AZSOMB Juvenile Guidelines and Standards Subcommittee Meeting-20261112_203314UTC-Meeting Recording

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Go ahead and get started then. My name is Scott Naegele, Chair of the Juvenile Subcommittee of the Arizona Sex Offender Management Board. First thing we need to do is take a quick roll call.
Jenna Mitchell. Thank you. For the record, the date is...
On November 12th, and the time is 1:33 PM. Present is Chairman Naegele, Mr. Galaraneau.

Present.

Ms. Opheim.

Present.

Doctor Rivera.

+16*****38** 0:39
Present.

Jeena Mitchell 0:41
Thank you. And Judge Young.

Present.

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Okay. Mr. Chairman, you have a quorum.

Very good. I don't know that we need to spend an enormous amount of time on... Item number one, because we took, we had a discussion we've been working on and we took a vote last time to approve the juvenile guiding principles. So I don't know if there's a need for more discussion there or not.
Does anyone?

Mr. Chairman, Jenna Mitchell. DPS. So we did put it on the agenda just to review it since we made those changes live during your last meeting. We did approve it, but just wanted to give it to you with the changes in it in case there was any additional feedback before it went to the full board. And I do think that it would be best to recommend that we table that at the full board meeting on Monday.
so that you can confirm some of the reference materials in the document before the board.

So I guess I ask simply that if you haven't already looked at it to take a quick glance at it here while we're sitting here together. But like Jenna said, we are probably going to, as we did at the last large board meeting, table taking a vote on it, just so that we have a moment to re-review some of the reference materials and make sure that those that were there when we started have been cross-checked and or deleted or modified accordingly, before we ask the board to take a full vote on it. So I hope I'm making sense. Many of these footnotes are footnotes that existed from the template that we used from the state of Colorado. And we've been involved in a
process of refining these and altering these and changing language in these. I don't think substantively we've really changed any of the function of any of these different principles, but Jenna and I want to just make sure that
that in doing that, we haven't negated the appropriateness of the assigned footnotes, if that makes any sense. So we're probably going to take the time between now and not Monday's meeting, but the following larger board meeting to cross-check all these footnotes and make sure that they all still have applicability.

Mr. Chairman Jenna Mitchell again. I will draw your attention to, we added a glossary because of the definitions for the JSAB and MDT were fairly lengthy and it was hard

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to fit them within the body of the document in a way that was meaningful and not distracted to the content. So we added those as a glossary.

That's on page 10. Page 10 of the entire body of things that we had printed today, but page seven of this document.

And so what will the date be in that meeting that we think is going to be running the prime time?
Good Question.
So January date.
So it would be the February 22nd board meeting. February 22nd. Yeah, we do not have a full board meeting in January.

I thought Outlook was messing with my calendar. No, I'm fine not until February.

So okay, there's no January meeting date.

So since it's not ready for them. Well, actually, I'm sorry, this is the 14th. It would be ready for December 14th. I apologize. I was writing November off.
My apologies, December 14th would be ready for them absent any unforeseen circumstance, but we just want to exercise due diligence for.

And just so I can say this for the record, we have no idea how difficult or easy it's going to be to track down all these reference documents. I mean, we've devised a strategy and we have a plan to
To go about doing that, but um...
as is the case with many other things in this process. As we're learning, things are more complicated perhaps than we had all hoped for, but so that's the quest to be able to do that at the December meeting, but that's built on the back of having a chance to do some cross-checking.
So, unless there's something else anybody needs to say about that, I recommend we pass the baton to the folks at the AOC to...
First, talk about...
under item 2A, just kind of share with us whatever information you want to regarding specs and all that fun stuff.

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Or should we? You know, I don't, you know, I was thinking, I don't think there's any reason why people can't come sit up here. I don't know why. I'll just put one more chair over here. And I can move to the left if we need one more chair.
And we can, after we get our done part done, we can replace, you know, change.
Sure, sure, that's fine.
So you guys are here because we just wanted to make, as you know, we're trying to create a framework. We're trying to create a framework that has some absolutes and some room for people to make decisions based on cases and based on, you know, individual nuances. And before we went about finalizing that framework, it was recommended that you guys come and have this discussion with us so that we can make sure that it's inclusive of whatever we talk about today.

Yeah, sounds good. So what we decided to do was
And we tried to make this one fun flashy, but it's service specs are not that exciting. But we're just going to summarize a little bit of some of the major components and we'll let the crew experts come up and talk to you about what they do. But Brooke, do you want to talk about what the target population and the requirements are?
Sure.

If you want to introduce yourself first.

Oh, sorry.

Sorry. I'm Brooke O'Brien. I am one of the contract compliance specialists at the AOC.

And I'm Steve Sellover. I am the contracts manager at AOC.

All right, so in terms of our target population, these are juveniles adjudicated by the superior court for a sexually abusive offense or as ordered by the court. We do note that psychosexual evaluations are not for the purpose of determining sex offender registration status.
Our professional requirements are that only the licensed psychologists may conduct the clinical interviews, analyze and interpret the results of the psychometric testing, make recommendations, and write reports. Additionally, psychologists must be licensed by the Arizona Board of Psychologist Examiners.

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And all contractors must have experience and training in the field of sexually abusive behaviors, adolescent development, mental health, and juvenile justice. We do require two years of experience within the last five years. And then psychometric testing may be performed by qualified psychometrists only.

And the psychometrists, they are, they have their own qualifications, but they're separate from the psychologists on it. They handle like the assessment pieces of it, but they don't do any of the interpreting and administration kinds of stuff. Yeah, yeah, I think so.
Yeah, that makes sense.
And then I would just add that these requirements are reviewed by our contracts department at the time.
time of their application and then ongoing monitoring of these requirements is done by the compliance specialists.
So we have a general purpose, which is, of course, to assess and diagnose the juveniles, you know, their whole picture of their psychological condition. And then from that,
evaluation to create a report that really goes into risk factors, criminogenic risk needs, responsivities, and the appropriate interventions and what can be done to, you know, try to help them get back on track with healthy youth development. We also offer in the service code, in addition to the actual evaluation itself, we offer an addendum piece where if the clarifications need to be made or additional information about the original evaluation needs to happen, they can come in and do that. It doesn't necessarily include an interview, it's just more information to amend essentially the original report.
And if it's been done within 10 months of the original evaluation, we can also do an evaluation update. So again, we're not doing the full evaluation so much as just sort of updating it with new information that's come up since the initial evaluation that can be added to the report. So those last two specialized evaluations are not, you know, of course, they're not the full one. So it's a different pay rate if you're interested in the funding part of it. So they're, yeah, they're not going to be the same as the initial.
Of course, for obvious reasons. The evaluation update I believe should have, you might know this better than I do, that they should have an interview for the update.

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Typically they do include an interview. Oftentimes that's used for maybe a new complaint came in in the interim of between the time that they were interviewed or evaluated the first time and a disposition hearing or something similar to that.

Right.
So as mentioned, if we go to the next slide there, as mentioned in the previous slide about the purpose, again, the desired outcome is to have an evaluation, a comprehensive evaluation that really covers the gamut of a juvenile's behavioral health and emotional needs within their cultural context and to from that generate a report that may, oh, sorry, I skipped that part. They should also include the juvenile sexual history, specific victim profile, offense history, and risk of both the sexual and general delinquency to the community, in addition to those other things that they look at. The report would make shall make holistic treatment recommendations to address the risk, needs, protective factors, least identify the least restrictive level of care that matches the criminogenic needs and responsivity. So all the R&R part of that, which I'm sure they will talk about more. And then just to add on for the addendums, essentially the service outcomes is again to provide supplemental or updated information to those original reports. Again, as long as the timelines are being met, those might be relevant to a specific case. So that's kind of a general overview of what our description, service description is. And
We have two of our contractors here who we brought on at the beginning of this cycle, 2024. They've probably been here longer than that, maybe. But anyways, they've been kind enough to show up in person and just sort of present what they have. And there's another slide presentation we can probably switch to.
And we can have Dr. McGady, I think he's going to go first, and then we have Dr. Levitan who will follow him and give you their perspective from the folks on the ground who actually do the work.
We should come up together, if that's OK. Yeah, yeah.

So I'm Dr. McGady. I'm A psychologist here in town. I do a lot of psychosexuals for a lot of counties around the state. Dr. Levitan does as well. What I thought we would do is just kind of go through our process for the juvenile psychosexuals, talk about the risk and needs responsibility, and then answer any question you guys might have. And so really what we're looking at here is a comprehensive approach. So AOC, they have differentials between a comprehensive evaluation and a psychosexual

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evaluation. My approach to them is a little different. So when we do, when I do a psychosexual evaluation, I start with a comprehensive evaluation and then I add the sexual development piece onto the interview.
I had the sexual interest in cognitions and things like that to that evaluation. So they're pretty thorough. And we'll kind of talk about why we do that or why I do that. But really, we want to look at things that will address, we want to identify risks, needs that the juvenile has, and then the responsivity to treatment. And I'll have like a hypothetical case illustration that'll show you why we're looking at those in a more comprehensive fashion than just specific to the offense, the offensive behavior.
And so, yeah, let's go to the next slide. Really, and why, I guess, this is really the question, why do we take a different approach with adolescents? I don't really do adult ones, so I can't really speak to that, but primarily in one word, development. So we know that children are still developing, their brains are still developing.
A lot of what we see with research on juveniles that engage in problem sexual behaviors are that it's not really predatory type behavior. There are some, it's a very small section, but what we're seeing a lot of is adolescents that are developing normally.
They have hyper sexuality, they're high hormones, those kinds of things. And low social skills or some other developmental need where they engage in some of these sexual behaviors where it's not, I don't want to say it's not sexually driven because it's certainly sexually driven but it's not in an antisocial way.

Can I jump in first? Because I do adult sex offender evaluations as well. Juvenile sex offenders or allegations of sexual offense have more in common with other juvenile delinquent behaviors, like stealing a car, trespassing,
whereas than they do with adult sex offenders. So the thought that a juvenile who engages in sexual offending is on a pathway that's similar to an adult is, the research doesn't support that. We see more, as Dr. McGadey said, developmental problems like impulse controls, not thinking things through, being a dumb kid, whereas adults operate under a different kind of set. So that's why we can't use the same measurements, we can't use the same tools. And that's why we focus so much more of the comprehensive piece with juveniles, because we need to know their framework. We need to know where their brain is in the developmental cycle in order to target treatment that would be more effective.

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So this is my assessment battery. I primarily look at 5 domains, and really there's six, but the 6th one is not always there. So I included it with the risks. But I always start with cognition and learning. This is a big component. If we're talking about a young man or a young lady with an IQ that's 70 or below,
those are going to be problematic for treatment, right? If they have some significant reading levels. Most treatment programs for PSB with juveniles require our workbook base. So if we look at pathways, I think is one of the most common. Reading level for that ranges anywhere depending on the edition from 7th grade all the way up to 10th grade. And I can tell you, I've done comprehensives and psychosexuals for juvenile court since I think 2019 or 2020. It is very rare that I see a juvenile with a reading level 7th grade or higher. It's usually much lower.
Um...
Personality and mental health difficulties. I use the MACI. It's the Milan version, the adolescent version of the Milan.
I like the MACI because it's shorter than the other two. The other two that are really used are the MMPIA and the PAIA. In my experience, I use the MACI primarily because it's shorter. I can usually get a juvenile to give me legitimate answers on the MACI.

I mean, we have to worry about fatigue and their willingness.
Yeah, these, I would say these take probably...
four or five hours for a juvenile to come in to committee one. The MACI, I think, is 137 questions, something along those lines. The MMPIA is 300 and something. PAIA is somewhere between the two. So it's a lot. And we'll see a variety of mental health issues, ADHD being among the most common.
Mood disorders, disruptive mood dysregulation disorder, a variety of things that will impact treatment, impact their approach, impact their understanding of relationships, consent, those kinds of things. Trauma, we use the TSCC, TSCYC, and the TSI really depending on age. So sexual interest, we use the ABLE, the ASI2 is the one for the essentially juvenile boys and girls. And it's a pretty comprehensive one. It looks at trauma, what impact trauma has had on their outlook for re-offending or sexually offensive behavior. It also looks at sexual interests, both their conscious awareness of their sexual interests, as well as a measure beyond their conscious awareness, which is really helpful. Because in my experience, when a juvenile is pre-treatment and they

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come in for one of these,
Almost without question, without fail, Dr. McGady, I don't remember what happened. I blacked out. It just happened.
I don't know what happened, Dr. McGady. I just, my pants fell off. Like, I don't know, right? Those are really common responses. And so really what we're looking at is a lot of guilt and shame, right? Talking with adolescents about sex in general is awkward for most of them, right? And that's at the best of times. And usually these are not the best of times when we're doing those things.
So that's really helpful. The other three that I use, the Abel Becker Kaplan Adolescent Cognition Scale. These are 27 or 28 common, basically thinking disorders or distorted thinking that have been endorsed by juveniles that have engaged in problem sexual behaviors. This is a, it's an instrument that's really face valid.
you know exactly what you're pulling for when you're reading it. This one's really helpful in terms of just saying what they're going to admit to.
and seeing where they're at. The adolescent sexual card sort is, it's an interest, a sexual interest. It again is really face valid. So it has vignettes of genotype of sexual encounters. Most of them not appropriate. There are some healthy consensual ones. There's also some neutral ones.
And so usually, again, pretreatment, what I see is everything will be marked like really sexually turns me off. And there's, you know, some of them are neutral, like, hey, I'm playing basketball with my friends. So that here's some idea that, you know, they didn't really read it. The Phase sexual attitudes questionnaire I use really to get a a measurement of kind of their pool of knowledge regarding human sexuality. So it's an instrument that has 50 myths about human sexuality in general. It covers things like pregnancy, the menstrual cycle, birth control.

It's like sex ed.

Yeah, basically.
Just to see where they are.
Yeah, things like that. The J-SOAP is the risk assessment I use. It's really a way to measure dynamic and static risk factors as well as look at what is more delinquent type behavior versus what is more problem sexual behavior.
In my reports, I try to clarify this is not an actuarial risk assessment, meaning that if a kid scores a 40% on this thing, it doesn't mean there's a 40% chance that he's going

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or he or she is going to re-offend. It's just a way of looking at risk factors, looking at protective factors, to make meaningful comparisons of things. Scale 3 really is the one that's usually elevated. These are the pre-dreamer ones. So this is the one that I'm really most interested in when we do updates or when a kid's getting close to, when I get a call saying, hey,
We've got this kid, he's done with treatment. We need you to see him give us an updated risk assessment. Scale 3 is what I'm particularly interested in. Scale 4 is really more of an environmental or home stability piece. But scale 3 is really taps into a lot of those treatment things. Substance use, I use the SASI A3 and DAS 20.
If there if substance is involved in whatever happened, or it's something they struggle with.
Those are the ones, those are pretty much my instruments. Primarily, again, intellectual functioning, reading level, these are things that we really want to know in looking in terms of risk, needs, but also with this responsivity to treatment. So if a young man, for example, has a reading level in the second grade,
and he's put into an ILP level of treatment. It's primarily work-based. Yes, they have groups, but they're doing assignments out of the book in group. And then I get a report that this kid, hey, we need an update. This kid's not making progress in treatment, right? And so I'll talk with a therapist. I'll get
usually treatment summaries, update summaries on the monthly. And it'll say things like, hey, not making any, not making progress in treatment, not doing the work, not motivated. And then I'll look at it and that's the first thing I look for is, okay, is he capable of doing it, right? And so if his second grade reading level,
and his pathways is written at a 10th grade reading level, there's no way that kid's going to be able to do that, right? So we look at those. Most programs have an exclusion criteria if their IQ is 70, 69 and below, right? And so that's where we're getting into that intellectual disabled range.
But those are some of the things I'll look at on the cognition piece. 70 to 75, again, if we're looking at, you know, treatment may take, you know, anywhere from 6 to 9 months or 9 to 12 months, depending on the level of treatment. If our IQ is in that borderline range, 70 to 75, we may need to look at, you know, hey, if it's 6 to 9 months, moving that to 9 to 12 months. If it's
typically a 9 to 12 month program and they're in that 70 to 75 range, we may need to look at 12 to 15 months. That means some extra time on assignments, extra time to process it. Individuals with IQs in that range usually are very concrete. And so

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abstract concepts are going to take a lot longer.
Things like consent, understanding that consent can be withdrawn. That's a big, that's a really confusing thing for somebody who's really concrete. And then mental health stuff.
Kids that have ADHD, if they have poor impulse control, and they get in a situation that's sexually charged, or they get their first girlfriend, their first boyfriend, their first kiss, and they have butterflies, and those kinds of things. Those are things that aren't necessarily criminogenic in and of itself, but need to be addressed in the
and the treatment and safety plan.
Trauma, again, most of the kids I see in juvenile justice have some sort of trauma, whether it's they're having some trauma related stress or they've had some sort of traumatic experience, even if they're not having necessarily symptoms of trauma, distress, or PTSD. We know and research has shown that trauma has
long-term developmental impacts on how they outlook, relationships, caregivers.
And these are the, especially caregivers with their early neglect, mom and dad aren't there. These are the earliest examples of what a romantic partner is going to be. And so these can oftentimes be projected onto
Current relationships and things like that, so...
Social interests, I've kind of gone through those. Really, we're looking at what...
Uh...
what they like, what are they interested in. Interview is very invasive. These are the instruments that really help look at these. And so the ABLE I really like. Like I said, you can look at what they're reporting they enjoy or what they're interested in versus what was taken beyond their awareness. And so this, a lot of times what I'll see is where there's a juvenile struggling with their sexual orientation or maybe they have some attraction to same sex. This is where that'll come out at a lot of times. And so you sit down and you'll talk to them and you'll be like, hey man, what's going on with this? And then they'll say, well, I think I'm bi or I'm struggling or things like that. And so we need to take those into account.
Those are really important, especially if they're in a very highly religious household, if they're in a traditional gender role household. These kinds of things can certainly be problematic.
Attitudes and beliefs, those kinds of things.
The main, yeah, the main thing on this one, interest, and I put this under my report too. So interest in, interest does not necessarily constitute a prediction of offensive

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behavior. So if you, they have an adult version of this one, it's really common for adult males to have a sexual attraction to adolescent females, that doesn't mean they're going to offend. And so I'm pretty clear on that in my reports on this one. Same kind of deal. Some of the breakdowns on the age on the sexual attraction one or the sexual interest is problematic for younger kids. So one of the age ranges that they have, I think it's 6 to 13,
6 to 13.
And so this becomes a problematic if it's, you know, if the kid's like 12 and there's an offense, because he should be attracted to a 12 year old, he should be attracted to a 13 year old, maybe an 11 year old, depending on their development.
And so we have to take, though, again, one score doesn't necessarily constitute an issue. We want to make sure we're looking at this from a comprehensive or a holistic approach.
The JSOAP I talked about, it basically has four scales on it. Sexual problematic risk factors, what they call antisocial risk factors. These are general delinquency risk factors. These are more static. So you can have somebody that's
Uh...
Completed treatment, has done really well, and his elevation on scales one and two will probably not change. Scale 3 is really that dynamic risk factor. And like I said, for me, that's the one I really look at if somebody's coming out of treatment or they're saying, hey, he's completing treatment or she's completing treatment.
Scale 3 is where I would expect to see the most change. That's the dynamic factor. Again, it's not an actuarial probability. Attorneys really like to use this. Can't tell you how many times I've been on the stand. They're like, well, Dr. McGady, his overall risk level was 67. Just, that's a, it's going to, 67%, he's going to offend. No, that's not at all what that means. And so that,
That's a really common thing that we deal with. So one of the things I do in my reports is I really spell that out, like, hey, this is not an actuarial risk assessment. It's just a way of looking at these clinical areas and accounting for a projective factor.
So this is really how we make decisions. And so we start, this isn't mine, I would love to take credit for it. This came from ATSA, their risk needs responsivity. But essentially, the risk level, when we look at these risk levels, how much intensity of treatment, right? So a lot of times when we're working with juveniles, we'll have a juvenile with similar problematic sexual behavior, completely different risk levels. And so the example I always use is if we have a young man, two 15-year-

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olds, and they're
********** in public, one is on the autism spectrum, one is not, those are going to be two totally different approaches to treatment, especially if one is more self-soothing and one is more sexually driven, right? And so we want to look at the risk level and provide a proportionate recommendation for treatment and supervision based on what their risk and the safety formulation, right?
My, and this is probably my biggest pet peeve, I hate when I read a report and I see where it's just class categorized as high, moderate, or low. In my opinion, a risk formulation should essentially be a risk management plan. So hey, in the situation, this person is likely to engage in.
and difficult behavior, right? Low supervision, access to **********. supervised responses around younger children, siblings, those kinds of things. But so I definitely not a big fan of high, moderate, low needs, really what other factors are clinically relevant. And so this is not necessarily, again, these are not necessarily criminogenic in nature, but they have some impact on it.
These are reading level, mental health difficulties, ADHD, recent family changes, death of a parent, death of a sibling. Any of these things can certainly impact treatment. And then responsivity again. What is there that's in place, protective or other ways?
that will help us deliver the most effective treatment for this individual.
Yeah, so like I said, basically, you know, if we take two 15-year-old kids, similar behavior with different reading levels, right, their treatment responses are going to be different, significant symptoms of trauma, or if they don't have trauma, but they've been exposed to trauma and they have some developmental impact.
Those are going to change treatment outcomes or their approach to treatment.
And whatnot, so probably.
I guess the best example I could give you, I did a psychosexual I think last year on a female, a 12 year old female.
And hers was really a developmental issue. She had engaged in sexual behavior with her younger brother, who was five, and she was seven years older.
What drove this behavior was, she was...
Becoming A preteen, she had some questions about sexuality. Her mother had a history of sexual trauma and so avoided any conversation that was sexual in nature. So she, being a resourceful young woman, went to the internet, found a YouTube channel with a young lady who was in her early 20s.

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who provided all kinds of information about sexual content and sexual that would be appropriate for somebody who was a young adult. The one thing that she took away from this was, hey, if you're interested in sex and you're young, you don't want to engage in sex with somebody who's older.
You want to engage in sex with somebody who you love and who is younger. And so in her mind, her brother was the youngest person she knew and she loved him dearly. And so she engaged in sexual activity with the younger brother who had no idea what was going on.
and didn't have a clue why that that was wrong, right? And so putting a young lady like that into an offense-related group was probably going to do more harm than good. Places her at risk of victimization and deviancy training.
So I think I recommended for that one more sex ed, one-on-one counseling with a female therapist to address healthy sexuality in an age and developmentally appropriate way.
And I haven't seen her again, so I assume things went well, 'cause I usually don't see them if they, if they're doing well.
And then I think, really, the only thing that...
I would say is there's no one score that we can use to really give a risk level for a young person. We really have to look at this from a comprehensive standpoint with all of these factors in place.

Any questions on the part of anybody on the subcommittee?

I have a questions, I'm Judge Young from Yavapai County.

I thought your name looked familiar.

And so I obviously read a ton of your reports and I've appreciated kind of the holistic approach that you've taken to kind of pull all of this together to give me some good recommendations for what my kids need as far as treatment goes. And I just, as far as when you're doing the psychosexual for the court that's paid for by the AOC, how do you decide on which test to do?

Sure. So, like I said, I have a pretty standard battery. Most of these are, they're arguably gold standard for different areas, right? So, the IQP is pretty standard.

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Waste and Whisk are gold standards. KBIT, it's got...
like a correlation depends. If I have like 5 or 6, 13 scheduled, you're probably going to get the KBIT just because it's a timing thing. The RAT is really a, I wouldn't use it for diagnosing a learning disorder. If it's, you know, if the court wants to know, does this person have a learning disorder, I would use a...
A Wexler, it's a little more robust, but it gives us a essentially a reading level.
The MACI is really good in terms of identifying just mental health issues and also emerging personality features. So we know that adolescents don't have personality disorders, but they're developing this character. And so we can tap into that. And sometimes those are problematic or relevant for treatment.
Trauma, I think if you're going to do your due diligence as a psychologist, you have to give a trauma measure just depending on their age. The substance use, those are both gold standard for assessing substance use. And then I like the J-SOAP because it's free, you know.

It has a ton of research.

And it does have, yeah, it has a ton of research, but it's free. The ERASER I've not used. The static 99 is more of an adult one. It's not great. The reality is, is outside, when we're talking about sex-specific instruments,
There's really not a lot of great instruments for juveniles. It's one of the areas where the field of psychology is really lacking.

What are your guys' thoughts about the PROFESOR?

So we switched, at my practice, we switched from the ERASER to the PROFESOR because the author actually recommended that switch. I like it.

He actually didn't, but there's a lot to be said about that.

But to, in terms of risk assessment, it's not meant to be used, trying to remember what the actual language is, but it's not meant to be like a hard risk assessment kind of

Risk prediction scale.

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Exactly, like the J-SOAP or the statics or the stable, but it provides a lot of good clinical information, especially for the treatment need.
and where intervention can be the most effective.
So, I'm a fan, as long as it's used correctly.
So you do use it.

I use the JSOAP and the PROFESOR for my juvenile reports.

Questions ?

The vast majority of the ones that you do in juveniles, are they through the AOC contract?

No. So we do them at my practice too. So we get a lot of community referrals. So a lot of times what will happen,
because of my work with the courts or whatnot, I have a really good relationship with the probation officers. And so if we have one that comes through the community through Access, I can usually call the PO and they can't, sometimes they won't be able to release their police report to me or things like that. So what I'll have them do is the usually they're willing to go through it with me. And I find that to be helpful because most police reports where there's an identified victim will have a victim interview. And that's really more of what I'm interested in. Because you usually will get very little detail on the offense from the juvenile.
even after it's adjudicated or whatnot. I don't remember. Those are really common. And so getting that the victim's point or the victim's point of view on what happened is really important.
But I would say we turn a lot of the ones down at my practice out because they're pre-adjudicated or there's an open investigation.

It's hard to get good information when they know that.

Yeah, so a lot of times I'll request that they either, if there's an open investigation, we just won't do it. We'll say, you know, if there's charges, the court will point us out. You'll probably see me if you're, you know, if there's very few of us that do it. So

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There's a good likelihood you'll see me anyways, but you'll have some immunity from that or treatment stuff if you get charges, but we also see.
I guess.
Problem sexual behaviors, where they're wanting to know in the community.
is this a result, you know, is this something we should be concerned about, those kinds of things. And in those cases, I don't use the JSOAP. So if there's not an offense, like a quote un quote offense, I won't use the risk assessment.
I'll do, a lot of times what we'll do is what we call a psychosexual light, where if they're younger, if they're under 12 and there's some sort of sexually acting out, we'll do a pretty thorough comprehensive psychological evaluation, trauma history. We'll do a sexual development piece.
and those kinds of things, but we won't, I'll avoid giving like the offend, the cognition one.
And I'll kind of make that decision based on the interview, on when we do their sexual development, what their knowledge is. I think the danger in working with kids in this area is you don't want to educate them on stuff they don't already know. And so you want to guard against, you know, some sort of deviancy training and things like that. So- in those cases, I'll make the decision at the interview what we're going to do and those kinds of things.

So you like having the flexibility of kind of tailoring it depending on what you think the individual child is?

Certainly, yeah, for sure. Absolutely. I think the one thing when we're looking at juveniles is Assessment and treatment, we really look at the research. We have to fit assessment and treatment to the child, not the child to a one-size-fits-all to get the most accurate data.

I have a question. Do you have any experience using polygraph in your psychosexual evaluations?

I don't.

Feel that those differ from ones that don't.

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We use them for adults, but not for juveniles. Both ATSA and the Polygraph Association have recommended not using polygraph with juveniles.
But it is much more common with adults.

Yeah, I'm a polygraph examiner, so I've been doing it for about 25 years. So I was around, we used to do them as part of the evaluations. And I was just wondering if you had an opinion about them.

Do you know Eric Popolik?

I do. He did. He kind of interned with me.

He works out of my office, so he does our polygraph.

Uh, so, and I've seen seen that with polygraph and without polygraph.
Generally, my experience is, you get the evaluation, you do a polygraph, and a lot of evaluation falls apart just because so much information comes from new victims, victims in the home, other behaviors, and I know we did away with them in 2019 when Doctor Bumby.
Evaluated the juvenile system here.
I'm just curious as to hear.

So I've never used them. I think I started, I graduated and got licensed in 2016. I think I got on the AOC contract about 2019 when it went away. And so we're, I think that was the point where they said, hey, you're not allowed to do these anymore. So I've never used them.
I would say that I generally assume when we do a pre-treatment evaluation that we don't have all the data. And so I always recommend an updated evaluation somewhere about the mid-level of treatment to see where they're at, to inform treatment on where to go. And then at the end of treatment,
Again, in my experience.
Usually what I recommend, if somebody's like, let's say they go to like an RTC or a BHIF or something along those lines, most of the time I generally recommend some sort of maintenance treatments afterwards because of stuff that comes out, right? And those kinds of things. So when I do a post-treatment evaluation,

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I want them to be able to tell me what are their high-risk situations, right? Can you, if somebody's completed treatment, they should be able to walk me through exactly what happened, exactly what their arousal level was, what their thought process was, how they were feeling emotionally. So it's a big red flag to me if a kid finishes treatment and then they say, oh, I don't remember what I was thinking.
Oh, I don't remember how I was feeling.

Identify triggers.

Yeah, those are big red flags. Those are, you know, essentially those are staples that should be the component of any SMB treatment. And so when I see that, generally I will recommend, you know, hey, look, this kid needs more treatment.
That's happened quite a few times where I've gotten, both in the community and the court, where we've gotten, the PO said, hey, they're saying they're done, they're ready to be done. And I'll go in and I'll say, hey, what happened, man? Walk me through what happened. How are you feeling? And if they can't tell me those things, I would disagree.
my opinion is they're not ready to be done in treatment. And so I don't really know much about polygraph. I guess I say that to say I don't have all of the information that's going to come out in treatment at the treatment.

Well, they're miraculous, in my opinion. I mean, they really are the kind of information that comes out.
I can't tell you the times I've gotten that as a facilitator of disclosure you're talking about. Absolutely. And that's what we would typically use it for the information. 100%. I can't tell you how many times I've gotten evaluations as low or moderate risk. They're allowed to live with their siblings. They come in for a polygraph.
They report that their siblings are victims, and they've been in the house for four, five, six months, multiple times, and I think Scott has a lot of evaluation, a lot of experience. Melanie has seen it back there, back in the day. We used to do a lot of these, so yeah, I think it's, I think it's hands down the best.
treatment supervision tool that there is. That's a shame that we're not using it.

See, I feel slightly different about that. I've been presiding juvenile judge for 14 years in Yavapai. And when I first started, I got sexual history polygraph, incident offense

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polygraph, majority polygraph, you know, post-treatment polygraph. I got a ton of polygraphs. And we have not seen any difference in recidivism or different treatment outcomes

I have to comment on that Judge if I can. I think one of the things that's turned into the only talking point as it relates to the use of polygraph is whether or not it reduces recidivism. And I think the data is pretty sketchy. You're not incorrect that there's no significant
that it reduces recidivism, but I don't think that's where the discussions should stop. I think knowing who other victims are in a family, especially when it relates to reuniting families and creating safety plans for kids that are not identified victims, is a pretty important piece. And while we may not having kids re-offend at higher rates because we're not using polygraph, it doesn't mean that there aren't a whole
a whole lot of kids and a whole bunch of families who've been victimized and traumatized who are not getting what they need because we never knew that they existed.

Well, and we're still getting disclosures though from kids, like through that therapeutic process. I mean, we're...

But you're not arguing that we get the same amount of disclosures as we would with the use of polygraph, are you?

I'm just saying that we have no evidence to support that polygraphs.
assist us.

How would you know that unless you can compare that particular person?

Well, I think we have to compare what our rates were before with what we all these polygraphs on these kids to what we're seeing now, recidivism rates.

We're back to the recidivism discussion and that, and while I respect that, and that's certainly a metric that should help us make
decisions about the use of polygraph, I respectfully disagree that that's where the discussion begins and ends. I can remember being involved in a gathering at ATSA

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when ATSA was about to form their position about this, and it was one of the most lively discussions that both Mel and I were able to partake in.
And I'm saying the same things in this room that I said in that room and that Mel said in that room that day too. And I think we're making a statement when we don't do it about how we feel about unidentified victims. I think that's a problem.

Well, we still have the opportunity to do polygraphs, and we do those under extraordinary circumstances. I mean, court provides that the judge can order a polygraph. And I have done it, you know, but there has to be a due process involved or the therapeutic team asks, said that, hey, we really need a polygraph on this kid. You know, at the court hearing, the judge hears from everybody and then the judge can order it. And I've ordered them.

That whole thing about how it turned into that, I think it was just.
based on a lot of myths and not a lot of good research. The whole idea should be some special circumstance, I think, is just kind of the words. I'm not sure where that comes from. The whole it's abusive interrogating type thing. And if we kind of walk back to where this all started, a lot of these decisions were made by one or two people. When ATSA made this decision, there wasn't a board.
of people who use polygraphs and anti-polygraphs. It was basically made by one or two people. I think the president at the time, basically, when you guys confronted him, said, I made the decision.

He under press of an intense, very intense discussion at this same meeting that I'm making reference about. He said, and I quote, because I was there and so was Mel, He said, somebody needed to make a decision about this. And so I decided I'm going to be the one to make the decision. And he literally said that, but it, but it, but it wasn't anchored in anything like what Ben's.

No, I mean, as a treatment tool, there's a lot of things that people miss about, you know, a lot of times they look at recidivism, but as a tool.
There's A multitude of things and benefits that you get from it. You know, when we were doing these, I become a member of the treatment team. It's not some secret scary guy that comes out of the dark with the polygraph machine. People know who I am. They sit in Mel's group and they talk about their sexual history and polygraph.

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All the kids kind of come together and they support each other and prepare each other for his sexual history.
And you know, when you see a kid walk out of the polygraph, he just passed his sexual history and there's 10 kids waiting and they all clap and applaud and everything's, you know, amazing. There's a lot of things that I can spend a lot of time talking about this, but you know, I get, I get parents, so when parents come in the first time they come in, because of the way this thing is framed, where your kid's going to take this secret, scary polygraph, this last resort thing, and the way it's framed, now, if I was a parent,
Somebody told me my kid was going to take this thing. After hearing that description, I said, I don't know exactly what this is, but my kid's not feeling this. So the parents would come the first time, and I would always tell people the first part of a juvenile polygraph is kind of talking parents off the ledge because they come in scared and freaked out because of the way this thing is presented. First time they come in, we have a conversation. I chat with them about what's going to happen. I show them the room, the chair, we talk, da da da.
Second polygraph, parents come in, they go, I'm just going to leave them with you, do some shopping, is that okay? Okay. Sure. Third one, kid shows up by himself, where's your parents? So they drop me off, say, call them, I'm done. This is how scary and terrible this thing is. And I have yet to do a polygraph for new victims, new information, new paraphilic behavior, haven't
come out, that didn't come out in the evaluation. I've been threatened by numerous attorneys because when an evaluator does not use the polygraph in the psychosexual. So if an evaluator says, okay, I'm going to do this work, you do the polygraph, they get the results and they can look at everything and write their evaluation.
When people don't use polygraphs, they do the evaluation, goes the attorney. Attorney has to find polygrapher, so attorney calls me and says, hey, this evaluation looks great. You know, one victim low risk, one victim low risk, one victim low risk. I need you to do a polygraph. You do a polygraph, there's multiple things. There's very risky behavior. And I've been threatened numerous times. The attorney will call me and say, don't you dare tell a psychologist or evaluator about this information. Like, this is attorney client privileged, keep this to yourself, shred your data. And it's... It's not just once in a while, it's a routine thing.

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With adults is what you're talking about.

No, with juveniles. With juveniles.

So back prior to 2019 is what you're talking about.

Yes. So I started doing juvenile polygraphs in probably 2005. I've done 3,505,000 of these things, and I've never once gotten a complaint that I was abusive. interrogative. That's from a PO, a therapist, a parent. In fact, they get invites to barbecues and letters from boot camp and invites to high school graduations. It's all about how this thing is framed, you know, and in the way it's done. I'm sure somewhere across time that there have been some abusive sorts of, you know, instances and maybe somebody's gotten a little overzealous as a polygrapher. That's all polygraph, that's all, that's all.
That's stuff that policy can fix, right? I mean, my vision, and this might be a crazy vision at this point, because there's such an uphill battle, is that we would use these and have board-certified juvenile polygraph examiners where we put this in policy. You know, I'm talking to a therapist and I'm going to send this kid over and he's a little...
He's depressed, there's some things going on. We make a decision, but we don't give him the results after the test. We run the test, the treatment team presents it to him, maybe it's appropriate. You know, so there's a lot of ways this thing can be tweaked that we can use it as a very, very useful tool, especially when we're using a lot of stuff we just discussed where, you know, there
moderately predictive at best. There's no highly accurate assessments we're using here. And what the polygraph does is it gets information, tons of information, and that's very, very useful.

And even though the juvenile risk scales, like the adult ones, if we want to be honest about it, they all show moderate predictive ability, which is better than chance. So it's a good thing. It's not a bad thing, but we can't like take them to the bank. But the juveniles and the adults, static 99, static 2002, all of them have moderate predictability.
you know, validity with predicting re-offense. It would be great if we could. But the additional information is what.

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Just predicting the future is the hardest part of all of our assessments. We don't have a crystal ball. We're not great at it. More information is always better than less information. Assuming with a small asterisk, assuming the information is coming from an appropriately administered, trained, reliable source. And I've read some psychosexual reports that were two pages long where they just kind of looked at him and went like, no, I don't think he did it. Like that's not good information.
Correct.
So I'm always a fan of more data. I teach that, so I'm all about data. So I like data. but it has to be good data. And I think whether it's ATSA or the APA, I think they do us somewhat of a disservice because they just tell us, this is the gold standard, this is not the gold standard. If you use these tools that we don't approve of, you're acting unethically. And while you may not have gotten any complaints from upset people, we get them very frequently.

I have never met anybody that uses polygraph that doesn't like it. The only people I've ever met that doesn't like polygraph are people that have never used it.
And when you ask, where are you getting your opinions from? What do you know about polygraph? Have you used them before? No, no, no. And these are very naturally recognized people who will say that.

I've never used it, but I would echo Dr. Levitan's opinion, more data is better.

And that's all it is, much more information, right?

I love having that comparison. You told me this, you told them that. And even if it's not the relevant questions, even if they completely passed the relevant questions, still, the history that my polygraph examiner gets is always so much better than mine, even though I'm asking the same kind of questions. And I know I'm better at my job than he is.

That is the facilitating disclosure.
Exactly. It's amazing.
Now, how can we use it on our side of the field? We cannot use it for honesty, dishonesty, significant responses, not significant. What we can use it for is, well, if

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they had significant responses on the polygraph, it throws into question how open and forthcoming they were with me which now adds a level of error and risk into my report, which throws into question my findings. Because I can say my tests said X, Y, and Z, but, and we both do this all the time, say these scores may be influenced by effort, might be influenced by positive impression management.
Sure.
So having extra data that kind of tells us how much stock should go into our numbers is amazing. That's what, on the adult side, we always use the polygraph for.

Yeah, yeah, I think I think it should, I think we should, we need to find a way to use it to make those, you know,

I mean, if we've got ATSA and APA saying.
It's not the gold standard for kids. I mean, where do we go from there?

I've been kind of quiet, but I was at the very hostile meeting that Scott keeps referring to. And he did say he made the comment that the president before him was eventually convicted of crimes against children. So there's that. The people that are deciding the apologize for that. And I was sitting next to the president at the time. Time, or the one that had just been the president, and I will never forget the comment was.
we asked if there was research saying, what, how did you come up that it was coercive, abusive, and not good for juveniles? And where is your research? And then he flipped it on me and said, have you done research? And I said, well, no, I've been doing treatment. Well, then there you go. So I don't think no research, no research, not good research, not good research should nullify what we have considered. And this is my 30th year working with this population.
an absolute gem of a clinical tool. I didn't like the pleas that threatened kids go into Adobe for it. There was a few of those. They're gone. Ben is a gold standard polygrapher. Our kids loved him. Our staff loved him. Even if they failed or didn't pass initially, they went back and it was an amazing process to see kids tell the truth. My comment in that meeting, and I get a little hooked up about this, I've been quiet, but you can't measure what we've seen, and I'm not a data person, I'm a treatment person, I'm a people person. But 30 years of watching families come together and a kid telling the truth, I think is way more valuable than a recidivism rate that did or did

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not move.
I think we've had kids that we've sent home knowing there's victims, but that did not disclose. Once your parents say it's only the one kid, right? And they go to a treatment, we can only do so much. So when people, it's offensive to call Ben coercive or mean. It's also offensive to a treatment provider, clinician who sees a kid every day to say, well, you don't have a good enough relationship. Your client-client therapeutic relationship must be suffering if you can't get the same information from a polygraph. I think that's offensive. My kids love their therapists, but if they've told a lie for six months, they don't want to tell the truth. It's very, very difficult to get a kid to flip on what he's already told you. And we don't want to ask every day, are you sure there's no more victims? Are you sure there's no more victims?
Because that's also not good for our therapeutic relationship. It's a struggle. We'd miss our polygraphs every day, every Monday in our clinical meetings, if only we had the polygraph. We're sending kids home with a, we just cross our fingers that the other seven kids aren't victims. But now we've started to get the victims into our treatment center that now should have been treated, should have been seen and didn't because their brother didn't tell. And now we've got them
as a perpetrator as well. It's, I don't.

Mel, how often are you asking for polygraphs now as part of the treatment?

It's very difficult, Maricopa. So you might have a different system, but it's a lot of hoops. I have a therapist who hates paperwork, he just gives up.

And if I may, I mean, I'm not going to speak for other people, but I've spoken to a lot of other people who do this work.
under contract with the AOC. There's a lot of reasons why people are not asking for them.
One is because of the extra work that's involved. Two is because they don't want to get blackballed. They don't want to be seen as problematic. They don't want to be seen, you know, in any way that's inconsistent with the current standard of how we do treatment intervention with kids and families who have these issues.
It's all of that stuff is in there. So you're right, we have the ability to ask for them. I think there's a lot of forces and a lot of factors in play that are impeding the ability or decisions on individual people's parts to make those requests. I don't, I say that out

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loud hoping that saying it out loud is maybe a piece of, you know, seeking to rectify some of the resistance around doing it.
Yeah, I just think that's a shame because honestly, I think the way we do it now where, you know, the treatment team says, hey, we need this polygraph, and then it gives the opportunity for a defense counsel to weigh in for the state to weigh in. you know, and the judge ultimately make a decision about whether or not the kid does the polygraph.

To answer your, sorry.

Really quick, I have a therapist who still asks for them, but she has been grilled by three different defense attorneys. She had an evidentiary hearing, the one where they had to like put her on the stand. She had to do therapy to get on that stand because they obliterated her for being a bad therapist to even ask for this. This was a kid who we had the victims, we had the perpetrator.
polygraph, he kept saying no to this, this and this. And they were saying **** rape for three years. The parents said, we believe both of them. It was a hot mess. The attorney came after my therapist, how cruel she could be to make this kid take a polygraph to admit to blah, blah, blah. They've ended up just moving the kids to different treatments. They moved him out of our treatment. Like he went home.
a month later. So no polygraph, and the defense attorney ripped my therapist at no one. So it's not been a pleasant experience. Even when we do want them for an exact situation like that, these poor girls have their brother move home, a bedroom away, a month after we tried to get those polygraphs. So it's not been, it's been, I appreciate your county and how it's going. It's ugly. And my other therapists hear that, and they're just like, between paperwork and being grilled and being silenced, it's not been fun.
I did not know we could talk about polygraphs.

Here's the big question though. Why?

I just want to make sure we don't get too far off topic.

And I wanted to comment. I recognize we are off topic a bit in having this elongated discussion about polygraph, but I don't know where and when we're going to have

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this discussion. If we don't have it at moments like this,
in the room where it spontaneously takes place.

Well, I mean, it is part of the conversation of psychosexual. I mean, I don't think it is completely off topic.

I respect Major Mitchell for saying that because I recognize that too. And yet at the same time, I say what I just said, and that is, I don't know when and where we're going to have a conversation like we're having right now, if we don't take the opportunity to have it right now? And Alex, you're going to say something.

Well, to answer your question, in the back of my head, I always think, what am I going to say when the board of psychologist examiners calls me up there and says, you did a polygraph examination that's not supported by ATSA, by the APA,
And I have to.

I have a response for that. And I'll tell you what it is.

My current response is, just take my license, I'm over it.

Discuss plan B.

I ever since, and I say this, you know, maybe it'll catch up to me after I say this out loud, but I'm going to say it out loud anyhow. Ever since ATSA took this position and they wrote the guidelines around this only exceptional use policy,
Every time I renew my ATSA membership every year, I articulate in the comment section of my application that I do not support the current position that ATSA holds with respect to the use of polygraphs for juveniles. And they haven't said anything to me and they haven't kicked me out of the association, but I'm on record as having said that clearly. Do you know what I mean?
and put it out there for God and everybody else to see, because I feel this strong about the appropriate application of the polygraph as it relates to juvenile clients.

I just wish we had that some kind of protection.

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And here's a big question.
everybody, nobody answers, everybody just assumes this is a thing. Why is it framed in that way, that it's the special circumstance we can only use in special circumstances? Like where did this all come from? Who came up with this, right? Let's frame this as really scary thing, but here's what I think is pretty cool, is that they say use it as a last resort, right? Okay, which I think is ridiculous, but
when everything else has failed. So what we're saying is this thing works really good. When nothing else is going to work, let's use this thing. If we could figure out a way to do away with this is a really scary thing and use it in an appropriate way, well, I guess we're going to be getting a lot of good information.

I mean, I've always argued that I really think the argument came from
the misappropriation of responses after people fail polygraphs. This is, you know, the club effect.
Yeah.
And that's not the way that I utilize it in practice. In fact, I tell you a story about a kid I just had a conversation with last week about, you know, he's, he was, he did an evaluation.
left in the home. I have concerns about their, he's got seven brothers and sisters, he's the oldest. And I said to him, I mean, I said, we straight had a discussion about polygraph. And at the end of that discussion, you know what he said to me? He said, Scott, if you think that you had me taking a polygraph to show that I don't have any other victims other than the one I got adjudicated, for will allow you to think that I'm safe enough to be able to do some of the other things that I want to do in the world, then I'm willing to take a polygraph. And that didn't happen. That only happened because of the way I introduced the idea of using the polygraph and the way we had a comprehensive conversation about it. And I even said to him, I said, feel free to go home, you know, and have a conversation with your mom and dad about the conversation you and I had about the polygraph. And, you know, just talk with them about that. Because, you know, I mean, the reality is, is he's the oldest kid in the family and he could help out with some things that mom is making herself crazy trying to do with seven kids. And he could probably do it safely if I knew, you know, with a little bit more assurance that there wasn't concern there, because he's now got his driver's license. He could run people to get, you know what I mean? He could do some of the things that mom's having to scramble to do. And I would support it if I,

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if I, if I, if I was.
certain that there was another risk in the equation. So he did. He went home and he had a conversation with his parents and we had a conversation just yesterday. And I asked him, hey, so, you know, among the many things that I talked to him about in that session, I said, did you happen to talk to your mom and dad about the polygraph? And he said, yeah, I did. And they said, they're okay with it too.
Now, I still haven't decided whether I'm going to polygraph this kid. You know, I mean, on some level, it's very informative that there was absolutely 0 resistance and the kid wasn't shining me on. I mean, you can say what you will. You know, I feel like I have the ability to know that. And the fact that he went and talked to mom and dad, and I'm going to follow up with mom and dad too.
to make sure that he did talk to mom and dad. So I may or may not end up doing a polygraph. But I would feel a lot better doing a polygraph with seven little brothers and sisters.

You know, my theory, my idea is why not, if it's available to us and we get this kind of information, we can do it in an appropriate way, why not do it? You know, the kinds of things that happen on a routine basis, years ago, I like this story because I think it's just, it illustrates really well. Juvenile gets probation and his family does want to do treatment here in Arizona, so they get permission to send him.
Off to Utah.
He's in Utah for a year. He's got one victim. It's not a familial victim. It's someone at school or something. He's there for a year, completes his treatment. He has a team of four or five different therapists. They all agree that this kid's ready to come home, right? He'll call me and says, you know, this kid's saying this one victim. He's doing really great. Everyone's on board. He's done really, really well. He's ready to come home.
his mom dad has his two sisters. He says, there's just something about this guy I don't know. Can we do a sexual history polygraph on this pre-come home visit, right? He came home like 2 weeks before he'd be completely disturbed. Sure. So he calls me, set it up. Kid comes over.
Mom, dad are very excited or happy. He comes in, the two little sisters are there looking, and they're over there, and they're not looking that happy about big brother coming home. So we do a sexual history polygraph. He fails on other victims. It's as easy as saying, hey, you're having some problems with this question here about

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other victims and what's going on.
I've done things with my sisters. So he reports both sisters are pretty significant victims of what's going on.
Parents, it turns into a big thing, right? The kid goes back to Utah, there's this big treatment, you know, staffing about how did this kid get through a year of treatment with one victim and we're sending him home to his victims, his in-home victims, these two little sisters. How did this happen, da da da da, right? And these kids, you know, they'll lie up until you say you're having issues with this question.
And they just start talking. There's no interrogations, there's no water boarding, there's no rubber tubes. It's like, hey, you're struggling with this. And they just start talking, right? So anyway, he comes back to Arizona. He gets put in maybe, I don't know if his mom's home or not, but he comes back in for another routine polygraph like six months later. I said, hey, you know, you're up at this treatment center, you get here. You said you had one victim. Everyone believed you. You were the superstar. You were getting ready to come home. How did you get away with this? I have one victim. And he says, quote, it's easy. You just lie. He goes, how are they going to know? They ask once, you say no. They ask twice, you say no. They ask three times. Then they just stop asking. He goes, they're never going to know. And my instrument's right there. He goes, unless you have one of these.
And these kinds of things happen all the time. Everyone's worked with polygraph knows it. I'm not saying anything that people that use it don't know, but these are things that people don't use it don't know.

And that's not a statement about whether or not people had an established relationship with their client. I mean, back to Mel's comment.
you could have done everything right, and that still could have been the scenario.

Just one other thing along that that I have to say, and I mentioned it, I'm not sure who I mentioned it to, but my thing is when you're looking at research and recidivism is important and victims and
preventing future victims is very important and not having kids uncomfortable with people coming home in their home. But my thing is, when we're talking about, you know, the AOC that talks to a lot of us, you know, information about criminogenic needs. And I thought, what if we could do research on a kid who lies and gets away with it? If it's a criminal kid, it's like a notch in his belt that he just got away lying to

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everybody in his life.
And he goes into life knowing I never told the truth. That to me, and I'm a therapist, not a researcher, and not an administrator, although I'm an administrator, but it's like that cannot be good for a person. And I'm more of like the whole soul, the whole body, the whole kid, especially because we're working with juveniles who are not developed. That cannot be good for a kid to lie to our faces
people he loves, people who see him every day, people who care for him, people he loves and love him and lie to us and get away with it. Either they're going to have this guilt and shame the rest of their life because they haven't told and haven't gotten it out, or they're going to be more criminal. Like, I got this. I'll do white collar crime next. Let's see what I can do. And those are the kinds of things. But that's the research I wish could happen. I wish we could see like,
I know I just have caveat and I have stories just like Ben's. A kid at Adobe got out in six months. He was great, came home. We asked him, told him he was going to take a polygraph. He starts crying, gave us three more victims even before the polygrapher, but he couldn't go home. There was 3 victims there. And he said they asked, they quit asking. We're not going to hound kids, but it just helps us. We're not trying to be punitive or punish.
But we miss them. I'm just for the record. It's just hard. And I wish the research came out of what it does for a kid to lie to us and not do it or to lie to us. And they have the shame of knowing they just bluffed everybody for a year, you know.

There actually is like a lot of good research on that for adults. Yeah. We're just not there for the kids yet.
Part of the reason is because we don't have a big enough sample. I get it long enough time.
I still like when he accused us of not having research, but he didn't have research and then boom, it was gone. And ATSA it said guidelines or what does it say? It doesn't say it's full on, but it's enough that everybody gets rid of it. You know, and it's like, well, and you guys are afraid to use it. I'm like, that would be really good before treating the sample.

That brings the broader question, the research question, right? So the reality is, from our perspective, we don't have great instruments, right? So our instruments are, they're better than coin flip, but they're not by much, but they're the best we have,

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right? And I think the you know, whether we're talking about this or, you know, competency, I do a lot of competency stuff. There's just not a lot of data on it. And so we, you know, primarily because we're just not allowed to look at those things.

But we're all in agreement. I can, like, it seems to me that the more information they have, the better you can do the task.

Yeah, yeah.

I mean, information is not information, but you know, I get calls from attorneys and they say, you know, what kind of records do you want? I say, and I literally say, what do you got? Well, I got 500 pages. I said, I want it all. What are you going to do with all it? I said, I'm going to read it. I want it all. You want it all? I want it all, yes. Now, do I know whether they gave me it all or not? Of course I don't know.
But I ask for it, and I know some of them give it to me. The ones that I have a good relationship, and I know that they trust me to do good work too, you know. But the more information we have, the better job we can do about making statements about anyone.
Sure.
The other piece I kind of think about, so where we do the most polygraphs is with our contract with Child Safety, DCS. They always want the polygraph with the psychosexual for adults. But
And I don't know if this is appropriate. I don't do the polygraph. I have a polygraph examiner. I'm not allowed to evaluate the quality of his work. He gets a second set of eyes, which I think is standard in the field, quality assurance or something. But I have to pay him. And so
It just makes me think, like, if we start doing it from juveniles, is that responsibility going to fall onto me to evaluate a polygraph examiner's effectiveness or?

I think you made a proposal when you were talking earlier about having a way to, I mean, it's back to the same discussion that the folks in Colorado do at this point in time. They have an approved list of providers.
They have an approved list of polygraph examiners. Their board set the standards for what that needs to consist of. That's this board in Arizona.

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I mean, that would be amazing for us.
Maybe it would absolutely be amazing for us collectively.
I would think just for evaluation work. So I've done so many after there's been an evaluation done where somebody said one victim, lower risk. And all this information comes out and I think, boy, if I was the person that did this evaluation, just for liability reasons, I would be really concerned. You know, tell another quick story here. International renowned psychologist did an evaluation on a juvenile. The kid was getting ready to go off to an Ivy League school back east. Mother had foreign exchange students come over and he was accused of groping a 15 or 16 year old girl. goes through evaluation. That was it. That's all I've ever done. One victim, low risk. This was a case where attorney calls me and says this person doesn't use the polygraph. They don't like them. But the county attorney, God bless them, wants a polygraph. They will not accept it without a polygraph. Will you do the polygraph, short. Long story short, this kid has been
abusing foreign exchange students for years. He started about 13, as young as like, you know, 5, 6, seven years old. And he started engaging in **** **** or rape ****** females at high school apartments. He was using **** **** drugs, I guess.
put in her drink. He walked out to the field, and rape. he had done this two or three times, right? And so I sent a report to the attorney. The attorney calls me, and I answered the phone. He says, what the hell did you just do? You made my client look like Jeffrey Don. And I said, well, your client might be the next Jeffrey Don. The deal was, the prosecutor said, if he's got just this one victim, nothing else, we're going to let him go off to school.
He's been accepted, full scholarship, straight A student, the whole deal. If he doesn't, he's gonna stay here for the charge and we're gonna do treatment and everything. So.
Attorney tells is client attorney privileged and I'll send it to this guy with her if they find out. If I find out you told them, you're in a lot of legal trouble.
So, okay, there's nothing I can do about it, but if that psychologist had just ordered the polygraph themselves, they would have had that information. I imagine that the attorney did polygraph shop and sent them to six or seven, eight different places, got lucky, found the path, some of the kid probably went on to school, and probably raped a bunch more girls at college. And that's one of the case I go, man, if this psychologist knew this,
What would they think? There are tools available. You got the information pretty

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easily. If they had just administered it, you don't have to use the results. You don't have to use a bunch of this stuff. But what do we have here? Am I finding something's useful?
I'm keenly aware of, with some help from Jenna, that we've got
We've had tech challenges today, and I guess I just want to shout out there to Dr. Rivera and ask if she has any questions that she wants to ask as she's listened to this discussion.
We don't have the ability to raise our hand with some of the stuff we've had to do today to let somebody know that so. It's a bigger issue.
Microsoft is down.
Yeah, I'm able to unmute her to see if she can answer.
Yeah, I was trying to get some rule 11th out. Outlook is completely down.
Doctor Rivera, if you're there, I know you don't have to raise your hand, but you should have the ability to unmute yourself if you do.
Yeah.
Technology making life easier.
Are you there, Doctor?
Looks like you're unmuted now, but I can't hear you.

+16*****38** 1:21:10
Yes, can you hear me?

Please, now we can.
I know a lot was said and without Jenna's reminder, I wouldn't have remembered that you didn't have a way to chime in without being asked. So that's why I'm asking.
No pressure.
Yes and no, I guess is the.

We can hear her, yeah. Yeah, we can hear you.

+16*****38** 1:21:41
Okay, no, I didn't have any questions. The only one thing that I wanted to add is just as a suggestion or a possibility.
Having the polygraphs recommended.
I know that's the current debate, but I do think that we should consider if it is just

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part of the standard.
Maybe it could be an option for the provider or not, but it is, it does.
impact rapport for a therapist to have to later go back to a judge and request it.
Whether or not they're going to get backflush from the judge or anything like that, but it is going to damage that the client's rapport because it's essentially like saying, I know you've been telling me no all this time, but

Yeah.

+16*****38** 1:22:30
Now, I don't believe you, and so we're going to do a polygraph. And so I think it could be really beneficial just to have it as part of the standard. Maybe it's an option for the evaluator to use it. But if it's an option right up front, I think it could be beneficial.

I completely understand what you're saying and I think that that warrants us having some more discussion about that as we try to pound out, you know, the structure and protocol and the stuff that needs to be defined versus stuff that needs to be left with some flexibility so that individual evaluators in the moment can make decisions about you know, doing certain things with certain kids that they wouldn't have to do with other kids. I mean, that's my hope. And I hope that everybody's heard me say that as we've been trying to put some structure to this framework. I'm not trying to be prescriptive. I'm not trying to do that. I'm trying to cover the bases in the most comprehensive way and still let individual evaluators have some room to make decisions in the moment based on their own professional expertise and interactions with client X.
So.
I don't know, you know, other than...
Probably saying more of what's already been said. I don't know where to go with the discussion today, and just say thank you, and thank you for taking the time to come and talk with us. I guess, go ahead, Mel.

Just really quick, coming back to the evaluators, and I have a psychologist that also does evaluations. or psychosexuals, I should say, specifically. You guys had already presented to us the AOC. I have the specs. I've seen the specs. So ultimately, it's still

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pretty, I don't want to say vague, but it's still very individualized. You guys can use which tests you want. We're trying to come up with what is recommended. Do you say best? I think we've came up with like best two out of three, or you guys at least one of these three.
But I believe the AOC only indicates PROFESOR, right? And that's the only one you actually put in your specs. I just wanted to clarify what I think I saw last time on the specs. I just said it's the JSOAP. So you had us all learn about the PROFESOR, but if you don't say we have to use it, just the JSOAP.
Correct, because it was in there somewhere in my contract stuff, but it doesn't read in the paper, so I can't remember.
I'm not sure where it's at.
Maybe that we changed it since.
No, and I can be wrong, Steve. I mean, I'm just like thinking I thought we all had to change the PROFESOR.
I think it was listed as an option, but I don't think it was required. So there's a lot of testing that's options and our job.
And I appreciate you guys coming. It's just to kind of see what people are using. And the Judge gave us a really big Excel sheet of what everybody's using and some of it's relevant, some of it's not. So I guess we still kind of kind of come up with our list. It's not like, and I appreciate that the AOC doesn't say you exactly have to use that because it does give you guys some freedom with every kid and different personnel.

My position on it, just so it can be heard by the group sitting in this room today, is that I think we also be using...
the PROFESOR and that we can add other things to that if we choose to do that. I mean, I'm going to keep using the PROFESOR, the JSOAP, and the ERASER, because I think there's overlap between the ERASER and the JSOAP, but they're not exactly the same. And I try to take...
as many cautionary statements as I can with respect to those as well, but I think that they provide information to the consumer of the report, which is presumably probation officers in some cases and treatment providers about how to, where are the things that you need to attend to in the context of your intervention with them. And yeah, you know, Dr. Whirling's actual statement, because I was there and heard it, and I've since checked it with him because he and I are good professional colleagues and I have a pipeline to him, is he made a choice for himself to not

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continue to use the ERASER, which is his instrument.
But he also said, I'm not telling you not to use it. I'm just not going to use it myself because I think this makes more sense to me. But if you want to use it, use it. And the reality is, is the research that's out there, and I stay pretty abreast of the research. And when I don't know something, I call him and some other people to ask questions.
But both the JSOAP and the ERASER have essentially the same moderate predictability with respect to long-term recidivism with the juveniles as they age out. So one's not better than the other. They're just getting there a little bit differently.

We typically pick, we have a list of a bunch of instruments, and we pick the ones that closely resemble the normative sample of like our client. So that's usually the first and foremost kind of thing that we go for. And then, I mean, we all have our favorites, you know, some tests are just easier to administer or...
Like Wexler's are by far the best, but I've moved to the RAT because it's bigger age range and I don't have to carry multiple manuals. And but the research is sound, so I'm not taking shortcuts. And the ABLE, you guys only ask for the ABLE if you feel like it's necessary for that client?

No, ABLE is a standard. It's psychosexual.

So you just get the extra staff or the code or the authorization?
There's just really no other instruments that test sexual interest objectively.
There is, you do know there's another instrument.
I mean, there are, but generally speaking, I also know that's popular. I'm a big fan of Dr. White. He takes my phone calls when I have a question. He's good at that for sure. But yeah.
So there is flexibility. There's no like perfect instrument, but for any psychosexual, the ABLE, as long as they're at least 12, 13, 12, 12.
No, not I mean.
Does anybody have anything else to say relevant to the psychosexual discussion? Otherwise, we can move to the last item on today's agenda, which is to call for a future agenda item. I know that we have the work to do with respect to the references for the guidelines.

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Is there anything else that?
Anybody thinks we ought to put on the agenda for the next time we sit together.

I think if we want to talk about, I mean, polygraphs moving forward, I think it would be useful to get someone from ATSA, someone from APA to talk to us about what the state of affairs are.
When you say APA, do you mean the American Psychological Association or the American Polygraphic Association?
Polygraph.
Yeah, because I mean, I, your point is very well taken.
Yeah.
Am I going to lose my license over using Poly? Probably not, but it's going to get expensive when those board complaints come in.
So any protections that we can have on our side of the, for sure, in the field would be very appreciated. Yeah, I don't know that I would ever say no to more information.
No, yeah.
In fact, I pretty much, I think I have a disclaimer on my report that receipt of additional information may change my opinion.
So here's a question, and I don't know, and Jenna, maybe you can help me answer this question. In response to what you just said, is it inappropriate for our subcommittee member, Mr. Galarneau, who is a member of the APA, to come and Give us a presentation on.
on a polygraph. I mean, Jim did one for more globally for the larger board, but

I think it needs to be somebody from outside of us, though. I mean, because otherwise it looks like self-dealing, frankly, as you know.

I can call and see if they can get somebody.
See if they have a representative who would be going to go present. You certainly know better than any of the rest of us, so.
You know, yeah, and you know, I think what they said is that we're talking about an 18, 18 and 19 year olds can can take these, you know, 15, 16, 17 year old can take 14 year olds, so you know.
We generalize, you know, generalizability from what we know about adults, the areas of the brain that we need to work properly to do a polygraphic response.

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are not there with juveniles. I mean, there are some differences, obviously, but...
And use them for years up until 2019, and...
results, but I think somebody could probably come in here.

So then, Ben, I would ask if you could reach out and you probably maybe have somebody you've already identified just having this conversation, and you could have somebody come and talk to somebody out here, virtually
in the big meeting or no?
Just keep it small,
I think keep it small for the time being.
I do too, because I think, and I don't think, I mean, there isn't any rigorous debate about the use of it with the adults, so I don't think there's everybody else. And we've already had the big one that Mr. Hanratty did, so this group.

I just think that maybe having somebody from a leadership level where they're the ones who are doing the recommendations to the people who are members of the association, I think that would be useful information.
So I guess that's a potential agenda item.
Yes.
OK. Anything else?
Same with ATSA. You know, I think it'd be interesting, or if you're from ATSA, about where they are with juvenile polygraphs right now. Yeah. Yeah.
We, those of us that had the privilege of sitting in that room that day, know pretty much what what their position is. And I have these debates with Dr. Whirling, who I trust and value, the relationship I have, and he doesn't use polygraph, and I understand where he's coming from. Canada, as an entity, doesn't use polygraph. And I don't take odds with that. I mean, I understand, they have the right to make those decisions. I think it's hard for those of us that have been around, like Mel, me 35 years compared to Mel's 30. Well, like I said, I started in 2011 working with kids, and I used to read them all the time. We had them all the time, and
I can tell you it's different. And it leaves those of us who know what the polygraph reads to the equation feeling uneasy all the time.
when we don't have the ability to do that.
It was a very nice Canadian man in that hot heated meeting that was trying to be kind and said, you just need to have a better therapeutic relationship. And that was

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offensive. But then he said, I've never had a problem. I've never had a problem with one of my clients. And to which I replied, but you don't know what you don't know. That's really easy to say everything went great. You did treatment in six months, but you just, unfortunately, we don't dislike our kids anymore, but we find out they can why.
departure is whether or not it reduces recidivism rates and people are comfortable sitting and resting in that space, which I'm not, then the argument, there's no discussion, you know, because there isn't substantive information that suggests that the recidivism rates
in Canada and the recidivism of states in the United States, which are essentially the same populations with maybe some slight differences, are any different. So if that's where the discussion begins and ends, then the discussion's already over. I don't want that to be the end of the discussion, though, because I think from my experience, there's way more going on than that.
and it relates to unknown, unidentified victims that are living in the homes that we're that we're leaving kids in and we're sending kids back to. And concerns and

then a kid lying and getting away with it and what that does to them. That's just making my idealistic therapeutic world where it's not good for a kid to get away with lying. The kid that wishes he would have been asked for. They can never tell the truth either is what that means. It's a very difficult thing.
They can never talk about what happened to them is what that means. And that's bothersome to me.
Um...
Anything else that we should add to the next meeting?
And if not, there is one in December, but not in January, correct? Or is that just a bigger meeting?
So, Jenna, when is our next meeting?
We are pushing your meetings a couple of weeks before the larger board meeting to give us time to get documented.
Just for clarification, do you need the framework and format for psychosexual evaluation reports on next month's agenda? I still think you have discussion and decisions to make. I just wanted to clarify it.
And do you want something specific to polygraphs added to the agenda, regardless

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of whether we can have a guest speaker from ATSA or APA at the December meeting? I think that yes the answer to that. Thank you.
I felt like we were, it was part of psychosexual, it, but it was just, it's always better to be more specific, so I'll add it as a separate agenda.
Thank you.

If there is nothing else, ask for motion to adjourn
So moved.

Second on that
Second

Adjourned.

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