd. #411

Dallas, TX 75240
Ph. 972-437-4597 Fax 972-437-2180

(B)

**THE FOLLOWING PROFESSIONALS WERE INVOLVED IN THE DEVELOPMENT OF THESE
GUIDELINES, IN THE FORMATION OF THE JPCOT, AND IN FURTHERING THE GOALS
AND OBJECTIVES OF THESE GUIDELINES AND THE JPCOT.
1994-1997**

(Organizations represented noted in parenthesis)

**Eric J. Holden, M.A., LPC
Co-Chair (TAPE)
Dallas, TX**

**David Cory, ACSW, LMSW-ACP
Co-Chair (CSOT)
Abilene, TX**

(The following are listed in alphabetical order)

**Tom Burditt, ACSW, LMSW-ACP
(Interagency Council {CSOT})
Austin, TX**

**Cecelia McKenzie
(Interagency Council {CSOT})
Austin, TX**

**Ron Burks, LMSW-ACP-LCDC
(TASOT)
Wichita Falls, TX**

**Charles McMurrey
(Community Supervision & Corrections)
Angleton, TX**

**Michael Chimarys, MS., JD
(TAPE)
Houston, TX**

**Deborah Moore, M.A., LMSW-ACP
(TASOT)
Ft. Worth, TX**

**Captain Michael C. Gougler
(Texas DPS)
Austin, TX**

**Lt. Gordon W. Moore
(Texas DPS)
Austin, TX**

**Vivian Lewis Heine, LMSW-ACP, RSOTP
(TASOT)
Austin, TX**

**Bryan M. Perot (Ex-Officio Member)
(Texas PEB)
Austin, TX**

**Kelly Hendricks, B.S.
(TALEPI)
Humble, TX**

**David G. Raney
(Community Supervision & Corrections)
Houston, TX**

**Stuart Irvin
(TALEPI)
Waco, TX**

**Norma Reed, LMSW-ACP
(TASOT)
El Paso, TX**

**Dennis Johnston
(TALEPI)
Austin, TX**

**Irma Rodriguez
(TALEPI)
San Angelo, TX**

**Kathy Kampschroeder-McReynolds
(TAPE)
Ft. Worth, TX**

**Lt. Andy Sheppard
(TALEPI)
Garland, TX**

**Eliza May, LMSW (EX-Officio Member)
(CSOT)
Austin, TX**

**Richard Wood
(TAPE)
(C)
Arlington, TX**

MINIMUM GUIDELINES FOR CLINICAL POLYGRAPH EXAMINATIONS OF SEX OFFENDERS

SECTION A JPCOT MISSION AND OBJECTIVE

The mission of the JPCOT is:

To establish Guidelines for polygraph testing in the comprehensive management and treatment of post-conviction sex offenders for the purpose of enhancing public safety.

To accomplish this mission, it is the objective of the JPCOT to:

- 1. Provide guidelines for training polygraph examiners who engage in Clinical polygraph testing; and,**
- 2. Encourage and develop ideas and research issues in the area of Clinical polygraph testing; and,**
- 3. Serve as a professional contact for polygraph examiners and other professionals involved with post-conviction sexual offenders.**

Disclaimer:

The JPCOT does not hold itself to be a certifying entity, nor does it guarantee that any person who engages in Clinical polygraph testing is following the most recent JPCOT Guidelines.

SECTION B DEFINITION

Clinical Polygraph Examination (CPE) means the employment of any instrumentation complying with the required minimum standards of the Texas Polygraph Examiner's Act and 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 Clinical polygraph examination is specifically intended to assist in the treatment and supervision of sex offenders. "Sex offender" has the meaning assigned by Section 1 (4) (A), (B), or (C). Chapter 462, Acts of the 73rd Legislature Regular Session 1993 [Article 4413(51) V.T.C.S.]

**SECTION C
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 the 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)
- 2. 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.**

SECTION D 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 (see Section C, 2A).**

 - B. Eight (8) hours of specialized training recognized by the JPCOT (see Section C, 2B).**

SECTION E

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.**

SECTION F 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, GSR, mechanical or electronic cardiograph, etc.**
 5. **Applied sensitivity units and sensitivity checks;**
 6. **Applied mm of air pressure;**
 7. **Kymograph checks;**
 8. **Pneumograph leak checks;**
 9. **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.**

SECTION G 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.

SECTION H 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:

1. 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 (comparison, see Appendix A, page 27) 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. (see Section H, No. 5)

B. Type of CPE's by Time Frames:

1. 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.

2. **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.
3. **The Maintenance/Monitoring Tests** refer to the time frame from the date of the conviction to present date.
4. "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:

- a. Simple and direct, and as short as possible.
- b. Should not include legal terminology (sexual assault, fondling, rape, incest, etc.). This terminology allows for examinee rationalization and utilization of other defense mechanisms.
- c. The meaning of each question must be clear, not allow for multiple interpretations, and should not be accusatory in nature.
- d. Should never presuppose knowledge on the part of the examiner.
- e. Should not use language that "Crosses the Time Barrier"; i.e.

- ever.
- f. **Should use language easily understood by the examinee.**
- g. **Must be clearly and easily answerable yes or no.**
- h. **Should avoid the use of any emotionally laden terminology**
(i.e. **molest**).

SECTION I
SPECIFIC SEX OFFENDER POLYGRAPH
EXAMINATION
Purposes and Time Frames

1. DISCLOSURE EXAMINATIONS (Two Types):

Type A. Disclosure Examinations for the Instant Offense:

- 1. This specific issue examination is utilized to determine if the examinee 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. Specific information about the instant

offense(s) should be known to the examiner before conducting this test.

- 2. 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 examinee is already under court supervision in order to enhance the effectiveness of treatment and supervision programs only.**

Type B. 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 examinee 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, these test 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 examinee; for example, those issues prior to the date of conviction identified by therapists or

others on sexual history questionnaires. Disclosure examinations and admissions about sexual histories are relied upon by therapists, court officers, attorneys, supervision officials, and others on the team in the development of appropriate supervision and treatment goals and programs.

2. MAINTENANCE/MONITORING POLYGRAPH EXAMINATIONS:

- A. 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 probation and/or the commission of additional sexual offenses, yet unidentified, while on probation or parole." (Abrams, *Polygraph Testing of the Pedophile*, 1993). Results of these examinations are meant to assist treatment providers and supervision specialists in developing individual treatment and supervision strategies, and in assessing risk while on probation.**
- B. 1. 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 a child forbidden by supervision regulations during the period of supervision**
- 2. Maintenance examinations may cover other probation/parole issues or treatment issues (i.e. violations of rules).**
- C. Maintenance/Monitoring polygraph examinations are particularly useful in reducing the probability of recidivism, but caution should be taken to recognize the necessity of adhering to professional standards and these Guidelines.**

3. **Selection of the target issue to be investigated during each particular session (Disclosure type or Maintenance/Monitoring type) should be made by the examiner in conjunction with the RSOTP and/or the supervision specialist.**

**SECTION J
COMPLIANCE WITH THE POLYGRAPH EXAMINERS ACT
(ARTICLE 4413(29CC)V.T.C.S.)**

All examinations conducted by examiners under these Guidelines must be conducted in full compliance with all rules, regulations, and statutory requirements of the Polygraph Examiners Act, State of Texas. Nothing in these Guidelines is intended to or may replace compliance in any way with the requirements of the Polygraph Examiners Act.

In addition, polygraph examiners should obtain in writing at the beginning of each examination session, the examinee's written authorization regarding the release of information, and regarding any and all admissions, statements, and opinions resulting from that examination session.

NOTICE TO CONSUMERS

**The Texas Council on Sex Offender Treatment
Texas Dept. Of Health
1100 West 49th Street
Austin, TX 78756-3183
(512)834-4530 - Fax (512)834-6677
E-mail: csot@licc.tdh.state.tx.us
Website: <http://www.tdh.state.tx.us/hcqs/plc/csot.htm>**

**The Texas Polygraph Examiners Board
5805 North Lamar Boulevard
P.O. Box 4087
Austin, TX 78773
(512)424-2058 - Fax (512)483-5739**

This Board and the Council have jointly endorsed the "Recommended Guidelines for Clinical Polygraph Examination of Sex Offenders". These voluntary Guidelines were endorsed by both State Agencies for the purpose of educating courts, supervision personnel, treatment providers and others regarding the administration of Clinical polygraph examinations utilized in the treatment and monitoring of sex offenders. Much of this document involves professional industry standards and does not necessarily carry the weight of current Texas law.

The Texas Polygraph Examiners Board is the licensing and regulatory authority for the Texas Polygraph Profession. This Board has a statutory mandate to investigate consumer complaints and initiate disciplinary action against licensees for violations of the Texas Polygraph Examiners Act [Article 4413(29cc)V.T.C.S.] and the Board's Rules and Regulations. Any complaints regarding Clinical polygraph examinations that are not applicable to the Act or the Board's Rules and Regulations should be referred to the JPCOT or to an appropriate State and/or other Association of polygraph examiners.

The CSOT is the regulatory authority for RSOTP's in Texas and works closely with the TPEB.

APPENDIX A

The JPCOT Guidelines have recommended that "Clinical polygraph examination" procedures will be limited to those professionally utilized techniques that are recognized by JPCOT.

Standardized procedures are critical for diagnostic accuracy and required by JPCOT because, if everything is done properly in conducting the interview, structuring the questions, and utilizing the proper test format, diagnostic opinions rendered from the use of that procedure can be defended as both valid and reliable. Standardized procedures have been "validated" and defined as "reliable" from publications in professional and scientific journals. The JPCOT has defined four (4) standards to recognize an examination technique as standardized. (see Section H)

Included in this appendix for review, documentation and defensibility of test procedures are cited reference sources documenting validity and reliability studies published in professional and scientific literature; a description of selected validity and reliability studies depicting their reported accuracy (hit) rates (Inconclusive deleted); and, examples of standardized test procedures reported in the scientific literature that are considered to be standardized. These procedures meet the defined standards of the JPCOT.

**PUBLISHED Validity & Reliability STUDIES
(SELECTED SURVEY)**

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N. Ansley, The Validity and Reliability of Polygraph Decisions in Real Cases, 19 Polygraph 169 (1990)

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THE VALIDITY OF POLYGRAPH DIAGNOSTIC OPINIONS UTILIZING STANDARDIZED ZONE COMPARISON TECHNIQUES AND CONTROL QUESTION TECHNIQUES

Validity refers to accuracy of diagnostic opinions. That is, how accurate is an examiner's professional opinion when it is concluded that an individual being tested is deceptive or non-deceptive to the relevant questions. While there are several types of validity that can be discussed, polygraph examiners are most concerned with issues of criteria validity. Criterion validity refers to how accurate is this test as a predictive technique (DODPI). These issues are addressed by studies that meet the scientific test for establishing polygraph's validity, and can be found in professional and scientific publications.

SOURCE: Ansley, N., "The Validity And Reliability Of Polygraph Testing", POLYGRAPH, Vol. 26, No. 4, 1997, Pages 215-239.

VALIDITY STUDIES REFLECTING ON ZONE COMPARISON TECHNIQUES

Author & Date:	Arellano, 1990
NDI Opinions:	18 of 18 for 100% correct
DI Opinions:	22 of 22 for 100% correct
Total of Opinions:	40 of 40 for 100% correct
Technique Evaluated:	Zone Comparison (Backster)

Author & Date:	Capps, Knill, and Evans, 1993
NDI Opinions:	2 of 2 for 100% correct
DI Opinions:	35 of 36 for 97% correct
Total of Opinions:	37 of 38 for 97% correct
Technique Evaluated:	Zone Comparison (DOD)

Author & Date:	Elaad and Schahar, 1985
NDI Opinions:	95 of 100 for 95% correct
DI Opinions:	73 of 74 for 99% correct
Total of Opinions:	168 of 174 for 97% correct
Technique Evaluated:	Zone Comparison (Backster) and CQT

(REID)

Author & Date: Mason, 1991
NDI Opinions: 1 of 1 for 100% correct
DI Opinions: 86 of 86 for 100% correct
Total of Opinions: 87 of 87 for 100% correct
Technique Evaluated: Zone Comparison (Army)

Author & Date: Matte and Reuss, 1989
NDI Opinions: 54 of 54 for 100% correct
DI Opinions: 60 of 60 for 100% correct
Total of Opinions: 114 of 114 for 100% correct
Technique Evaluated: Zone Comparison (Quadri-zone)

Author & Date: Putnam, 1983
NDI Opinions: 62 of 65 for 95% correct
DI Opinions: 219 of 220 for 99% correct
Total of Opinions: 281 of 285 for 99% correct
Technique Evaluated: Zone Comparison (Backster) and MGQT

Author & Date: Widacki, 1982
NDI Opinions: not available
DI Opinions: not available
Total of Opinions: 35 of 38 for 92% correct
Technique Evaluated: Zone Comparison (Backster)

VALIDITY STUDIES REFLECTING ON CONTROL QUESTION TECHNIQUES

Author & Date: Edwards, 1981
NDI Opinions: 356 of 363 for 98% correct
DI Opinions: 587 of 596 for 98% correct
Total of Opinions: 943 of 959 for 98% correct
Technique Evaluated: Various CQT_s evaluated

Author & Date: Murray, 1989
NDI Opinions: 18 of 21 for 86% correct

DI Opinions: 102 of 102 for 100% correct
Total of Opinions: 120 of 123 for 98% correct
Technique Evaluated: CQT (Arther)

Author & Date: Patrick and Iacono, 1987
NDI Opinions: 27 of 30 for 90% correct
DI Opinions: 51 of 51 for 100% correct
Total of Opinions: 78 of 81 for 96% correct
Technique Evaluated: CQT

Author & Date: Raskin, Kircher, Honts, and Horowitz, 1988
NDI Opinions: 27 of 28 for 96% correct
DI Opinions: 54 of 57 for 95% correct
Total of Opinions: 81 of 85 for 95% correct
Technique Evaluated: CQT

Author & Date: Putnam, 1983
NDI Opinions: 62 of 65 for 95% correct
DI Opinions: 219 of 220 for 99% correct
Total of Opinions: 281 of 285 for 99% correct
Technique Evaluated: MGQT (+ Backster Zone)

THE RELIABILITY OF POLYGRAPH TEST DIAGNOSTIC OPINIONS

Reliability refers to the ability to replicate or duplicate diagnostic opinions. Replication can occur by:

1. **Test - Retest Reliability** -- this refers to the consistency of opinions when an individual is examined and then reexamined by the same or a different examiner.
2. **Intra-Rater Reliability** -- refers to the consistency of opinions formed when evaluating a series of polygraph charts and at a later date/time reevaluating that same chart (blindly by the same examiner).
3. **Inter-Rater Reliability** -- this refers to the capability of two or more examiners to evaluate data and to form a similar opinion.

Reliability is a necessary part of establishing validity. The examination can be reliable but lack validity (accuracy); i.e. everyone can agree but be incorrect. However, a necessary part for establishing validity is the additional requirement to demonstrate reliability.

To meet the scientific test for diagnostic accuracy, therefore, polygraph diagnostic procedures must enjoy both validity and reliability. The following reliability studies confirm the ability to duplicate results or replicate opinions:

SOURCE: Ansley, N., "The Validity And Reliability Of Polygraph Testing", POLYGRAPH, Vol. 26, No. 4, 1997, Pages 215-239.

RELIABILITY STUDIES REFLECTING ON ZONE COMPARISON TESTS

Author & Date:	Arellano, 1984
NDI Opinions:	18 of 18 for 100% correct
DI Opinions:	22 of 22 for 100% correct

Total of Opinions: 40 of 40 for 100% correct
Technique Evaluated: Zone Comparison (Backster)

Author & Date: Capps and Ansley, 1992
NDI Opinions: 135 of 143 for 95% correct
DI Opinions: 226 of 229 for 99% correct
Total of Opinions: 361 of 372 for 97% correct
Technique Evaluated: Zone Comparison

Author & Date: Franz, 1989
NDI Opinions: 33 of 34 for 97% correct
DI Opinions: 47 of 47 for 100% correct
Total of Opinions: 80 of 81 for 99% correct
Technique Evaluated: Zone Comparison

Author & Date: Honts and Raskin, 1988
NDI Opinions: 8 of 10 for 80% correct
DI Opinions: 11 of 11 for 100% correct
Total of Opinions: 19 of 21 for 90% correct
Technique Evaluated: Zone Comparison (Utah-Directed Lie)

Author & Date: Matte and Reuss, 1989
NDI Opinions: 108 of 108 for 100% correct
DI Opinions: 120 of 120 for 100% correct
Total of Opinions: 228 of 228 for 100% correct
Technique Evaluated: Zone Comparison (Quadri-Zone)

RELIABILITY STUDIES REFLECTING ON CONTROL QUESTION TESTS

Author & Date: Buckley and Senese, 1991
NDI Opinions: 143 of 163 for 88% correct
DI Opinions: 159 of 172 for 92% correct
Total of Opinions: 302 of 335 for 90% correct
Technique Evaluated: CQT (Reid)

Author & Date: Elaad, 1985
NDI Opinions: 23 of 30 for 77% correct

DI Opinions: 23 of 30 for 77% correct
Total of Opinions: 46 of 60 for 77% correct
Technique Evaluated: CQT

Author & Date: Elaad and Kleiner, 1990
NDI Opinions: 30 of 33 for 91% correct
DI Opinions: 27 of 33 for 82% correct
Total of Opinions: 57 of 66 for 86% correct
Technique Evaluated: CQT

Author & Date: Honts and Driscoll, 1988
NDI Opinions: not available
DI Opinions: not available
Total of Opinions: 46 of 52 for 88% correct
Technique Evaluated: CQT

Author & Date: Jayne, 1990
NDI Opinions: not available
DI Opinions: not available
Total of Opinions: 92 of 100 for 92% correct
Technique Evaluated: CQT

Author & Date: Patrick and Iacono, 1987
NDI Opinions: 11 of 20 for 55% correct
DI Opinions: 48 of 49 for 98% correct
Total of Opinions: 59 of 69 for 86% correct
Technique Evaluated: CQT

Author & Date: Raskin, Kircher, Honts, & Horowitz, 1988
NDI Opinions: 19 of 22 for 86% correct
DI Opinions: 45 of 48 for 94% correct
Total of Opinions: 64 of 70 for 91% correct
Technique Evaluated: CQT

Author & Date: Ryan, 1989
NDI Opinions: not available
DI Opinions: not available
Total of Opinions: 218 of 255 for 85% correct
Technique Evaluated: CQT (Reid)

PROCEDURES MEETING THE DEFINED STANDARDS OF THE JPCOT

The following test formats are standardized and exemplify procedures (polygraph techniques) taught and recognized by JPCOT. It is recommended that these techniques not be utilized until the examiner has been formally trained in their applications and processes. Current literature, especially scientific publications, frequently describe control questions as "comparison questions". These terms may be used interchangeably.

MODIFIED GENERAL QUESTION TEST (MGQT) (Control Question Test)

1. IRRELEVANT
2. IRRELEVANT
3. RELEVANT (SECONDARY)
4. IRRELEVANT
5. RELEVANT (PRIMARY ISSUE)
6. CONTROL
7. IRRELEVANT
8. RELEVANT (SECONDARY)
9. RELEVANT (SECONDARY)
10. CONTROL

THE PROCEDURE FOR THIS EXAMINATION REQUIRES AT A MINIMUM TWO (2) PRIMARY SERIES AND ONE (1) MIXED SERIES. (REFER TO PROCEDURE PUBLICATIONS)

ZONE COMPARISON TEST QUESTION FORMAT

1. IRRELEVANT
2. SACRIFICE RELEVANT
3. SYMPTOMATIC

4. CONTROL QUESTION
5. RELEVANT (PRIMARY)
6. CONTROL (STRONGEST/BROADEST)
7. RELEVANT (PRIMARY)
8. SYMPTOMATIC
9. CONTROL
10. RELEVANT (SECONDARY)

THIS EXAMINATION FORMAT SHOULD INCLUDE AT A MINIMUM TWO (2) PRIMARY SERIES AND AT LEAST ONE (1) MIXED SERIES (ROTATED COMPARISONS).

**YOU-PHASE
(Zone Comparison)**

1. IRRELEVANT
2. SACRIFICE RELEVANT
3. SYMPTOMATIC
- C4. CONTROL
- R5. RELEVANT
- C6. CONTROL
- R7. RELEVANT
- C8. CONTROL
9. SYMPTOMATIC

THIS EXAMINATION FORMAT SHOULD INCLUDE AT A MINIMUM TWO (2) PRIMARY SERIES AND AT LEAST ONE (1) MIXED SERIES (ROTATED COMPARISONS).

**AIR FORCE MGQT SERIES (AFOSI)
(Control Question Test)**

Four (4) Question

1. IRRELEVANT

2. SACRIFICE RELEVANT
3. CONTROL
4. RELEVANT
5. CONTROL
6. RELEVANT
7. CONTROL
8. RELEVANT
9. CONTROL
10. RELEVANT

THE PROCEDURE FOR THIS EXAMINATION REQUIRES AT A MINIMUM TWO (2) PRIMARY SERIES AND ONE (1) MIXED SERIES.

SOURCE:DODPI

APPENDIX B
(SOURCE: DEPARTMENT OF DEFENSE
POLYGRAPH INSTITUTE, 1997)
STIMULATION TEST
(an example)

This Appendix (stimulation test example) is included with these Guidelines primarily for nonexaminers to understand their use and purpose. This is one of several acceptable processes and procedures that are utilized by examiners with polygraph testing; and, this is one of several examples of test procedures generally identified as Stimulation or Acquaintance Tests.

During the pre-test interview, it is explained to the examinee that the "acquaintance test" has several purposes. These purposes include allowing the examinee an opportunity to get use to the component sensors; allow the examiner to adjust the polygraph instrument to examinee's physiology; and to allow the examinee to become acquainted with the polygraph examination test procedures (how to begin a test; how the test is conducted; the examiner's voice; how to end a test, etc.).

The examinee is then asked to pick a number between "3 and 8" and tell the examiner what the number is (the reason for this numerical sequence is to ensure that there are two "padding numbers" before and after the number picked by the examinee). After verbally expressing their number, the examinee is asked to write their choice in the middle of a sheet of paper provided by the polygraph examiner. The examiner should tell the examinee that the number should be written one to two inches in height (large enough to be seen when placed on the wall in front of the examinee). After the examinee writes their number, the polygraph examiner then adds two to three sequential number before and after the

number written (key number) by the examinee (i.e., If examinee writes the number "4" the polygraph examiner would add number 1, 2, and 3 above the 4 and number 5 and 6 after the 4; or the examiner could add the number 2 and 3 above the 4 and 5, 6 and 7 below the 4). The Stim test consists of six numbers. There must be a minimum of two "padding numbers" after the "key number". Using this procedure, the "key number" can be in either the third or fourth position of the testing sequence. The piece of paper on which all of the numbers are written is then affixed to the wall in front of the examinee. Once the paper is affixed to the wall, the data collection procedures and examinee instructions are then provided by the examiner.

As an example, if an examinee picks the number 4, the data collections test sequence could be as follows:

THE TEST IS ABOUT TO BEGIN. PLEASE REMAIN STILL (X).

REGARDING THE NUMBER YOU WROTE (Preparatory Phrase), DID YOU WRITE THE NUMBER (Prefix Phrase) 1?

did you write the number 2?

DID YOU WRITE THE NUMBER 3?

DID YOU WRITE THE NUMBER 4?

DID YOU WRITE THE NUMBER 5?

DID YOU WRITE THE NUMBER 6?

THE TEST IS OVER. PLEASE DO NOT MOVE WHILE I TAKE THE INSTRUMENT OUT OF OPERATION (XX) (Note: The preparatory phrase is

asked only ONCE with the first question; however, the prefix phrase is asked with each choice/question).

During the pre-test interview phase, the above questions are reviewed with the examinee in the order they will be presented during the data collection phase, and the examinee is instructed to answer "NO" to each

question. It is explained to the examinee that by doing so, they are answering truthfully to five of the questions, but lying to one of the questions (key number).

When reviewing the questions, ensure the examinee verbally answers "NO" to each question. Also, ensure the examinee understands that s/he is lying when answering "NO" to the question regarding the number they wrote.

During the data collection phase, the acquaintance test is conducted like any other polygraph test.

One of the most important aspects of the stimulation test is the post-test interview phase. It is during this phase that the polygraph examiner must "SELL" the Stim test to the examinee. If accomplished properly, this will show the examinee the polygraph procedure works and it should also help to reinforce examinee's psychological set.