

Model Policy for Post-conviction Sex Offender Testing

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1. Model Policy. This Model Policy should be considered a description of recommended best-practices for polygraph professionals who engage in Post-Conviction Sex Offender Testing (PCSOT) activities. This Model Policy is intended to provide a basis for local programs developing or updating their PCSOT regulations, and does not attempt to address all aspects of PCSOT activities or policy implementation at the local level.
 - 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 local regulations should prevail. Examiners who work in jurisdictions and programs without local regulations should refer to this Model Policy as a guide.
 - 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. 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. This Model Policy should be reviewed and amended periodically in order to remain consistent with emerging information from new empirical studies.
2. Evidence-based approach. To the extent possible, this Model Policy relies 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. When an evidence-based approach is not possible, the Model Policy emphasizes face-valid principles pertaining to polygraph testing, field investigation principles and related fields of science. These include psychology, physiology, mental health treatment, forensic threat assessment, signal detection, decision theory, inferential statistics, and predictive analytics.
 - 2.2. Evolving evidence. In the event that evidence from future empirical studies reveals that the practice recommendations of this Model Policy are inconsistent with empirically based evidence, the evidence-based information should prevail.
3. PCSOT program goals. The primary goal of all PCSOT activities should be to increase public safety by adding incremental validity to risk-assessment, risk-management, and treatment-planning decisions made by professionals who provide supervision and sex-offense specific treatment to persons convicted of a sexual offenses.

- 3.1. Multidisciplinary collaboration. Examiners who engage in PCSOT activities should emphasize a multi-disciplinary or multi-systemic containment approach to the supervision and treatment of persons convicted of a sexual offense. This approach involves a collaborative effort among professionals from varying disciplines and systems including treatment providers, supervising officers, polygraph examiners, medical and psychiatric professionals, child-protection/family-services workers, and other professionals.
- 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 of interest to professionals who work with persons convicted of a sexual offense;
 - B. 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 that would alert supervision and treatment professionals to any escalation in the level of threat to the community or potential victims of sexual abuse.
4. Decision-support. Psychophysiological Detection of Deception (PDD) (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.
 - 4.1. Professional judgment. Polygraph testing and polygraph test results should not supplant or replace the need for professional expertise and judgment. When used as a basis of information for professional decision-making, polygraph test results should be used with consideration for their probabilistic value of the test.
 - 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, additional field or background investigation. Follow-up examinations may be completed on the same date as the initial exam, or they may be scheduled for a later date.

- 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. Event specific diagnostic/investigative exams 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.
 - 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.
 - 4.3.1. Examiners and mandated reporting. Examiners should follow local and state mandatory reporting laws.
 - 4.3.2. Other professionals and mandatory reporting. Examiners should remain aware that other professional members of the multi-systemic containment team may be subject to mandatory child-abuse reporting or other mandatory disclosure requirements.
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. Examiners should respect the rights and dignity of all persons to whom they administer polygraph examinations. Examiners should conduct all polygraphs with sensitivity and awareness to diversity.
 - 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 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).

- 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.](#) 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.
- 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 to the issue of concern should not be utilized in PCSOT programs. Truthfulness may be inferred when it is determined that the examinee has not attempted to engage in deception regarding the investigation targets.
- 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.](#) Examiners should not conduct more than five examinations in a single day,
 - 5.7.1. [Length of examination.](#) Examiners should not plan to conduct examinations of 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 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 should not conduct more than four separate examinations per year on 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 an initial or earlier examination.
- 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* journal or other peer-reviewed scientific journal. There should not be more than four (4) relevant questions per test series.

6. 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 include the following:
- A. 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 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 sexual behaviors such as exhibitionism, voyeurism, public masturbation, child - pornography, or other non-contact sexual behaviors.
 - C. Force (real or implied violence): includes any form of real or implied violence; physical restraint to prevent a victim from leaving, escaping or moving away from the assault; or threats of harm against a victim's family members or pets.
 - D. Coercion (non-violent): includes any non-violent means of gaining the compliance of a victim who expresses his or her reluctance to comply (e.g., bribery, threats to end a relationship, etc.).
 - E. Grooming (child grooming): includes any means of building trust or exploiting a relationship such that a victim tolerates an offense with a perception of complicity.
 - F. Manipulation: includes 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).
 - G. Relative (family member): includes aunts, uncles, nieces, nephews, children, grandchildren, parents, grandparents, brothers, sisters, cousins, or 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: refers to any brief or unanticipated 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: 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 any contact or activity with minors in a location where one cannot be seen or heard, and where others are not aware of one's presence or activity with a minor, and in which the activity cannot be monitored or observed.
 - L. Pornography: refers to the explicit depiction of sexual subject matter for the sole purpose of 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 the use of sexually arousing imagery, especially for masturbation purposes.
 - N. Sexual fantasy/erotic fantasy: refers to thoughts or patterns of thoughts, often in the form of mental imagery, with the goal of creating or enhancing sexual arousal or sexual feelings. Sexual fantasy can be a developed or spontaneous story, or a short mental flash of sexual imagery. .
 - O. 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.
7. Examination questions. Examiners should have the final authority and responsibility for the determination of 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 targets, or coaching the examinee in the mechanics, principles or operations of the polygraph test. Technical questions about polygraph should be directed to the examiner at the time of the examination. Examiners should advise community supervision team members and treatment professionals that it is appropriate to inform the examinee of the purpose or type of each examination.
- 7.1. Relevant questions. Relevant questions should pertain to a single frame of reference, which refers to the type of PCSOT examination. (See section 8.)

7.1.1 Content. Relevant questions should address behaviorally descriptive topical areas that have a common time of reference, which refers to the time-period under investigation. Content should bear operational relevance to actuarial or phenomenological 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. Relevant question construction should be...

- A. answerable by a “NO” without unnecessary mental exercise or uncertainty;
- B. 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, direct and easily understood by the examinee;
- D. time-delimited (date of incident or time of reference);
- E. free of assumptions of guilt or deception;
- F. free of idiosyncratic jargon, legal terms; and
- G. 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. Comparison questions should meet all common requirements for the type 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. Comparison questions should be structurally separated from relevant questions by either frame of reference or time of reference. Nothing in this Model Policy should be construed as favoring exclusive or non-exclusive comparison questions or as probable or directed lie comparison questions.

8. [Types of PCSOT examinations.](#) Examiners should utilize five basic types of PCSOT examinations: instant offense exams, prior-allegation exams, sexual history disclosure exams, maintenance exams, and sex 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.
 - 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 supervision team determines that accountability for the circumstances and details of the instant offense represent a substantial barrier to an examinee's engagement and progress in sex offense specific treatment.
 - 8.1.1. [Instant offense exam.](#) Examiners should conduct the Instant offense (IO) exam as an event-specific polygraph for examinees who deny any or all important aspects of the allegations pertaining to their present sex offense crime(s) of the conviction.
 - 8.1.1.1. [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.
 - 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.
 - 8.1.2. [Instant offense investigative exam.](#) When necessary, examiners should use the Instant Offense Investigative (IOI) 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 prior to victim clarification or reunification.

- 8.1.2.1. Instant offense investigative – examination targets. Examiners, along with the other members of the community supervision team, should select relevant targets from their concerns 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 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 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 lead to more accurate or satisfactory resolution of the investigation targets.
- 8.2. Prior allegation exam. Examiners should use the Prior Allegation Exam (PAE) 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.

- 8.3. [Sexual history exams I and II](#). Examiners should use two basic types of Sexual History examinations to investigate the examinee's history of involvement in unknown or unreported offenses and other sexual compulsivity, sexual pre-occupation, or sexual deviancy behaviors. Information and results from these examinations should be provided to the professional members 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 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.

- 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 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 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.
- 8.3.2.3 Sexual history exam I - testing approach. Examiners should conduct this examination as a screening examination. However, nothing in this Model Policy should be construed as to prohibit the completion of the Sex History I Exam in a series of more narrowly focused exams if this approach lends to more satisfactory resolution of the behavioral target issues.

- 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, 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 the use or creation of a hole or opening to view others for sexual arousal, including all attempts to use any optical technology optical devices (e.g., cameras, mirrors, binoculars, or telescope) to view others for sexual purposes.
 - B. 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 wearing loose or baggy clothing that allows one's 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, including taking or keeping undergarments (including other personal property or “trophy”) from relatives, friends, sexual partners, 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.

- D. Frottage/sexual rubbing, including attempts to sexually rub or touch others 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.

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, including any history of ever viewing, possessing, producing, using, or distributing pornographic images of minors (i.e., infants, children or teenagers under age 18) who were engaging sexual acts.
- B. Sexual contact with animals, refers to all sexual behaviors (including attempts) involving pets, (those belonging to the examinee or others) domesticated (farm/ranch) animals, or wild animals, whether living or deceased, and whether whole or dismembered.
- 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, including all incidents of following 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 without that person’s knowledge or permission,
- F. Use of a computer to solicit minors for sexual activities, including ever using a computer, the Internet, or any electronic communication device in attempt to solicit an underage person for sexual contact. It also includes ever engaging in online sex-chat or cyber-sex activities via IRC, Instant Messaging, Web Chat, email and/or any other electronic method.

- G. Masturbation or sexual acts in public places where one could be seen by others such as a vehicle, 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.
 - H. Online sex activities, including sex-chat, sex-games, and webcam sex activities; as well as on-line masturbation and/or tele-dildonic activities.
- 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 leads 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. Examiners should attempt to prioritize the investigation of behaviors in which the examinee denies any involvement. It may not be realistic to hope to know *everything* when an examinee admits to substantial involvement in sexual behaviors that may be an expression of sexual compulsivity or sexual preoccupation.

- 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.
- 8.4.1 [Maintenance exam - scheduling.](#) Maintenance Exams should be completed approximately each six to 12 months. Examiners should discuss with multidisciplinary team members the possible deterrent benefits of randomly scheduled maintenance exams for some examinees.
- 8.4.2. [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 of the terms and conditions of the probation or treatment 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.
- 8.4.2.1. [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.
- 8.4.2.2. [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.
- 8.4.2.3. [Examination targets.](#) Examination targets should include, but are not limited to the following:

- 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 or 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. 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.
- C. Physical contact with underage persons, which can include purposeful activities such as hugging, shaking hands, or playing together, and may also include unplanned or incidental physical contact. Examinees may or may not be subject to restrictions and reporting requirements in this area. Question 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 avoid an imbalanced loading of test target issues.

- D. Being alone or unsupervised 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.
- E. Sexual offenses while under supervision, 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 behaviors.
- 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.
- G. Use of electronic communication devices for sexual purposes, including computers cell phones, 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 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.

- 8.4.3. [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 rare 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.
- 8.4.4. [Maintenance exam - 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 Maintenance Exam in a series of more narrowly focused exams when that approach will lead to more accurate or satisfactory resolution of the investigation targets.
- 8.5. [Sex offense monitoring exam.](#) Examiners should conduct the Sex Offense Monitoring Exam (SOME) to explore the possibility 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.](#) 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 elevated because of information received by any member of the 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 the need for further testing to obtain a more diagnostic conclusion, a single-issue test format will be utilized. A single-issue Sex Offense Monitoring Exam can be expected to have improved diagnostic accuracy over a multi-issue (mixed issue) exam.
- 8.5.2. [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.
- 8.5.3. [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.

- 8.5.4. Sex offense monitoring exam - testing approach. Examiners should 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 exam when that approach will lead to more accurate or satisfactory resolution of the investigation targets. Examiners should use a single-issue technique when the Sex Offense Monitoring Exam is used to follow-up on a previously unresolved Maintenance Exam.
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. Examiners who engage in PCSOT activities should adhere to all generally accepted polygraph testing protocols and validated principles.
 - 10.1. 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. 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 review. The recording should be maintained for a minimum of three years. The recording documents the quality of the conduct of the testing protocol; documents the content and authenticity of the content of the information provided by the examinee, thus precluding possible future denials; and facilitates a comprehensive quality assurance review when necessary.
 - 10.3. Pre-test phase. Examiners should conduct a thorough pre-test interview before proceeding to the test phase of any examination. A thorough pretest interview will consist of the following:
 - 10.3.1. Greeting and introduction. Examiners should introduce themselves by their names and orient examinee to the examination room.
 - 10.3.2. Brief explanation of procedure. Examiners should ensure examinees have some information about the ensuing procedure and scope of testing prior to obtaining the authorization and release to complete the exam.

- 10.3.3. Informed consent. Examiners should obtain an 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 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.
- 10.3.4. 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. 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.
- 10.3.6. Structured interview. The examiner should conduct a thorough structured or semi-structured pre-test 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. 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. 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](#). Examiners should adhere to all generally accepted standards and protocols for test operations.
- 10.4.1 [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](#). Examiners should use an instrument that is properly functioning in accordance with the manufacturer's specifications.
- 10.4.2.1. [Recording sensors](#). The instrument should continuously record the following during the test: thoracic and abdominal movement, electrodermal activity, cardiovascular activity, and activity sensors. A channel that detects vasomotor responses or other validated data channels may also be recorded.
- 10.4.3 [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](#). Examiners employing a comparison question technique should conduct a minimum of three presentations of each relevant question. It is acceptable to conduct a fourth or fifth presentation in order to obtain a sufficient volume of interpretable test data.
- 10.4.3.2. [Question intervals](#). Question intervals should allow a reasonable time for recovery. For comparison question techniques, question intervals from stimulus onset to stimulus onset should not be less than 20 seconds. It is suggested that a time period between 25 and 30 seconds would be superior to the minimum time of 20 seconds.
- 10.4.3.3. [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.
- 10.5. [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](#). Examiners should employ quantitative or numerical scoring for each examination using a scoring method for which there is known validity and reliability, which has been published and replicated.
- 10.5.2. [Results – diagnostic exams](#). Test results for event-specific diagnostic/investigative tests should be reported as Deception Indicated (DI), No Deception Indicated (NDI) or Inconclusive (INC) / No Opinion (NO).

- 10.5.3. 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. 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. 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. 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 are not precluded from rendering an opinion that the examinee was deceptive (SR/DI) when the numerical scores 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. 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. Computer scoring algorithms should not be used to score examination data that is of insufficient quality for manual scoring.
- 10.6. Posttest review. The examiner should review the initial test results with the examinee, 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 interview may be done in collaboration with other treatment and supervision professionals.
11. Examination report. Examiners should issue a written report containing a factual and objective account of all pertinent information developed during the examination, including case background information, test questions, answers, results, and statements made by the examinee during the pre-test and post-test interviews.

- 11.1. Dissemination of test results and information. The polygraph examination report should be provided to the professional members of the multidisciplinary supervision team who are involved in risk assessment, risk management, and treatment/intervention planning activities.
 - 11.1.1. 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 team or as required by law.
 - 11.1.2. Communication after the exam. Following the completion of the posttest review, examiners should not communicate with the examinee or examinee's family members regarding the examination results except in the context of a formal case staffing.
- 11.2. Scope of expertise. Examiners should not attempt to render any opinion concerning the truthfulness of the examinee prior to the completing the test phase and test-data-analysis. Examiners should not attempt to render any opinion regarding the medical or psychological condition of the examinee beyond the requirement to determine suitability for testing at the time of the examination. Post-test recommendations should be limited to need for resolution of the behavioral targets of the examination within the scope of the examiner's professional capabilities.
12. 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. 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.
14. 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. 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.
 - 14.2. 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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