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Five Questions Regarding the Polygraph

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Introduction

The use of polygraph examinations has again captured the attentions of ATSA's listserv in recent days, albeit with some interesting twists. Historically, debates have centered on balancing the right against client self-incrimination versus the seemingly valuable information it provides. There remain the scientific elements of validity and reliability, with adherents of each perspective believing that the science touted by those with other perspectives is flawed. During this discussion, however, it has been noteworthy that participants who live in areas of the US where the polygraph is used most extensively have come to question its use, especially with juveniles. Are times changing?

1) The backdrop: Where does the polygraph fit into the treatment of traumatized and otherwise vulnerable clients?

The recent ATSA listserv discussion began with a request for research that would inform whether it is appropriate to use the polygraph with an 11-year-old. The average response, including from those who use the polygraph routinely, was no. It is interesting to recall a study by [Craig and Molder](#) in 2003, who polygraph examiners in law enforcement and found that while many expressed concern with its use with those under 12, the majority of examiners made no modifications to their practice when testing juveniles.

To the present, no one has published a study that seeks to clarify peoples' experiences with these examinations. This seems important. For instance, research has shown that adolescents involved in the legal system often present with a startling array of [trauma histories](#), brain injuries, and other mental health issues. Recent trends in juvenile justice have emphasized [trauma-informed systems of care](#), and the importance of trauma-informed care is beginning to catch on in the adult world as well. Where does the polygraph fit into trauma-informed care?



SAJRT Bloggers' Profile

Chief Blogger Kieran McCartan, Ph.D. and Associate Bloggers David S. Prescott, LICSW and Jon Brandt, MSW, LICSW are longtime members of ATSA. We are dedicated to furthering the causes of evidenced-based practice, understanding, and prevention in the field of sexual abuse.

The Association for the Treatment of Sexual Abusers 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.

Although it is easy to see sex offenders, particularly in prison environments, as hardened individuals, it is easy to overlook their vulnerabilities. Jill Levenson, Gwenda Willis, & the author have recently published two studies of the rates of childhood adversity in adult [male](#) and [female](#) sex offenders. James Reavis, Jan Looman, and their colleagues published a similar paper, asking the important question, “How long must we live before we possess our own lives?” Many, especially those working in prison environments, have noticed that their clients in sex-offender treatment do not present as highly vulnerable, shrinking violets. On the other hand, there is a question of whether the wrong treatment approach (which might involve the polygraph) with the wrong client might actually exacerbate the trauma-related [cognitive schemas](#) (e.g., dangerous world, negativity) that therapists are attempting to redirect in treatment.

A case in point might be the 23-year-old client with a mild autism spectrum disorder. Socially isolated and awkward, he views the world as a dangerous and threatening place where the closest he will ever come to rewarding relationships is through contact with children. Depending on how he views his treatment team, a polygraph examination under the wrong conditions might well reinforce his core beliefs that he will never fit in anywhere and might just as well persist in trying to have close relationships exclusively with children. On the other hand, treatment aimed at improving his interpersonal competence at the same time as allowing him the chance to develop and rehearse his skills at managing risk factors may be more beneficial.

Of course, a final consideration is that the polygraph is not necessarily verifying ground truth. The research is full of studies regarding the problems of [false confessions](#) and the [fallibility of memory](#). The author is one of many professionals who have had clients make false confessions hoping that it would speed their treatment progress. The teachable moment of these experiences is to establish a treatment culture in which honesty and commitment are valued more than the appearance of compliance with expectations.

2) What are we trying to change in treatment?

The trauma-related points may seem small to many, but are important to consider. In the case example above, it may be that treatment is more effective, particularly in an era of scant resources, when it focuses on the development of skills rather than on preparing for an examination that will provide the impression that a client has become more honest. Is it possible that one-size-fits-all approaches to the polygraph can actually make matters worse by focusing on less relevant areas and slowing the pace of treatment for some in institutions where treatment slots are in short supply? What level of disclosure is good enough for treatment to be effective?

In a fascinating study, [Shamai and Buchbinder](#) explored the client perceptions of a treatment program for violent men. From the abstract: “The findings revealed that most of the men experienced therapy as positive and meaningful and underwent personal changes, especially the acquisition of self-control. Deeper analysis of the data, however, shows that the men still used a power scheme in understanding and creating relationships with others, especially with their woman partner.” In other words, the program produced some changes, but left the underlying structure of their relationships untouched. Further, the authors found that in many ways the program modeled the same power dynamics they were seeking to change. Is it possible that in some cases our programs, by coercing confessions, are modeling the same dynamics of power and control that we are seeking to change in our clients?

Even beyond these considerations, questions and controversies abound. The author published an [article](#) on the polygraph with juveniles in 2012 for the ATSA Forum newsletter that made points

that are relevant to the treatment of adults as well. These include that more information is not necessarily better information and that compelling disclosure is not necessarily the same as building the capacity for honesty.

Since that article's publication, Roger Cook, one of the authors cited in it has produced an interesting [study](#) with his colleagues that points to many of the complexities involved in polygraph with adults. Sadly, there has been only [one recent study](#) with juveniles. It examined the information gleaned through the use of polygraph with juveniles. In it, juveniles reported sexual abuse of an average of 1.42 people. After a polygraph examination process, they reported sexual abuse of 2.15 people, or roughly 2/3 of an additional person abused. Given the legal and psychological complexities at stake, there is a real question of to what extent this really is helpful information. Some believe they couldn't do their work without the polygraph. Others state quite clearly that their clients in treatment are honest enough that they are able to make acceptable changes to their lives such that sexual abuse becomes unnecessary and undesirable to them at all times. Perhaps professionals should consider soliciting feedback from their clients to assess whether the process as well as the content of polygraph exams is more helpful or intimidating. Of course, such an endeavor requires first ensuring an adequate [culture of feedback](#). Further, it is likely that there is a great deal of variability between polygraph examiners in terms of how their examinees perceive them ([the same is true of therapists](#)).

3) How are we trying to change our clients?

It's worth mentioning briefly that research has shown that the most effective therapists [in our field](#) and in related fields are warm, empathic, rewarding and directive. [Karen Parhar](#) and her colleagues noted that the more coercive the treatment experience (and there are gradations of coercion), the less like treatment is to be effective. What can treatment programs employing polygraph learn from these findings? How does the polygraph fit in? How might the behaviors of individual polygraph examiners play a role in treatment outcome?

4) What are some of the broader questions we should consider?

Of course, all of these issues beg even larger questions; let's broaden the discussion. In 2004, Andrew Harris and Karl Hanson, describing a [long-term recidivism study](#) involving 4,724 adult sex offenders, observed that:

After 15 years, 73% of sexual offenders had not been charged with, or convicted of, another sexual offence. The sample was sufficiently large that very strong contradictory evidence is necessary to substantially change these recidivism estimates.

The numbers for juveniles are arguably even more [encouraging](#). Although official records are likely underestimates of the true rate of re-offense, what seems clear is that simply being processed through the legal system goes a long way to preventing future abuse. Other studies have found that re-offense is reduced by around 40% for those who complete treatment programs, including those that don't use polygraph.

Based on this, perhaps professionals should reconsider using the polygraph as a standardized component of treatment programs, consider the potential downside impacts, consider under what conditions it may become an advisable component of treatment (if at all), and devise individualized plans for the specific circumstances under which they will use it.

5) So how do people change, anyway?

Maybe it's time to ask what we know about how people actually make longstanding changes to their lives. After all, we already have strong evidence regarding the principles of effective correctional treatment and the [components of effective treatment goals](#). Tying these threads together, you might want to ask yourself: Have you ever made a big change to your life? Did you make that change with the help of a therapist? If so, did you need to disclose each time you had engaged in behaviors related to the change you were making? Would you have done so completely and honestly if your therapist said it was vital to accurate diagnosis and treatment? In order to make that change, was it more helpful to review the details of the past, or to make an outline of how you wanted to live your life. In other words, what was the active ingredient in making and sustaining this change?

Another way of thinking about this is to recall that other forms of treatment don't require full disclosure in order to improve functioning. Addicts needn't disclose every time they took drugs or alcohol, people with eating disorders don't need to disclose each instance of binging and/or purging, and although some might think these are imperfect analogies, it is also true that violent men don't need to disclose each instance of violence in order to adopt a non-violent lifestyle.

Clearly, the above are bold statements, and yet I make them with the intention of asking what is actually necessary to build healthier lives and safe communities. To what extent do we professionals require full disclosure to meet our own needs for certainty? Have we ever asked those who have been harmed by abuse whether they want full disclosure of past acts or simply enough of an honest discussion that they can make meaningful amends and build a safer future? If there is anything to be learned from working with people who have been sexually abused, it's that they need to be able to disclose and heal from their abuse in their own time and in their own way. Even in trauma work, there is little evidence that one needs to disclose what happened in order to move forward with one's life. Indeed there is some recent evidence that [recalling every transgression](#) might be counter-therapeutic.

There will doubtless be more controversies and more research involving the polygraph. As the field sorts through these issues, perhaps we can all consider whether we have adopted an as-yet empirically unsupported paradigm regarding the importance of complete confession, and whether we are having trouble separating our values from our knowledge about what actually works. Those who provide treatment without the polygraph often come to view disclosure as an ongoing process and not necessarily an event.

Ultimately, by adopting a full-disclosure paradigm based more on values than research, and despite the myriad problems of confession, false confession, and memory problems, even when our clients themselves can be highly vulnerable, one has to wonder; have we created mindsets from which we cannot escape?

Conclusion

Obviously, having clients willingly disclose the entirety of their past offending makes the therapist's work easier. However, it seems worth exploring whether holding back people in treatment who really do want to build better lives for themselves because they can't pass a polygraph exam is really worth the financial and other human costs. Whose needs are we ultimately meeting? What goals are we trying to achieve? And what steps can we take to ensure that our interventions do not themselves cause harm?