

Standard Guide for Clinical Psychophysiological Detection of Deception (PDD) Examinations for Sex Offenders¹

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1. Scope

- 1.1 This guide establishes procedures for conducting a clinical polygraph examination (CPE), to include, but not limited to, post conviction sex offender testing (PCSOT). This PDD model is specifically intended to assist in the treatment and supervision of sex offenders on probation, parole, or a deferred prosecution alternative.
- 1.2 This guide also applies to the conduct of clinical polygraph examinations for therapeutic purposes when requested by a presiding legal authority.
- 1.3 This guide directs that such examiners for this application are specifically trained in issues associated with supervision and treatment of sex offenders.

2. Referenced Documents

2.1 ASTM Standards:²

E2000 Guide for Minimum Basic Education and Training of Individuals Involved in the Detection of Deception (PDD) (Withdrawn 2014)³

E2035 Terminology Relating to Forensic Psychophysiology E2062 Guide for PDD Examination Standards of Practice

E2064 Guide for Minimum Continuing Education of Individuals Involved in Psychophysiological Detection of Deception (PDD)

E2163 Guide for Minimum Training Requirements for Examiners Conducting Psychophysiological Detection of Deception (PDD) Testing of Sex Offenders in Treatment, Probation or Other Similar Programs

3. Terminology

- 3.1 *Definitions*—Specific terms used in this standard are defined in Terminology E2035.
- 3.2 Specific terms within this guide found in Terminology E2035 are: clinical PDD examinations, disclosure over sexual history examinations, maintenance examinations over treatment issues, maintenance examinations over supervision issues, monitoring examinations, specific denial examinations over instant offense, and successive hurdles approach.

4. Significance and Use

- 4.1 Clinical PDD examinations refer to the employment of polygraph instrumentation for the purpose of detecting deception or verifying truthfulness of statements of individuals under court supervision, or in treatment for the commission of a sex offense.
- 4.2 Clinical PDD examinations are specifically intended to assist in the detection, treatment, or supervision of sex offenders.
- 4.3 Clinical PDD testing should be regarded as a decision-support tool intended to assist professionals in making important decisions regarding risk and safety assessments. Clinical PDD testing should not replace the need for other forms of behavioral monitoring or traditional forms of supervision and field investigations.

5. Clinical PDD Examiner Qualifications

- 5.1 Clinical PDD examiners shall meet the basic qualifications in accordance with ASTM standards in accordance with Guide E2000.
- 5.2 Clinical PDD examiners shall possess the necessary current certificate or license in accordance with their state statute or jurisdictional authority.
- 5.3 Examiners who conduct clinical PDD examinations shall successfully complete a minimum of, but not limited to, 40 h of specialized sex offender training in accordance with ASTM standards in accordance with Guide E2163.

6. Continuing Education

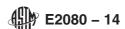
6.1 Clinical PDD examiners shall maintain continuing education in accordance with ASTM standards in accordance with Guide E2064.

¹ This guide is under the jurisdiction of ASTM Committee E52 on Forensic Psychophysiology and is the direct responsibility of Subcommittee E52.05 on Psychophysiological Detection of Deception (PDD).

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website

³ The last approved version of this historical standard is referenced on www.astm.org.



7. Frequency of Clinical PDD Examinations

- 7.1 The examiner shall not conduct more than four separate clinical PDD examinations per year on the same examinee.
- 7.1.1 Additional testing to resolve the initial issue(s), even if conducted on different days, is not considered a separate examination within the scope of the standard.
- 7.2 The examiner shall not conduct a clinical PDD examination of less than 90 min.
- 7.3 The following is the maximum number of examinations that shall be conducted by an examiner in any single calendar day:
- 7.3.1 The examiner shall not conduct more than three clinical PDD sexual history disclosure examinations in any single calendar day.
- 7.3.2 The examiner shall not conduct more than four clinical PDD maintenance, monitoring, or specific denial examinations in any single calendar day.
- 7.3.3 The examiner shall not conduct a combination of more than four clinical PDD examinations in any single calendar day.

8. Test Formats and Procedures

8.1 Clinical PDD sex offender examination formats shall be in accordance with ASTM standards in accordance with Guide E2062.

- 8.1.1 Whenever the results of a clinical PDD maintenance examination indicate the need for further testing to obtain a diagnostic conclusion, the specific issue test format will be utilized.
- 8.2 The examiner's report shall reflect a conclusion or opinion based solely on the polygraph results and the physiological data collected. The report shall remain free of any opinions or recommendations by the examiner regarding court supervision, incarceration, and treatment. This report shall remain as free of psychological language as possible.
- 8.3 All clinical PDD examinations of sexual offenders shall be recorded in their entirety. Audio/visual recording is the preferred medium.
- 8.3.1 All PDD documents and test data (to include recordings) shall be maintained for a period of not less than one year.

9. Keywords

9.1 clinical; disclosure; maintenance; monitoring; PDD; post-conviction sex offender testing; sex offender examinations; sex offender testing; successive hurdles approach

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