

NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.



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Dear Colleague,

This month's issue explores the use of the polygraph with adolescents who have sexually abused. We recognize that this is a controversial topic and that we are highlighting only one research paper. Our hope is that we can reflect on what the research is showing and also raise various points of view. If you have thoughts, please let us know and we will try to include them in a future issue.

We also wanted to let you know that we are starting up our newest webinar series (see information below). This year, we will host nine webinars with internationally recognized experts such as Robin Wilson, Phil Rich, Keith Kaufman, GERAL Blanchard, Su Robinson, Kevin Creeden, and Pat Wilcox. We are also looking for subscribers to help support our work -- \$98 for individuals and \$250 for organization sponsors. For those who can support us through a subscription, we will guarantee you webinar access for the 2012-13 series, since there are limited available slots, and we will send you two of NEARI Press's popular titles: *Current Applications* and *Current Perspectives*.

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Sincerely,
Joan Tabachnick and Steven Bengis

To Use or Not to Use the Polygraph with Children and Adolescents

by Steven Bengis, David S. Prescott, and Joan Tabachnick

Question

Should the polygraph be used with children or adolescents?

The Research

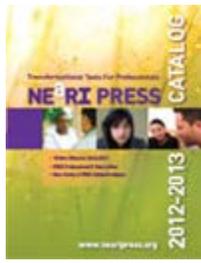
Arsdale, Shaw, Miller, and Parent provide an overview of how polygraph testing is used with sexually abusive adolescents within a treatment setting and then present the results from their study of polygraph testing with this population. The study focuses on the sexual history polygraph to assist in treatment decisions and disclosures.

Files were randomly selected from 60 case files of adolescent males, 12- 19, in an outpatient treatment program in Florida. All youth had committed hands-on offenses against younger children and/or peers, and were court-ordered for services. The study results revealed that one-third of participants had sexual contact with same-age peers that they had not previously disclosed in treatment. Furthermore, 15% of participants disclosed for the first time that they had been victimized. Many of the disclosures were revealed in anticipation of the polygraph in the pre-testing of participants. The authors conclude that the polygraph helps to increase disclosures and provides information that is extremely helpful in formulating treatment approaches.

Implications for Professionals

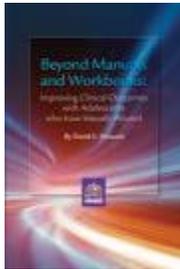
This study clearly showed that the polygraph examination process can aid full disclosure of all sexually abusive behaviors and victimization. In our view, the article does not address the controversial and potentially intrusive and coercive technique or the unintended consequences this approach may have on the adolescent in treatment. The increase in factual accuracy--an average increase from 1.5 victims (pre-polygraph) to 2.1 victims (post-polygraph)--while statistically significant may have little, if any, practical significance in changing the course of treatment or improving treatment outcomes. Further, for a given client whose diagnosis might include pervasive developmental disorder, significant neurological deficits, developmental delays, or PTSD, we question whether it is necessary or even advisable to know all the facts "up front" or push for early full disclosures of both victimizing and victimization behavior for all clients.

Given the limited information about the impact of polygraph use



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FEATURED NEARI RESOURCES



Beyond Manuals and Workbooks: Improving Clinical Outcomes with Adolescents who have Sexually Abused

by David S. Prescott

This booklet focuses on the essential elements that every clinician can integrate into their current treatment to make it more effective. Based upon current research, Prescott makes concrete recommendations to improve outcomes, therapeutic alliances, early identification of at-risk cases, motivational goal setting, and considerations for successfully moving clients into a healthier environment.

ISBN: 978-1-929657-61-2

Paperback: \$3.75 + S&H

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OCTOBER 9, 2012**

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with adolescents, we believe clinicians should carefully weigh the decision for use by considering the:

- potential damage to a professional relationship/ therapeutic alliances;
- evolution of disclosures that usually result over time;
- alternatives for ensuring community compliance with safety plans; and/or
- questionable ethics of "forcing" a victim to disclose his/her victimization history before he/she is psychologically prepared to do so.

This "non-use default position" is particularly relevant in the absence of any research indicating that use of the polygraph produces better treatment outcomes for children or adolescents, as we have reported in earlier editions of this newsletter.

Implications for the Field

Our field is deeply split around the use of polygraphy with children/youth. There are professionals who don't see how they could practice without it and those who refuse to use it. Some of this stark difference may depend on where on the severity continuum professionals practice. For those whose clients may be older, aggressive, violent, conduct-disordered and adjudicated, placement in the community without polygraphy support may seem unconscionably risky. For those working with non-adjudicated, non-conduct-disordered and diagnostically complex youth, the use of polygraphy may be equally unconscionable for ethical reasons.

In our view, it is time for the field to step back from an ideologically based position, consider the assumptions upon which use of a polygraph is based as well as all the adolescent-based research, and develop clear guidelines for its use with the full range of clients. Until such time as the field coalesces around such guidance, the polygraph should remain in the professional toolkit as a sparingly, if ever, used and individually applied practice implemented only when other less invasive techniques can be demonstrated to have failed/be of little efficacy. As David Prescott outlined in an ATSA Forum Article: "More information is not always better information; the polygraph may be re-traumatizing; and disclosure is not always the same as honesty."

Citation

Van Arsdale, A., Shaw, T., Miller, P., and Parent, M.C. (2012). Polygraph Testing for Juveniles in Treatment for Sexual Behavior Problems: An Exploratory Study. *OJJDP Journal of Juvenile Justice*. pp. 68-79.

Abstract

Post-adjudication polygraph testing for juveniles with sexual behavior problems remains controversial. This study investigated the impact of polygraph testing in a sample of 60 adolescent males participating in specialized outpatient treatment specific to this population. Polygraph testing resulted in a significant increase in the number of victims disclosed. Results suggest that polygraph testing may be used to gain additional information and potentially help to inform specialized treatment.

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Center introduces our first online webinar in this new NEARI Press series. Dr. Robin Wilson will be speaking about his important work with persons who have intellectual disabilities and problematic sexual behavior. Space is limited, so please register now to be guaranteed a spot!

**Working with Individuals with
Intellectual Disabilities and
Problematic Sexual Behavior
Tuesday, October 9, 2012
2:00pm-3:00pm EST**

Within this one-hour webinar, Dr. Wilson will provide an overview of the essential knowledge, tools, and perspective necessary for anyone choosing to work with this population.

[Click here to register for this
FREE webinar.](#)

After you register, we will send you information about how to sign on.

x14 to let us know if you have a question or a topic you would like us to cover.

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