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# **Collaborative Multidisciplinary Teams and Polygraphs: One Protocol for Increasing Rehabilitative Integrity**

Heather Elliott  
Graduate Student  
Graduate School of Public Affairs  
University of Colorado at Colorado Springs

And

Mark L. McConkie  
Professor  
Graduate School of Public Affairs  
University of Colorado at Colorado Springs

## **Abstract**

*This study compares the disclosure performance of sex offenders under two polygraph modalities: first, the traditional single examiner mode, and second the collaborative multidisciplinary team approach. It asks whether under the team approach offender disclosure rates increase, thus enabling rehabilitative processes to operate more effectively and at the same time offer assurance of increased community protection. The findings suggest offenders are more disclosing on significant items under the collaborative team approach, and the experience and manifest higher levels of integrity, which in and of itself is therapeutic.*

## **Collaborative Multidisciplinary Teams and Polygraphs: One Protocol For Increasing Rehabilitative Integrity**

### **The Challenge of Helping Sex Offenders Confront Themselves**

In the United States, we have a serious problem with regard to sexual assault and the rehabilitation and monitoring of those who commit such crimes. To illustrate, Greenfield (1997) recently found some 234,000

offenders have been convicted of sexual assault, including rape, and are in custody or under the control of state correctional agencies. Since 1980 the number of sex offenders has grown by more than 7%, and almost one in ten inmates have been confined because of sexual crimes. Most offenders are over the age of eighteen, and two-thirds of the reported victims, 86% of whom are women, are under the age eighteen (Snyder, 2000). Given the far-reaching emotional, psychological and spiritual impacts incurred by victims, the effects on their lives and the lives of those with whom they interact, including society at large, are not only lasting, but deep and painful. The effects of these crimes on the lives of offenders is also deep, painful, and difficult to undo. So much so, that one prevailing sentiment in the rehabilitation community is that “sex offenders never change.” While this view is somewhat cynical, it certainly underscores the difficulty associated with rehabilitation, a difficulty highlighted by the fact that recidivism rates (based on re-arrest rates) for rapists are nearly 19%, and nearly 13% for child molesters (Hanson & Bussiere, 1998). Moreover, typical sex offenders have had multiple and diverse victims, have assaulted strangers, committed offenses during their juvenile years, have histories of abuse and neglect, have experienced long-term separation from and poor relationships with parents, particularly their mothers, experience antisocial personality disorder, are unemployed, lead chaotic lifestyles, and have been involved in some substance abuse (Hanson & Harris, 1998).

Under the staggering weight of these personal and social problems, the challenge of rehabilitating offenders is intimidating. The hope of rehabilitation, however, as most reconstructive models demonstrate, rests on the doctrine that offenders can and will assume responsibility for their own behavior, which means first they must acknowledge it. These are moments of integrity—self-integrity—in which an offender admits to wrong-doing as a first step in the process of self-correction. From the point of view of those helping in the rehabilitation process, little or no progress can be made until an offender acknowledges having done something wrong and begins to confront the consequences of that wrong doing, both to self and others. Upon acknowledgement of wrong-doing, an offender is in a much better position to help him/herself and be helped by others (McGrath, 1991; Bernfield et.al., 2001).

### **Polygraph Examinations as a Part of Sex Offender Treatment**

To increase offender accountability for damaging and illegal behavior, and to enable therapists and others to help in the reconstructive

process, polygraphs have become important aids in determining the truth of what offenders undergoing rehabilitative treatment say. One primary goal of such treatment is to train the client to be honest with the therapist and with others, including other individuals in treatment groups and supervising agents. If this cannot be accomplished, then other treatment objectives become meaningless. Polygraphs have the added advantage of helping the treatment provider prevent the client from minimizing, rationalizing, and justifying their sex related offenses and inappropriate sexual behavior. Polygraphs also help supervising agents determine if a sex offender appropriately qualifies for community placement without jeopardizing community safety.

Lundell (2002) identifies three primary types of polygraph examinations. First, sexual history polygraphs, which are used to validate an offender's written history of sexual experiences and behaviors prior to his/her most recent conviction. This polygraph is used to ensure the offender has fully disclosed all relevant thought, feeling and behavior to the treatment provider. This examination tests the offender's level of deception and thus the willingness to be honest with the therapist regarding sexual history. Second, maintenance polygraphs give the sex offender the opportunity to demonstrate to self, the treatment provider, and the supervising agent a willingness to change behavior through compliance with the treatment plan and the conditions of supervision. This polygraph is conducted over the course of the sex offender's treatment. In the present study, the frequency of polygraph episodes is determined by a State Sex Offender Management Board which requires that every six months offenders under supervision must submit to polygraph interrogation. One specific purpose of this polygraph is to break down an offender's denial when he/she is concealing the truth about a specific action or behavior. Third, specific issue polygraphs are administered when treatment indicate the need to ensure that an offender is telling the truth on specific rehabilitation, offender behavior or offender history issues.

In all three types of polygraph testing, the intent is to ensure truth-telling, which is foundational in the development and administration of a treatment plan. The polygraphy is also designed to help the therapist measure whether the offender is progressing, and act as a deterrent to any offender violation of therapy protocols or rules (Heil, Ahlmeyer, McCullar & McKee, 2000). It is, in short, designed to help ensure honesty in treatment. Initial reactions seem to indicate that it has the desired effects: Harrison and Kirkpatrick (2000), for instance, found

that sex offenders under polygraph usage were able to recall and disclose a higher number of victims, more facts about each offense, and other offenses for which they had not been arrested or charged.

### **The Issue of Polygraph Validity**

Curiously, the use of polygraph testing has grown despite skepticism and legal and policy curbs on its use (see e.g. Cross & Saxe, 1992; Sax & Ben-Shakhar, 1999). With regard to polygraph use and sex offender treatment, strongly contradictory opinions have emerged. Corwin (1988) and Faller (1997), for instance, in their work with children, have been critical of polygraph usage when testing alleged perpetrators; others have criticized their use with alleged victims of abuse (Sloan, 1995). Abrams (1975) believes that children under 11 are too young for effective polygraph reports, and Matte (1996) argued that testing young children can be psychologically damaging, as it causes them to relive previous and painful trauma. Brette, Phillips and Beary (1986), for their part, found evidence that polygraphs can generate positive findings from those who lied, and negative findings from others who were telling the truth. In short, Phillips summarized their research by saying equal results might just as readily be obtained by flipping a coin (1999).

On the other hand, strong arguments and supportive data argue the practicality, necessity, and viability of polygraph usage in the arena of sexual abuse and treatment (see, e.g., English, Jones Patrick, Pasini-Hill, & Gonzalez, 2000; English, Pullen & Jones, 1996, 1997; Leberg, 1997). Twelve studies conducted by the American Polygraph Association found that polygraph examinations had an average accuracy of 98%; the Association then reviewed eleven more studies conducted by independent analysis and found the average accuracy rate of 92% (American Polygraph Association, 2000). Polygraph tests, of course, are not infallible, and their accuracy is a function of a number of factors, including human competency and the willingness of the subject to cooperate, but Abrams and Simmons (2000), in reviewing their use, suggest a number of conditions dealing with their proper usage, which, if adhered with, suggest results which can be statistically significant.

### **Polygraph Testing to Increase Disclosure by Sex Offenders For Treatment Purposes**

Even where polygraphs provide positive support to the treatment process, and sustain the inquiry after a true relation of the facts, their use

can have entangling elements. Ahlmeyer, Heil, McKee and English (2000), for example, compared the Pre-Sentence Investigation Report (PSIR), Sexual History Disclosure form and two consecutive polygraph examinations and found that during the preliminary investigation, on average sex offenders admitted to having two victims and committing seven offenses. Yet, when they reviewed the polygraph examinations, they discovered that those same sex offenders admitted to an average of one hundred and sixty-five victims and committing over five hundred and eleven offenses. During a second polygraph, however, they observed a decline in the number of admissions. Overall, however, it does appear that the polygraph assisted in revealing a truer picture of the facts.

In a polygraph study using data from a survey of probation and parole officers, sex offender case files, and field research across the United States conducted by the Colorado Division of Criminal Justice, the use of polygraphs in conjunction with offense specific treatment revealed higher rates of offending than did instances using only self-reports and criminal history. The findings showed that one in four sex offenders admitted to high risk behavior before the polygraph, whereas after the polygraph four out of five sex offenders admitted to high risk behavior. The polygraph treatment also increased from 22% to 67% admissions of “hands-off” offenses (i.e. exhibitionism, voyeurism, stalking) and from 93% to 98% the number of sex offenders admitting to “hands-on” offenses (i.e. such things as physical contact, like groping) (Colorado Division of Criminal Justice, 2000). Again, polygraph testing was helpful in increasing offender disclosure rates.

### **The Containment Approach, and the Need for Collaboration**

English, Pullen and Jones (1997) propose a five part supervision model for the containment of sex offenders under community supervision. This “containment approach,” as it is called, imposes both internal and external controls on sex offenders. These include: 1) safeguards for community safety and victim rights; 2) individualized case management specifically focusing on sexually deviant behavior; 3) collaboration between the therapist, law enforcement, supervising agents, polygraph examiners, child protection agencies, and others; 4) “clear, informed, and consistent” public policies; and 5) measures for quality control.

The central tenet of this containment approach is that the community is the client, and that community safety and victim rights are paramount. Court orders (such as restraints against contacting victims,

mandatory treatment and registration) are honored, in order to help guarantee public safety. Treatment modalities are “offense specific” and designed to help offenders learn to monitor and control their own behavior; increased monitoring by a supervising agent, polygraph examinations, and restrictions on where a sex offender can work are illustrative of the kinds of external controls designed to help offenders change behavior. The team approach introduces multiple pressures and reinforcements to achieve the desired behavior: “Through systematic cooperation and collaboration, such teams are an antidote to traditionally fragmented intervention efforts. Teams improve interagency communication, facilitate case-specific information sharing, promote the exchange of expertise and ideas, help break down traditional turf barriers, minimize duplication of effort, maximize resources, and often reduce staff burnout” (English, Pullen & Jones, 1997, p. 6).

The impacts of team efforts are buttressed by “clear, informed, and consistent” public policies, such as reducing or eliminating no contest pleas, pleas that reduce sex offenses to non-sex related crimes, deferred judgments and sentences, or making referrals to diversion programs. Quality control includes such items as evaluating policies, practices and programs to ensure they do as intended, minimizing secondary trauma and increasing training for those who work with sex offenders. The containment approach thus envisions the strength of a team approach coupled with a systematic and comprehensive process for dealing with offender rehabilitation.

At the heart of this therapeutic process is the recognition that offenders must first be honest with themselves, then with their therapeutic team, and finally with the community at large. Polygraph examinations have become an integral part of guaranteeing that integrity. In this regard, polygraphs become an important containment (supervision) tool, as they help treatment personnel a) gain complete and accurate information needed to determine an offender’s risk to the public, and b) develop a treatment plan reflecting offender’s needs.

### **The Research Questions**

In spite of growing skepticism by some treatment providers as to the validity of polygraphs (see, e.g. Iacono, 1991; Iacono & Lykken, 1997a, 1997b; Iacono & Patrick, 1987, 1988; Lykken, 1998), they have become a fact of life, and are used in a variety of ways to assess sexual abuse (Williams, 1999). Some police departments, for example, conduct tests

with alleged perpetrators and sometimes with alleged victims (Pence & Wilson, 1994; Sloan, 1995). In other instances, private employers sometimes contract with polygraphers to conduct tests where allegations of sexual abuse or sexual harassment have occurred (Matte, 1996), and of course polygraph examiners, likely with their own pecuniary motives at heart, have championed the use of polygraph examination in sexual abuse cases (see, e.g. Abrams & Abrams, 1993; Holden, 2000; Raskin & Steller, 1989).

With the increased use of polygraphs for therapeutic purposes, the obvious issue of effectiveness surfaces. What can be done to gain the maximum benefit from polygraph usage? This research seeks, at minimum, to answer two questions:

- Are polygraphs more effective when used in conjunction with a team of professionals who join together with common treatment objectives than when used without such a team? And
- Does the collaborative team approach to polygraph usage in the therapeutic context increase the integrity of sex offender rehabilitative processes?

The research thus focuses on ways of increasing the amount of information disclosed by offenders during the polygraph's post-test. Traditionally, the polygraph examiner conducting the post-test (debriefing) with the sex offender sends the results of the test to the therapist and supervising agent so that they in turn can use the data later—sometimes as much as weeks later. By engaging other professionals in the polygraph post-test process, the data are immediately available to all, and the offender is under an additional pressure to conform to rehabilitative procedures. Because there are multiple attendant witnesses, all with different pieces of information relative to the offender's behavior, the offender is also under an increased pressure to disclose relevant information, and thus "be more honest."

## Methods

The participants included 65 convicted adult male and 2 convicted adult female sex offenders under the jurisdiction of the Colorado Department of Corrections. 28 males and 2 females were supervised by a community corrections program from January 1999 to March 2002, and participated in the collaborative multidiscipline polygraph process. 37

males were supervised by the same community corrections program from January 1994 to December 1997 and participated in the traditional polygraph process. A total of 373 polygraphs were collected from these two groups—260 for the collaborative multidiscipline polygraph group and 113 for the traditional polygraph group.

Members of both groups were required to attend offense specific treatment and comply with a mandatory polygraph every six months. In addition, they were required to abide by Colorado's mandatory registration laws. At the same time, the community corrections program required a mandatory polygraph every three months and offenders, as part of a "therapeutic community," were required to attend treatment once a week for 1.5 hours. The average length of treatment for the sex offenders who participated in the collaborative multidiscipline polygraph process was four years, and the average length for those with the traditional polygraph process was two years.

## **Measures**

Data were collected on sex offender polygraphs from January 1994 to March 2002. For the sex offenders participating in the collaborative multidiscipline polygraph process, polygraphs were collected from January 1999 to March 2002. For sex offenders participating in the traditional polygraph process, polygraphs were collected from January 1994 to December 1997. The dependent variables were the information disclosed by the sex offender during the post-test as shown in the 13 categories listed in the Procedures section of this paper. The independent variables were the traditional polygraphs (control) compared with the collaborative multidiscipline team polygraphs.

## **Apparatus**

Independent licensed polygraph examiners conducted the polygraph examinations, all of whom had been approved by the Colorado Sex Offender Management Board. The polygraph equipment used was the Axciton Computerized Polygraph System and the Lafayette Instrument LX-2000. For reliability and validity, both systems use the Johns Hopkins Applied Physics Laboratory Polyscore computer-scoring algorithm. The polygraph examination measures the sex offender's cardiovascular, respiratory, and galvanic skin resistance to each question.



## Procedures

The polygraph examination has a pretest and posttest component. The polygraph examiner worked with the therapist and/or supervising agent in developing questions for disclosure, new offenses, and compliance for the polygraph examination. This research focuses only on the information disclosed by the sex offender during the post-test (debriefing). The post-test involves the polygraph examiner reviewing the deceptive results of the examination with the sex offender. This review allows for the sex offender to disclose any additional information pertaining to the questions and examination results. Upon completion of the polygraph examination, the polygraph examiner generates a report based on the polygraph results and what information the sex offender has disclosed. Each polygraph is video taped for accuracy. Each polygraph report includes generally the three-polygraph questions, the offender's physical response to those questions, the pre-test, post-test, and any information disclosed by the sex offender to the polygraph examiner and/or the collaborative multidiscipline team.

The comparison was between the traditional polygraph post-test and polygraph post-test done with a collaborative multidiscipline team. This research collected the information disclosed in the post-test reports of the sex offenders in a community corrections program, which conducts polygraphs as a collaborative effort between the polygraph examiner, therapist, and supervising agent and compared them with the information disclosed in the post-test reports of the sex offenders previously in the same community corrections program but with the use of the traditional polygraph process, which is conducted only with the polygraph examiner. In the traditional polygraph process the only collaboration between the polygraph examiner, therapist, and/or the supervising agent occurs when designing polygraph questions for the sex offenders. During the traditional polygraph process, the polygraph examiner is the only one who conducts the posttest (debriefing). The polygraph examiner then generates the report, which is then sent to the supervising agent and therapist within two weeks. Whereas in the collaborative multidiscipline team polygraph process, the polygraph examiner, therapist, and supervising agent are all involved in both the formulation of polygraph questions and the posttest (debriefing) process. For the purpose of this study specific issues, sexual history, and maintenance polygraphs were used.

A worksheet was developed specially for the purpose of data collection for this particular study. The worksheet includes the clients ID number (to maintain confidentiality), age, gender, race/ethnicity, and disclosure categories for scoring. The disclosure categories included the following:

1. New sexual offense (felony & misdemeanors)
2. New crime (nonsexual—felony & misdemeanors)
3. Victim Contact
4. 3rd party victim contact
5. Deviant sexual behavior
  - a. viewing pornography
  - b. masturbation
  - c. public masturbation
  - d. visiting an adult book store
  - e. visiting a topless or nude bar
  - f. sexual contact w/ animals
  - g. fondling own genitals (no ejaculation)
  - h. paid for sex
  - i. internet use for sexual purposes
  - j. cross dressing
  - k. frottage
6. Unauthorized contact w/ anyone under 18 years old.
7. Unreported masturbatory fantasies
8. Program compliance
9. Drug and/or alcohol use.
10. Unauthorized relationships
11. Unauthorized contact with family members
12. External verification (field check, self report, positive urinalysis/breathalyzers, 3rd party, etc...)
13. Additional victims (sex history)

The rater reviewed each polygraph post-test report and reported the number of incidences in which each sex offender had disclosed a new offense, a violation of the terms of his/her supervision contract, and/or a deviant sexual behavior. Data collection for each sex offender's polygraph post-test report was reviewed by two independent raters to maintain rater validity. For analytical purposes, each category was compared between the traditional polygraph process and that of the collaborative multidiscipline team polygraph, using Independent T-test with a .05 significance level.

## Results

The median age of the sex offenders participating in this study was 41, and the average age of sex offenders serving sentences in the community corrections program who participated in the collaborative multidiscipline polygraph was 42. The average age of the sex offenders who served their sentence in the same community corrections program and participated in the traditional polygraph was 39. Of the participants, 49 were Caucasian, 6 were African American, 11 were Hispanic, and 1 a Pacific Islander. In the collaborative polygraph group, 20 Caucasians, 4 African Americans, 5 Hispanics, and 1 Pacific Islander participated. In the traditional polygraph group, 29 Caucasians, 2 African Americans, and 6 Hispanics participated.

The first data set analyzed examined the percentage of disclosures of each polygraph category for both the collaborative polygraph group and the traditional polygraph group. It showed that for the collaborative group one polygraph post-test (.04%) had a disclosure of a new sexual offense. This offense was reported as an “accidental exposure,” where as the sex offender was undressing and did not close the blinds to his residence. For the collaborative polygraph group, five polygraph post-test participants (1.9%) disclosed victim contact, four (1.5%) 3rd party victim contact, thirty-six (13.8%) deviant sexual behavior, five (1.9%) unauthorized contact with someone under the age of eighteen, fifty-seven (21.9%) unreported masturbatory fantasies, five (1.9%) program compliance violations, three (1.2%) unauthorized relationships, five (1.9%) unauthorized contact with family and nineteen (7.3%) additional victims (sex history polygraphs). For the collaborative polygraph group, there was no additional disclosure during the post-test on new crimes, drug and/or alcohol use, and/or external verification. The analysis showed that for the traditional polygraph group five polygraph post-tests (4.4%) disclosed victim contact, twenty-two (19.5%) deviant sexual behavior, two (1.8%) unauthorized contact with someone under the age of eighteen, ten (8.8%) unreported masturbatory fantasies, eleven (9.7%) program compliance violations, four (3.5%) unauthorized relationships, one (.9%) unauthorized contact with family, and one (.9%) additional victims (sex history polygraphs). For the traditional polygraph group, there was no additional disclosure during the post-test on new sexual offenses, new crimes, 3rd party victim contact, drug and/or alcohol use, and/or external verification. (See Table I).

The second data set we analyzed examined the percentage of disclosures of each polygraph subcategory under deviant sexual behavior for both the collaborative polygraph group and the traditional polygraph group. The analysis showed that for the collaborative polygraph group, five polygraph post-tests (1.9%) disclosed viewing pornography, nineteen (7.3%) masturbation, two (.08%) public masturbation, one (.4%) adult book store, four (1.5%) fondling own self (no ejaculation), one (.4%) paid for sex, one (.4%) used the internet for sexual reasons, and three (1.2%) participated in frottage. For the collaborative polygraph group, there was no additional disclosure on topless and/or nude bars, sexual contact with animals, and/or cross-dressing. The analysis showed that for the traditional polygraph group, three polygraph post-tests (2.7%) disclosed viewing pornography, seventeen (15%) masturbation, one (.9%) adult book store, and two (1.8%) fondling own self (no ejaculation). For the traditional polygraph group, there was no additional disclosure on the public masturbation, topless and/or nude bars, sexual contact with animals, paying for sex, internet use for sex, cross-dressing, and/or frottage (See Table II).

The third data set analyzed examined the statistical significant difference in disclosure for the collaborative polygraph process and the traditional polygraph process. With a significance level of .05, an Independent T-test revealed a significant difference between the two polygraph processes for unreported masturbatory fantasies, program compliance violations, additional victims (sex history polygraph), and under the deviant sexual behavior subcategory, masturbation. The effects of the collaborative polygraph process was statistically significant for unreported masturbatory fantasies at  $t(371) = 3.052$ ,  $p < .05$ , two-tailed and for additional victims (sex history polygraph) at  $t(371) = 2.546$ ,  $p < .05$ , two-tailed. As where the effects of the traditional polygraph process was statistically significant for program compliance violations at  $t(371) = 3.467$ ,  $p < .05$ , two-tailed and for masturbation, a subcategory of deviant sexual behavior, at  $t(371) = 2.336$ ,  $p < .05$ , two-tailed. (See Table III).

**Table 1**  
**Percentage of Polygraphs Where the Sex Offender Disclosed**  
**Additional Information During the Post-test**

Disclosure Categories	Polygraph Groups (N=373)	
	Collaborative (N=260)	Traditional (N=113)
New sexual Offenses	.4%	*
New Crime	*	*
Victim Contact	1.9%	4.4%
3rd Party Victim Contact	1.5%	*
Deviant Sexual Behavior	11.9%	16.8%
2 items	1.5%	2.7%
3 items	.4%	*
Unauth. Contact w/ Under 18 years old	1.9%	1.8%
Unreported Fantasies	21.9%	8.8%
Program Compliance	1.9%	9.7%
Drug/Alcohol Use	*	*
Unauthorized Relationships	1.2%	3.5%
Unauthorized Contact w/ Family	1.9%	.9%
External Verification	*	*
Additional Victims (sex history polygraph)	7.3%	.9%

\* There was no disclosure during the post-test

**Table II**  
**Percentage of Polygraphs Where the Sex Offender Disclosed**  
**Additional Information During the Post-test (Deviant Sexual**  
**Behavior—Subcategories)**

Disclosure Categories	Polygraph Group (N=373)	
	Collaborative (N=260)	Traditional (N=113)
Pornography	1.9%	2.7%
Masturbation	7.3%	15%
Pubic Masturbation	.8%	*
Adult Book Store	.4%	.9%
Topless/Nude Bar	*	*
Sexual Contact with Animals	*	*
Fondling own self (no ejaculation)	1.5%	1.8%
Paid for Sex	.4%	*
Internet Use for Sexual Reasons	.4%	*
Cross Dressing	*	*
Frottage	1.2%	*

\* There was no disclosure during the post-test

## Discussion

A large component of sex offender treatment centers in the process of identifying the offender's deviant behavior cycle. The deviant behavior cycle begins with a "pretend normal" stage where the sex offender is not exhibiting any negative or deviant behavior. Other components of a cycle include, but are not limited to, triggers, lapses, thinking errors, victim stance, and rationalization. Fantasies are a major component in the sex offender's deviant behavior cycle and are often viewed as a "red-flag" for the therapist and supervising agent. Fantasies tend to precede deviant behaviors for this population. Pithers, et al. (1988), and Pithers &

Cummings (1989) found that 51% of child molesters had deviant sexual fantasies prior to their offense. If the sex offender does not have a clear understanding of his/her cycle or if they minimize high-risk situations, such elaborate deviant

**Table III**  
**Statistical Significance**

<b>Disclosure Category</b>	<b>t</b>	<b>Significance Level (2-tailed test)</b>
Collaborative Polygraph Process		
Unreported Fantasies	3.052	.002
Additional Victims (sex history)	2.546	.011
Traditional Polygraph Process		
Program Compliance Violations	3.467	.001
Masturbation (sub-category)	2.336	.020

fantasies can easily become reality. Therefore, the existence of deviant sexual fantasies are good indicators of where the sex offender is in his/her cycle and what kind of progress the individual has made in treatment.

This study demonstrates that a collaborative multidiscipline polygraph process significantly increases the disclosure of fantasies by the sex offender. As described above, the disclosure of deviant fantasies is of utmost importance in both the treatment and supervision spheres. This study showed that in 21.9% of the polygraphs, conducted as a collaborative multidiscipline process, the sex offender disclosed deviant fantasies. The significance of such disclosure allows for the therapist and supervising agent to intercept and intervene in the sex offender's cycle and to enhance treatment and ensure community safety.

A second implication of this study is that the collaborative multidiscipline polygraph process increased disclosure of additional

victims during the sex history post-test. Another major component of sex offender treatment is the requirement that the sex offender fully disclose all victims and what the offenses entailed. This is a process of confronting and being honest with self as a component part of being honest with others. The sex history polygraph tests the sex offender's level of deception and willingness to be honest with his/her therapist and, therefore, his/her level of commitment to treatment. The sooner a sex offender can fully disclose his or her sexual history, the sooner that offender can commit to treatment and to changing the deviant sexual behavior.

The disclosure of victim contact was less in the collaborative multidiscipline polygraph process (1.9%) than in the traditional polygraph process (4.4%). Due in part to the collaborative polygraph process there was an additional reduction, even though not statistically significant, in victim contact. Similarly Harrison and Kirkpatrick (2000) found that sex offenders reported a decrease in the amount of contact with their victims due to polygraph examinations. This implies an increase in the sex offender's accountability, and therefore, honesty, even though the pressures to increased honesty are externally imposed.

We hypothesized that the increase in disclosure of any deviant behavior was not expected in the traditional polygraph process. However, this study did show an increase in disclosure of program violations and masturbation. Program violations consist of being unaccountable (when a phone or personal field check is conducted on the offender and he/she is not in the location which he/she should be in), failure to call in to the facility for location changes, unauthorized location changes (offender goes to an establishment or residence that was not pre-approved by the supervising agent), unauthorized operation of motor vehicle, etc.

We see three potential reasons for which the disclosure of program violations was statistically significant with the traditional polygraph process. The first could be due to the absence of the supervising agent. The supervising agent is responsible for monitoring day-to-day activities of the sex offender and issues sanctions for non-compliance with program rules. A second reason for the increase in disclosure could be that it is easier for the sex offender to admit to program violations than to deviant sexual behaviors. These offenders are aware that the sanctions and repercussions for program violations are less severe than the repercussions for deviant sexual behaviors. A sex offender could receive "extra duty" hours (work detail), a reduction or elimination in passes (time away from the facility that is not related to work, church, or therapy),



reduction or elimination of location changes while on a pass or at work, increase in polygraph examinations, increase in drug/alcohol testing, etc... for violating program rules. However, an offender could be terminated from the program for some forms of deviant sexual behavior. The final potential reason for the increase in disclosure of program violations for the traditional polygraph process is that the focus of the traditional polygraph was more correctional than therapeutic. The collaborative multidiscipline team, on the other hand, is a more therapeutic setting. In a therapeutic setting, program violations are considered to be more of a minimal behavior problem than those behaviors related to deviant acts. The focus of the polygraph for the collaborative multidiscipline team is to address deviant behaviors and thus to increase offender accountability.

The significant increase in disclosure of masturbation during the traditional polygraph process could simply be because masturbation is a shame based behavior and it would be easier for the sex offender to admit such behavior in a more intimate (one-on-one) setting than in front of a group of professionals.

Still, the data suggest increased disclosure rates when the offender works with a collaborative polygraph team, meaning that a higher level of self-disclosure is at play. This is a manifestation of a higher degree of integrity being exhibited in the offender's behavior, suggesting a confirmation of the research question. It is difficult, of course, to identify the emotional, intellectual and psychological processes that produce the increased disclosure. In the first instance, it may simply be that people feel manipulated when required to submit to polygraph, and increasingly manipulated when a polygraph team is present, as opposed to the relative comfort of working with a lone polygrapher. This is a possibility suggested by Cross and Saxe (2001). A second possible explanation for increased disclosure under the weight of a collaborative team is that we behave differently in the presence of a group than when interacting alone. The larger the group, the larger the discomfort, and the greater the pressure to tell the truth as the greater the number of potential disputants to anything an offender might say. A third possibility has to do with behavioral cues. We know it is possible to watch human behaviors and pick up on behavioral cues which tend to indicate on is lying. Such things as lack of eye movement, nervous fidgeting, arm and leg movement, self-touching, voice pitch and pace, the evasiveness of answers to questions, and the frequency of self-references are all cues that unveil lying (Seager & Wiseman, 1999). People seem to sense that they broadcast such cues, and it is quite logical to assume that under the eyes and ears of multiple

witnesses, offenders assume a greater likelihood that the cues they broadcast will be properly interpreted—hence it is simply easier and safer to simply tell the truth. Whatever the cause—a sense of manipulation, group effects, the broadcasting of behavioral cues—much disclosure occurs with collaborative teams that lone polygraph examiners do not produce.

### **Limitations**

Some limitations attend this study. First, the length and intensity of treatment and the perceived threat of disclosure by the sex offender may affect polygraph response patterns. The length of treatment for the sex offenders who participated in the traditional polygraph process was two years, whereas the length of treatment for the sex offenders who participated in the collaborative multidiscipline polygraph process was four years. Obviously, this difference in treatment length could have an impact on polygraph results. A sex offender who has been in treatment for a longer period of time maybe more willing to disclose deviant behaviors than a sex offender who has been in treatment for only a short period of time. This increase in disclosure may occur because the sex offender has a better understanding of the treatment process and what is expected in order to progress in treatment. According to Ahlmeyer, Heil, McKee, and English (2000) there is a decrease in the admission of victims and offenses disclosed from the first polygraph and subsequent polygraph examinations. Thus even an increase in the length of treatment does not necessarily mean that the sex offender is more willing to disclose deviant behavior.

A second limitation has to do with the perceived threat by the sex offender regarding the amount and context of disclosure. If the sex offender feels that the full disclosure of his or her deviant sexual history and/or current behavior may result in new criminal charges or termination from a community correctional program, he or she will be less prone to disclosure. This limitation is a difficult one to avoid. Even if an independent researcher were to conduct the polygraph examinations and provide complete confidentiality for the offender and the information disclosed, the offenders may still perceive some form of threat or mistrust.

### **Conclusion**

Collaboration itself is a difficult process, partly because of differences in personal and professional agenda. Still, the labor creates its

own reward, in that greater therapeutic disclosure on important items occurs, and thus the rehabilitative process is sustained. Increased disclosure implies increased manifestations of integrity, which in and of itself is a therapeutic positive. Collaboration has the desired effect of protecting the community by sharing information, holding sex offenders more accountable, providing retribution to the victim, and increasing therapeutic options. This study shows that collaboration can make a difference in the treatment and community supervision of sex offenders.

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## Biographical Sketches

Heather Elliott is a Senior Case Manager with a Community Corrections Program in Colorado Springs. She holds an MPA from the University of Colorado at Colorado Springs, and recently presented some of the findings in this current research at the 10th Annual Meetings of the International Conference on Advances in Management. She is a member of the Colorado Correctional Association, the American Correctional Association, and in addition to offender rehabilitation, has an interest in forensic psychology.

She can be reached at:

2324 North El Paso St.  
Colorado Springs, CO., 80907  
[Helliott@comcor.org](mailto:Helliott@comcor.org)

Mark L. McConkie is a Professor of Public Administration with the Graduate School of Public Affairs. His research interests focus on organization change and development, organization culture, leadership, and ethical issues. His articles have appeared in a wide range of international journals; he has published three books.

He can be reached at:

Graduate School of Public Affairs  
University of Colorado at Colorado Springs  
1420 Austin Bluffs Parkway, P. O. Box 7150  
Colorado Springs, CO., 80933-7150  
[mmcconki@uccs.edu](mailto:mmcconki@uccs.edu)  
Fax: (719) 262-4183

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