



**BACKGROUND MATERIAL**

**AZSOMB JUVENILE GUIDELINES AND STANDARDS SUBCOMMITTEE**

**May 14, 2026**

**DOCUMENTS RELATED TO USE OF POLYGRAPH**

**PROVIDED BY**

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# Youth Development Institute

## Polygraph Protocol

### Instant Offense

- Offense Summary Worksheet is handed out in Orientation Packet. This assignment should be completed and ready to present within 45 days of admission.
- OSW Presentation Meeting - Offense Summary Worksheet will be presented by the client with the Clinical Director, Therapist, Advocate or other staff as appropriate, and several peers picked by the clinical director. These peers will have maturity in the program and show the ability to hold their peers accountable to thinking errors and denial; they will also agree to confidentiality.
- Therapist must provide instant offense information (police reports, psycho-sexual evaluation, parent reports, etc.) to clinical director prior to OSW Presentation Meeting. The client's presentation will be compared to the known information. Once the presentation and ensuing discussion has been completed, it will be determined if a polygraph test is recommended.  
Reasons why a polygraph might be needed:
  - Indications of deceit about a significant concern (use of force, penetration, # of times abuse occurred).
  - A major discrepancy in the information provided by the client and the information found in the record.
  - Refusal by the client to engage in a dialogue about certain aspects of the offense.
- A Discharge Planning Meeting will occur once the OSW presentation has been completed, often during the same meeting. Only the therapist and clinical director will be present, along with the client, for this discussion. Information about the family makeup and future placements will be discussed to determine if a Sexual History Polygraph might be recommended for the future.

### Sexual History

- All clients will complete a sexual history packet. This will be provided to them around the time they begin working on chapter 3 of Pathways within 60-90 days of starting treatment.
- Clients will be educated about Arizona laws protecting them from further prosecution of disclosures made in treatment. Clients should also be reminded that if information is disclosed by any source after treatment is over that more charges/jail time/prosecution/etc. could result.
- Any and all additional victims that are disclosed by the client will be reported as quickly as possible to DCS and the police by the therapist in consultation with the Clinical Director, utilizing the YDI abuse report form.
  - Provide a copy of the abuse report to the Clinical Director.
- When appropriate, clients will share portions of their sexual history with their families in family therapy. This should only occur after therapists have adequately prepared the family for additional disclosures.
- Clients should be able to openly share information about their sexual histories in their treatment groups. They will not be required to share details of their sex offenses, but should be able to openly discuss who they abused.

- Sexual History Presentation – This could be done in the YDI clinical meeting or in a separate meeting with the Clinical Director and other Journey therapists. Clients will need to openly disclose information and answer questions about each of the identified victims and additional sexual behaviors that contribute to their future sexual risk. Information from this presentation will be used to determine if a sexual history polygraph test will be recommended.
- Reasons why a sexual history polygraph test might be recommended:
  - Younger children (potential victims) living in and around the home who may have been affected by the sexual behaviors.
  - Client being recommended to return to a home environment where younger children will be present.
  - Accusations or suspicions of additional unreported sexual contact from sources such as family, staff, police, DCS, etc.
  - Inability to openly answer questions about sexual behaviors (hostile, shut-down, evasive).
  - Indications that a client is withholding important information that would contribute to future risk.
  - Utilizing thinking errors such as denial, minimizing, or justifying while describing the offenses.
  - Any denial about known or reported offenses.
  - Exclusionary Criteria
    - Client cannot have any “severe” mental health symptoms.
    - Client must be 14 or older with a functional age-equivalency of 12 years.
    - Client must not be experiencing any active psychotic symptoms.

Maintenance

- Clients will openly participate in all programming, showing a pattern of honest interactions with others. In situations where clients are under constant adult supervision, polygraph testing may not be necessary. It may be recommended that maintenance polygraphs be given to address the following concerns:
  - A client who has had increased contact with a former victim after clarification/reunification procedures. This would ideally occur prior to the client returning permanently to the home environment.
  - Client being caught in, accused of, or admitting to engaging in sexual activity while in treatment.
  - Engaging in unsupervised contact with minors.
  - Being caught utilizing inappropriate sexual materials (pornography) or other social media that promotes sexualized behaviors.
  - Engaging in a pattern of secretive behaviors.

### Process for requesting a polygraph test

- Therapist and/or Clinical Director will present their clinical recommendation for a polygraph test, which will be discussed with the treating Psychiatrist. This may be done in a regular clinical meeting or a special meeting. The treating psychiatrist and Clinical Director must approve the use of the polygraph where clinically and medically appropriate. **This approval must be obtained and documented before the request for a polygraph is presented to the CFT.**
- Therapist must discuss the request and rationale for a specific polygraph with the client's CFT. The team should discuss:
  - Interventions that have already been tried
  - Client progress
  - Barriers to treatment progress
  - Suitability/exclusionary factors.
- If the team is in agreement, therapist should request a court hearing from the probation officer where approval for a polygraph test will be discussed. This can be a specific hearing for the purpose of requesting a polygraph or it can be part of an already scheduled review hearing.
- Therapist must include a request for the polygraph test in the written court report. The following information must be part of the written request:
  - What is the rationale?
  - What information is being sought after and how will it inform treatment?
  - What alternative methods have been used?
  - How will polygraph testing address current behaviors, risk factors, or treatment needs?
  - Provide a statement that the client does not meet any of the exclusionary criteria and is currently psychiatrically and physically stable to participate in a polygraph examination. Exclusionary factors include:
    - Diagnosis of psychotic condition (that is not currently stabilized)
    - Lack of contact with reality
    - DSM severity specifier of "severe" for any diagnosis
    - Presence of acute pain or illness
    - Presence of acute distress
    - Recent medication changes that negative impact functioning
    - Younger than 14 years old
- Attend court hearing and be prepared to present information about the need for a polygraph test. Permission to proceed with polygraph testing must be granted by the judge or commissioner in the court hearing.
- Once permission is granted by the judge, YDI Clinical Director will contact the polygraph examiner for a date to test.
- Official polygraph request form will be completed by therapist and signed by probation officer.
- SAF will be submitted by the probation officer and received prior to the testing date.

I am a child and adolescent psychiatrist who has been practicing in community psychiatry over the past twenty-five years. I have worked in a variety of setting including with youth in inpatient settings, also outpatient private practice, residential treatment, and with clients in group homes. Over the past ten years, part of my work has been with adolescent patients with sexual misconduct at a residential treatment center in Arizona. I did not seek out work with this patient population but had to address this need when a colleague left the program and a replacement psychiatrist was needed.

When I started the work I had apprehensions about the role that polygraph examinations play in treatment. Like so many others, I was aware that in the legal system, polygraphs can have their shortcomings and that they are not fool proof. Both false positive results and false negative results can occur. Over time and with experience treating hundreds of youth, I have a new appreciation for the role that polygraph examinations play for clients that are adjudicated for their sexual misconduct and then given immunity from further charges while completing sexual misconduct treatment. I have learned that polygraph examinations are only a part of treatment, yet can have a powerful effect on the treatment process. They are best used in combination with individual therapy, milieu therapy, a treatment workbook for overcoming sexual misconduct, group sessions, family therapy, psychodrama, psychological testing with risk assessments, psychopharmacological treatment (when indicated) and trauma-focused cognitive-behavioral treatment – TF-CBT (when indicated).

I have realized that clients with sexual misconduct problems often can have chaotic family backgrounds, may have been victimized themselves, and may have comorbid and complex psychiatric problems. These clients often have a tendency to keep their actions hidden – out of shame, desperation, fears of losing support, and often out of concern that it will be discovered that they had offended prior to the index offense and with other victims. THIS WAS A MAJOR REVELATION TO ME, AS MORE OFTEN THAN EXPECTED ADOLESCENT CLIENTS WITH SEXUAL MISCONDUCT CHARGES HAVE ENGAGED IN MISCONDUCT WITH OTHER VICTIMS, INCLUDING FAMILY MEMBERS, FRIENDS OF THE FAMILY, STRANGERS, AND EVEN PETS. IN MY OPINION, THESE ADDITIONAL VICTIMS DESERVE TO BE IDENTIFIED AND OFFERED TREATMENT, IF POSSIBLE. THIS PROVIDES AN ADDED MEASURE TO BRING THE ABUSE TO LIGHT AND START THE HEALING, AND PREVENT THE CYCLE OF ABUSE FROM CONTINUING.

Polygraphs act as an auxiliary super-ego or conscience to keep the client's past and present actions "closer to the light of day". With the use of polygraphs, deception is less of possibility and trust and support can be rebuilt or maintained. I find some clients can feel their self-esteem rebuilding as they learn to trust themselves to tell the truth, realize that people will support them even when their past sexual misconduct is revealed in its full breadth. Hope can be rebuilt.

In my role as a psychiatric provider, I have found that there are rarely any psychiatric contraindications to the use of polygraphs in this population. Even clients with severe mood disorders and psychotic conditions can manage the polygraph process, especially with a good therapeutic alliance with the team psychiatric medication treatment and a qualified, experienced polygrapher administering the exam. The clients that are not suited for a residential treatment program (intellectual disability, severe autism or severe lack of reality orientation, for example) are the same clients who should not be subjected to polygraph examinations.

When clients have had situational anxiety regarding the exam itself, they are allowed to use an antihistamine medication on an as needed basis for the exam. Rarely is this necessary, as often the individual therapist works with the client to prepare the client for the questions that will be asked so that there is less room for confusion and anxiety.

Even if the client has a cardiac rhythm disturbance they can still have the exam as part of their treatment. Less weight may be put on the specific electrophysiological response, and more weight on the content the client provides to the questions answered.

Even if a child has had a history of sexual abuse and has a diagnosis of Post-Traumatic Stress Disorder (PTSD), they can still manage the polygraph examination. In my opinion, the treatment planning process takes into consideration the client's history and risk of re-experiencing phenomena, such as flashbacks, and these are dealt with in individual therapy, including through the use of TF-CBT.

I would be very disappointed if the treatment process for clients with sexual misconduct is restricted by the courts from including the use of polygraphs as part of treatment. I would feel very disheartened if clinical decision-making was removed from therapists, psychologists, and psychiatrists and put into the hands of lawyers and judges. The legal system is honorable overall; although, I worry it is not prepared to handle this responsibility. To me it becomes a potentially unethical shift when care and treatment decision-making is moved from the clinical team and into the courtroom.

I am happy to discuss my perspective further with other providers, including those who share my concerns, but equally with those with dissenting opinions. This way the therapeutic, research and legal community can be united to provide the best care for this challenging patient population.

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(posted 11/18/19)

# Youth Development Institute

Phoenix, Arizona  
A Youth-Guided Approach

## Polygraph Experience Survey (n=168)

- My therapist helped me understand what to expect in a polygraph and to understand why it is important. **(92% agreed that their therapists were helpful.)**
- I was adequately prepared to take my polygraph. **(67% agreed that they were prepared. This is a 16% improvement from June 2016. 8% disagreed, indicating that they were not prepared.)**
- I would have told the entire truth to my therapist and my family without taking a polygraph. **(40% claimed they would have told the truth without a polygraph. 41% said they would *not* have told the truth.)**
- I felt like passing the polygraph helped build trust in my relationships. **(88% agreed that trust was built through the polygraph process.)**
- I think it was a negative and/or damaging experience to take a polygraph as part of treatment. **(31% answered neither. 59% disagreed, indicating that polygraph testing was *not* negative/damaging. 10% thought it was negative/damaging)**
- I was more honest in my disclosure because I knew I would be taking a polygraph. **(61% agreed that they were more honest because they knew they would be taking a polygraph test.)**
- Knowing that I will be taking a polygraph in treatment helps me to be more honest in my treatment. **(77% agreed, indicating that polygraph testing helps clients become honest in treatment.)**
- Knowing I will be taking a polygraph in treatment helps me make a decision to not engage in inappropriate behaviors in treatment. **(74% agree, indicating that polygraph tests keep clients from sexually acting out while they are in treatment.)**

## Polygrapher Surveys (n=89)

- The polygraph examiner helped me to understand how the polygraph testing process worked and answered my questions and concerns effectively. **(97% agreed)**
- I felt like I could be open and honest with the polygraph examiner. **(97% agreed)**
- I felt threatened by the polygraph examiner. **(97% disagreed)**
- I felt like the polygraph examiner was trying to help me succeed in my treatment goals. **(97% agreed)**

## Parent Surveys (n=23)

- I believe my teen would have told the entire truth to his/her therapist and myself without taking a polygraph. **(22% believed their teen would have been honest without the polygraph test.)**
- I feel like I developed more trust in my relationship with my teen after he/she passed a polygraph test. **(74% agreed that they developed more trust with their teen through the polygraph process. Nobody disagreed.)**
- I think it was a negative and/or damaging experience for my teen to take a polygraph as part of treatment. **(78% did *not* feel it was a negative experience. 13% felt it was negative/damaging.)**
- Knowing my teen will be taking a polygraph in treatment helps me to trust him more in my home and community. **(96% felt more trusting about having teens with sexual behavior problems in their community when they have taken a polygraph test.)**
- The polygraph test provided benefits for my teen and his family in the treatment process. **(87% reported that there were benefits in treatment from taking the polygraph test.)**

## J-SOAP II & Polygraph Study

- The J-SOAP II is a risk assessment for juveniles with sexual behavior problems. It is comprised of 4 scales, including an intervention scale. Scale 1 focuses on sexual history factors. The higher the score, the more risk.
- The average score on scale 1 rose from 6.25 to 7.94 (1.69 difference) after polygraph testing.
- 72% of J-SOAP II scores were different because of information gleaned from polygraph test.
- If risk assessments are going to be used to help with important treatment and supervision decisions, it is important that scores are accurate. **Polygraph testing can help develop more accurate risk assessments.**

## Client Interviews

- “Nothing harmful came from testing.”
- “Treatment hurts with or without a polygraph.”
- “You feel the same pressure as in taking a test at school.”
- “It felt good when I became honest. It was scary, but I realized they could help me.”
- “I felt free after taking a polygraph and being honest.”
- “Without a polygraph, you would not have to say anything. I would not have told my therapist the whole truth.”
- “I would still have been lying. Knowing I won’t get into further legal trouble helps.”
- “It would have taken a lot longer to be honest. Polygraphs pushed me to be honest. I would have never told the truth without it.”
- “I was able to develop the skill to be honest and open. It creates the skill and ability to be honest.”
- “It was the key to the gate of opening me up. Nobody is going to be honest without a push to do so.”
- “Being honest was the most important lesson I learned at YDI. Honesty is essential to being successful. Otherwise I would still be unsafe.”
- “It was a struggle, but it helped me. In the end it was rewarding. I learned to dig deeper into my problems instead of staying on the surface.”
- “It helped me to learn more about how I think and what I do when I’m in denial. It was a healing process. I didn’t feel forced.”
- “When your relationship is too good with your therapist you become worried about how they will think of you if you are honest.”
- “My relationships with my family were strengthened due to honesty. I’m able to say anything now to my mother.”
- “It was nice to be able to prove that I was being honest and that others could trust me.”
- “My brother was not a known victim at the beginning of treatment. Without the polygraph I would have continued offending on him because there wouldn’t have been the heightened precautions. . . Polygraphs harm enough to heal. The ends justify the means.”
- “I never thought that part of treatment would be questioned.”

## Parent Interviews

- “I believe a polygraph test for teens helps them to acknowledge their problems and teaches them that the truth matters.”
- “I feel that I can . . . come to a better decision because it gives (me) a chance to understand and know the truth and be able to help and know where to start.”
- “My son still struggles with passing his poly and its painful each time he has a failure but he would have no hope without the poly. He was able to lie and (make it) through.”
- “Polygraphs are very helpful. It helps them acknowledge their problems.”
- “It takes that weight off their shoulders and a lot of the aggression.”
- “It gets to the root of the problem.”
- “I had no idea how powerful it was to know the truth.”
- “When they don’t pass, that’s just more areas they need help in.”

## Case Studies

### Shaun

Shaun, a 16-year old client who was referred to inpatient treatment because of sexually abusive behaviors he engaged in with his 8-year old nephew, Allen. Shaun abused Allen approximately 20 times over a 3 month time period. Allen had reported that Shaun fondled his private parts and performed oral sex on him, most of these offenses occurring at night when Allen pretended to be asleep. Shaun openly admitted to the molestation charges and began the recommended best-practice treatment protocol for an adolescent male who molested a known younger family member. Shaun's situation looked hopeful as he displayed positive behaviors in the program and openly discussed his offense patterns with his therapist, all the while denying other victims. Shaun's situation appeared even more hopeful as the victim of the offense or any other younger children did not live in the family home. Shaun's family was anxious to get him home quickly because his assistance was needed to help care for two invalid grandparents living in the home.

Shaun was afforded a sexual history polygraph test as part of treatment and through the process it was discovered that he had ten additional victims: one of them being another younger victim and nine of them being older adults whom he had touched sexually when they were incapacitated or sleeping. Two of these adult victims were his invalid grandparents living in the home. Shaun performed multiple graphic sex acts on each of his grandparents while the other one watched. He knew that he would get away with the acts because neither of them was healthy enough to communicate what was going on. Because of a polygraph exam, pertinent information was discovered that allowed Shaun's treatment team to alter his treatment goals and discharge planning.

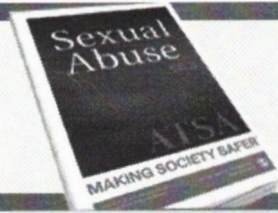
Despite the horrific nature of his crimes, Shaun was successful in treatment and eventually released back into the community with an accurate and extensive safety plan. He was not able to return to the home of his grandparents because of the riskiness of the situation, but was able to find an alternative placement that was safe for him. Shaun reported that he would have never talked about the additional sex offenses without being subject to a polygraph test and reported that he would have likely reoffended on his grandparents if he had been sent back to live with them. He was grateful for the benefit a polygraph test afforded to him in assisting him to focus on problematic sexual behavior problems that would have otherwise gone unnoticed.

### Jason

Consider the case of Jason. Jason had been referred to a therapeutic group home for sexually abusing his younger sister, Katie. Jason and Katie's parents immediately got their daughter into treatment with a victim therapist when they discovered the offending behaviors. Jason's parents had three additional younger children in the home and had some suspicions that Jason had abused his other siblings. However, the other children denied that they were abused and a treatment plan for family reunification was devised as Jason and Katie showed success in their respective treatment programs.

Jason completed clarification procedures with Katie and began home passes in preparation for returning home. A month prior to Jason's projected discharge date, he became suicidal and unsafe. After a suicide attempt he was referred to a secure inpatient treatment facility that could keep him safe as he completed his therapy. He was afforded a sexual history polygraph test in his new treatment program which uncovered information that he had sexually abused two of his other three siblings. With this new information, Jason's parents put their other two children into a victim treatment program where they disclosed that they were too afraid to disappoint the family further by openly admitting to their own sexual abuse. One brother, Kyle, said that when he heard Jason admit to the offense that it gave him the courage and permission to honestly discuss it with his therapist.

Jason uncovered the shame and guilt that he was experiencing due to his secrets, which allowed him to effectively work through the depression and suicidal ideation that he had experienced. After Jason showed some safety and stability, clarification procedures were able to resume with all the siblings. All members of the home were able to openly talk about the sexual abuse that happened in the home and were able to develop safety rules so that Jason could return home. Jason and his family report that they are grateful for the polygraph that he had to take, which helped everyone in the home to get the support they needed to heal from the sexual abuse.



# Sexual Abuse

**SAGE**  
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Thursday, January 17, 2019

## We never know where the next innovation will come from

By **David S. Prescott, LICSW**

I recently had the opportunity to provide training on the Good Lives Model and Feedback-Informed Treatment in a secure treatment center for adolescents. The program has been able to accomplish what others only dream of with kids deemed by the courts to need this intensive level of supervision and structure. After the training, I had the privilege of meeting with a number of treatment graduates as well as their student advisory board, an independent collection of students currently in treatment. I also toured the facility, observed people and situations, often beyond their full awareness, etc. Just imagine:

- In a program that serves well over 100 adolescents, they have not had to engage in physical management in over 560 days.
- As a part of eliminating physical management, they also reduced the number of staff injuries significantly.
- They present at national conferences on the methods they used to accomplish this remarkable feat. The short version is that it involves strong leadership, a philosophy of trusting kids to do the right thing under the right circumstances, and intensive in-house training on how to have a conversation with a distressed teenager and how to prevent appearing threatening.
- The program was an early adopter of trauma-informed care and has used trauma-focused cognitive behavioral therapy for the better part of a decade.
- They incorporate client feedback in a number of areas through the use of anonymous surveys. The process itself is further anonymized through the way staff members handle each survey.
- The student advisory board takes an active role in the hiring of staff and has actually contributed substantively, including accurately identifying candidates who were unfit to hire.
- Taken in sum, the program has worked like very few others to develop a "culture of feedback" in which its students are free to speak with staff at all levels about their doubts and concerns. They are able to do so without fear of retribution and with confidence that they will be taken seriously. In a large institution, this is itself a major accomplishment.
- The program tracks outcomes and finds that only a small number of its clients return to a similar or higher level of care. They break this data down further to identify which clinicians are more and less successful in this regard so that all can improve the services they deliver.

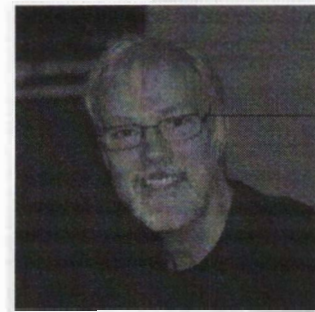
Although there are good and not-so-good youth-serving programs all around North America, what makes one of the biggest differences? This program uses the polygraph. Those familiar with my work know that I have long been sceptical of the polygraph with adolescents. As just one example, consider this post by myself, Kieran McCartan, and Alissa Ackerman from last year, in which we discussed how the success of an intervention can rise and fall on its implementation.

Kieran McCartan, PhD



Chief Blogger

David Prescott, LICSW



Associate blogger

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The Association for the Treatment of Sexual Abusers (<http://atsa.com/>) is an international, multi-disciplinary organization dedicated to preventing sexual abuse. Through research, education, and shared learning ATSA promotes evidence based practice, public policy and community strategies that lead to the effective assessment, treatment and management of individuals who have sexually abused or are risk to abuse.

The views expressed on this blog are of the bloggers and are not necessarily those of the Association for the Treatment of Sexual Abusers, Sexual Abuse: A Journal of Research & Treatment, or Sage Journals.

To a sceptic such as myself, this implementation comes as a refreshing surprise. From internal data collected, it is clear that the majority of clients are not only comfortable with the polygraph as it is implemented but endorse its use wholeheartedly. Comments from students who had nothing to gain or lose by being honest in interviews focused on how the process of using the polygraph helped them to be honest with themselves about their treatment needs. Inconclusive results were as likely to activate discussions in treatment as to the possible role of adversity and trauma in the backgrounds of the students as anything else. Policies are in place that firmly establishes its use as a treatment tool. In fact, to an outside observer like myself, it appeared that the program had worked to wrest polygraph processes away from professionals outside the program in order to implement its use in the context of the client-centered values described above.

Of course, some aspects of this program's polygraph use are clearly at variance with other implementations and deserve comment. I have personally worked with some polygraph examiners who should probably never work with adolescents. That is a fair enough statement, as I have also spoken with examiners who don't want to work with this population. Likewise, this program has no expectation that the polygraph will do anything except help teens to demonstrate to themselves or others that they are giving treatment, honesty, and meaningful personal change their best shot. Importantly, in the context in which these young people find themselves (entangled in the legal system and often at odds with their families), they are grateful for anything that helps them to get back on track quickly.

In addition to their consumer satisfaction and feedback measures, the program further uses these approaches to ensure that the polygraph is helping and not hurting any of the kids or their futures. Questions related to how comforting the examiner was to the child are at the forefront of questionnaires and clinical discussions; indeed, the students give specific feedback on the examiners themselves. Just as importantly, the polygraph is billed as something that confirms students' statements rather than catching them lying. Ultimately, there is no over-selling or misrepresentation of the polygraph; the students are aware that it is far from perfect, and this is evidenced in their feedback.

Ultimately, any intervention can do harm when misapplied. This is why we have practice guidelines and codes of ethics. I have personally witnessed polygraph examinations that were anything but helpful. Unfortunately, as with other agency settings, it is a very difficult process to obtain approval for research from the court system involved. For the time, it is limited to its own practice-based evidence. At the present time, the program is continuing to work to improve. For example, while a very considerable majority felt that the polygraph process had helped them to forge better relationships with others, a majority also felt that they could have been better prepared.

In all, I left the experience feeling that the real question is not whether the polygraph should be used or not, but rather how programs can best focus on all of the myriad elements that make up a solid, youth-guided intervention. Although I have no plans to change my own practice, this experience points to the obvious need for professionals to keep an open mind and not simply assume that any other professional is either wrong or in need of instruction.

The challenge for practitioners in the field ultimately has to do with balancing the promise of better futures with minimal risk of harm. Like many other aspects of treatment (e.g., disclosing past abuse without the polygraph, focusing on victim empathy), it can take years of teamwork to accomplish this.

Again, one never knows where the next innovation will come from.

Posted by SAJRT Blog at 10:45 AM



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The past 30 days have been a time of significant professional reflection. It is my understanding that ATSA presently has concerns regarding “significant limitations to the body of research related to the use of polygraph for adolescents who have engaged in sexually abusive behavior” and that “research suggests the use of polygraph does not decrease recidivism or address the efficacy of the polygraph in treatment goals and outcomes” (ATSA Adolescent Practice Guidelines 2017) and therefore no longer supports the use of a polygraph in assessment or treatment with adolescents who have engaged in sexually abusive behavior. I recognize the importance and focus of reducing recidivism rates and the incorporation of treatment guidelines to support current research, however, as a clinician of 20+ years who specializes in the treatment of the victims of childhood sexual abuse within the juvenile justice system, I have significant concerns with this proposal and other aspects in treatment interventions currently supported by ATSA. In addition, from a victim’s rights perspective, it is my professional opinion, that ATSA has failed to acknowledge the importance of a polygraph supporting victims and families of victim’s rights.

#### From a Victim Perspective:

Research has supported that” polygraph testing resulted in a significant increase in the number of victims disclosed” and “results suggest that polygraph testing may be used to gain additional information and potentially help to inform specialized treatment”. Van Arsdale, A., Shaw, T., Miller, P., & Parent, M. C. (2012 Spring). Research also suggests that through the use of a polygraph, 17% of adolescents who have engaged in sexually abusive behavior, disclose additional victims. Stovering, J., Nelson, W. M., & Hart, K. J. (2013) engaged in research surrounding the timeline of victim disclosures by juvenile sex offenders that suggested a “statistically significant increase in victims disclosed during the Assessment/Education phase (prior to the polygraph)”. I would concur with these results as often additional victims in the home are disclosed prior to the polygraph. However, I feel what is being missed is that often these disclosures (from my experience) are in anticipation of the polygraph as it supports a level of accountability and responsibility to the family system and the identified victim which is critical in the removal of trauma bonding and supporting victim and family healing.

Presently, there is limited research regarding the impact of polygraph identified victims and that there is presently a lack of research regarding the effects of compelled disclosure (i.e., disclosures resulting from being identified as a survivor due to mandatory reporting policies/laws). Specifically, concerns have been noted on using polygraph results for this purpose of identifying survivors who have “not disclosed being victimized for legitimate reasons, such as potential consequences within their families or communities“ (Prescott, 2010). I believe that this research (although not indicated) is more relevant to the adult population and not children victims. It is important to note, however, that identification of additional family members through the use of polygraph is to support concepts of additional needs in safety planning. My professional experience has been that often these victims are pre-verbal or are developmentally (prior to age 4 1/3) unable to verbalize the concept of what the safety violations implied. The

response in victim treatment is always to engage in safety planning and if the additional disclosed victim should engage in further disclosure, the victim's reference is supported. This practice is no different than how the initial identified victim's treatment is conducted. Information regarding the abuse history via police reports, forensic interviews, initial disclosure, caregiver report and juvenile polygraph are important to identify victims of sexual abuse. Victim treatment is always grounded within the victim's reference and if after psychoeducational safety planning is complete, there is no further disclosure, then nothing further is conducted. My experience has been, however, that upon introduction of safety planning (Good Touch, Bad Touch, Unsafe Touch and safety plan review of: say stop, run away, and tell), that victims often engage in a disclosure.

The use of a polygraph in adolescents who have engaged in sexually abusive behaviors support victims' rights via:

1. Supporting those victims that do not have a voice:

Research has always supported that the most vulnerable population for child victims of sexual abuse is under the age 7. This is primarily due to the developmental stage that supports moral and social development that occurs at age 7. Basically, children over the age of 7 are more likely to engage in a disclosure and tell. Children under the age of 7 are easier groomed and development of trauma bonds are stronger. Children who are developmentally under the age of 4 and verbal may demonstrate difficulties in formulating an understanding of the sexual abuse victimization. Preverbal children and children who cannot conceptualize and communicate the sexual abuse often demonstrate noted behavioral responses that are reflective of brainstem dysregulation as well as difficulties in simple social and relational aspects that support concepts of attachment difficulties. Those who specialize in trauma specific interventions are careful not to make a direct correlation as there are always multiple interpersonal traumas/ mental health attributes that could support behavioral responses. Verification of these victims through specialized treatment for adolescents that engage in sexually abusive behaviors / specifically the polygraph has supported this process over and over.

Case Example: I recently completed an intake on a 6-year-old identified victim (V-1) who was sexually abused by his 14-year-old sibling. It took approximately 10 months to adjudicate the offending sibling; whom was left in the home. Although the identified victim (V-1) remained safe (via use of a safety plan and parental supervision), his 2 ½ year old younger sibling was not and the level of this victim's abuse was reported to have been extensive (V-2). Approximately 2 years into the course of SMB treatment, it was disclosed via a polygraph that the 2 ½ year old V-2 (now 4 ½ years old) was an additional victim. As treatment was initiated for the secondary victim (V-2), it was disclosed that she in turn had engaged in abuse reactive behaviors with the new baby (V-3); who ironically is approximately 2 ½ years old. This is a clear example of significant sexual abuse within the family system. Without the polygraph disclosure, however, 2 victims would be untreated with the possibility (if undetected)

additional familial distress and a home environment that clearly would not support concepts of safety for any of the children.

Case Example: Identified victim (7 years of age) V-1. Step sibling (13 years old) adjudicated. Additional victims identified via polygraph; 15-year-old step sibling (V-2) and adoptive mother (V-3)- both were voyeurism with masturbation. In addition, polygraph identified step sibling (5 years old) V-4 and step sibling (4 years old) V-5.

Case Example:

Offending sibling (15 years old). Identified victim V-1 (10 years old sibling); who was highly dissociative with PTSD. Unidentified victim V=2 (12-year-old sibling) engaged in abuse reactive behaviors with Identified Victim 1- who again was highly dissociative and unable to engage in additional disclosure until V-2 was identified as a victim via polygraph. This was a turning point for the identified victim V-1 treatment as safety was finally supported. In addition, there were 2 additional identified victims via polygraph (5-year-old sibling) V-3 and 4-year-old sibling; V5. An additional sibling V-6 (7 years old) disclosed independently following identification of additional victims through offending sibling polygraph.

## 2. Supporting Families:

In more cases than not, family systems are shattered upon disclosure of sexual abuse victimization within the family of origin or extended family system. Caregivers and identified victims engage in a process very similar to the grief process; denial, bargaining, depression, anger, and at some point, acceptance that the abuse occurred. As many of us are aware, remaining in any component of the grief cycle outside of acceptance can be damaging and, in these cases, not just to the caregiver, but also to the family system. When I have the opportunity to initiate victim treatment at the onset of the initial disclosure, families are often in a state of denial. Justification and defending often takes hold and the sexual abuse is often labeled as “sexual exploration” or a behavior that is considered within a distorted “norm”. Caregivers are provided with psychoeducational support. Initially caregivers cannot consider the prospect of additional victims; even when behavioral responses for younger children in the home indicate there may be additional concerns. Furthermore, there is often a level of overt and covert shame that is projected to the victim. It is often not until the polygraph or preparation thereof when the additional victims or abuse is identified that the shaming induced on the identified victim subsides and family healing begins. It is here where removal of victim guilt and shame can be removed and fully supported by the family system.

Case Example: Identified victim (7 years old) V-1. Offending sibling (14 years old).

Family system focus was on offending sibling and his treatment needs and their own guilt and feelings of responsibility. As with many families (unfortunately, this has become more of the norm compared to 15 years ago), the identified victim did not engage in treatment services. Family system supported, however, victim disclosure of 1-time abuse. Upon preparation for a polygraph, it was disclosed that abuse was nightly and lasted over a course of 8 months. It was at this time that the family system sought treatment for the identified victim reporting a sense of betrayal from the victim for not engaging in further disclosure. Through the course of victim treatment, caregivers were provided psychoeducational support regarding concepts of guilt and shame as well as an understanding of the identified victim's dissociative responses during the trauma and post trauma. It was only through the additional offending sibling disclosure that his identified sibling was able to get the trauma-based treatment that she needed.

### 3. Additional thoughts:

As mentioned earlier, I have supported clarification / reunification processes for 20 years and only twice have I conducted these sessions at the family's request with adolescents who had aged out of ADJOC. The reason this is important to note is ADJOC does not engage in the use of a polygraph as a supportive assessment to treatment. Although in both instances, the family was supporting the reunification for a family event and holiday gatherings, both times the identified victim was quick to verbalize a lack of empathy, safety, or accountability / responsibility with concepts of power and control remaining. I will acknowledge that this may not be an ideal example as the offending youth were placed in ADJOC due to failure to engage in JSO terms of probation but I do believe the response does demonstrate importance of the polygraph not only for the offending sibling and the identified victim, but a family system who initially focused upon convenience needs and not the needs to the victim until an empowered response occurred via clarification whereas the contact was then declined by the identified victim and the family system.

### Conclusion:

Victim treatment success is supported upon three basic principles: 1. that the victim tells, 2. that the victim is believed when they tell, and 3. that the victim engages in treatment. Often with children developmentally under the age of 4, victim ability "to tell" has been removed. This does not negate the need for the victim to be "believed" or "engage in treatment". The use of polygraph has supported the identification of multiple additional victims. I could provide ongoing additional examples of this has been supported again and again not only from the perspective of additional disclosed victims and family system/ caregiver shifts from denial and cognitive distortions (justification, minimization), but also for the purposes of supporting the identified victim's treatment. Often through collaboration, additional information is obtained that helps support why victim treatment may have stalled. More times than not, this is a result of guilt, shame, or responsibility along with trauma bonding.

I am aware that there is discussion in general that a polygraph is often considered to be shaming and punitive by the juvenile justice system and treatment providers. In addition, there is discussion that SMB treatment providers may not establish a supportive therapeutic relationship with adolescents who engage in sexually abuse behaviors and that is why polygraphs are utilized. In general, that has not been my experience. Although there have been occasions when failure to pass a polygraph may have induced a punitive response by the juvenile justice system or SMB providers, this is not the norm. Within Maricopa County, I have had the honor and privilege to work with most of the juvenile treatment provider's in the juvenile justice system. Although it has been stronger sometimes than others, there has always been a collaborative effort between juvenile treatment providers, victim treatment providers, and the juvenile justice system. Although we each approach our clients from independent foundations, we all carry a passion to move children, adolescents, and families forward as new safe interpersonal relationships are formed built on safety, trust, and hope,

Sincerely,

A handwritten signature in black ink, appearing to read 'TOHM', with a stylized flourish at the end.

12/2/19

Tammy Ohm MS NCC LPC;  
Clinical Director  
Encourage Empowerment LLC