

	<b>WEST VIRGINIA DIVISION OF JUVENILE SERVICES</b>	<u>POLICY NUMBER:</u> 	<u>PAGES:</u> 3
<u>CHAPTER:</u> Juvenile Services	<u>REFERENCE AND RELATED STANDARDS:</u> WV Code Chapter §49-5E-1 et seq. (STATE CODE/Association for the Treatment of Sexual Abusers Guidelines)		
<u>SUBJECT:</u> Clinical Polygraphs			
<u>DATE:</u> October 1, 2011			

## POLICY

It is the policy of the Division of Juvenile Services to ensure guidelines are in place for oversight and use of the clinical polygraph in the treatment of sex offenders.

## CANCELLATION

This is a new policy.

## APPLICABILITY

This Policy applies to ALL Division of Juvenile Services' facilities which provide treatment for residents involved in Sexual Offender Specific Treatment.

## DEFINITIONS

1. **Clinical Treatment Team:** The Clinical Treatment Team consists of the Clinical Program Director, Therapist, Case Manager, and Correctional Counselors. Their purpose is to develop, direct and lead the treatment plan developed for each youth in the program.
2. **Full Disclosure Polygraph:** Used to verify that the original disclosure by the resident is comprehensive and verifies the resident's full participation in the treatment program.
3. **Maintenance Polygraph:** Administered periodically to ensure compliance with treatment contracts, probation and parole requirements, and for identifying those residents who are re-offending.
4. **Specific Issue Polygraph:** Given when specific problems occur, are narrowly defined and deal with a single problem or issue.

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## PROCEDURES

1. The West Virginia Division of Juvenile Services approves the use of a polygraph for certain selected youth involved in treatment in the agency's approved Sexual Offender Specific Treatment Program. Use of the clinical polygraph is strictly controlled and must be approved in each instance by the Facility Superintendent/Director. (Attachment #1)
  - a. When the Treatment Team identifies a resident as a potential candidate for the polygraph, they will initiate the approval process.
  - b. The clinical director will review and approve the clinical appropriateness of the candidate for the polygraph. In the absence of a director of clinical services, the request will be forwarded to the program psychiatrist for review of clinical appropriateness who will recommend approval or disapproval.
  - c. The treatment team will determine which type of clinical polygraph will be appropriate: Full Disclosure, Specific Issue and/or Maintenance.
  - d. The treatment team will review and approve/disapprove the recommendation and will document the decision in committee minutes.
2. A youth may be considered a candidate for a polygraph if the youth:
  - a. has been admitted to a DJS approved sexual offender specific treatment program,
  - b. completed the initial victim perpetrator sheets, and/or
  - c. is not making substantial progress in the Sex Offender Specific treatment program.
3. A youth will not be considered for a polygraph if the youth:
  - a. is self-abusive,
  - b. is suicidal,
  - c. has been determined by program psychiatrist to not be a candidate due to mental capacity, or
  - d. is younger than age fourteen (14).

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4. The program clinical director or designee will meet with the youth and discuss the use of the polygraph.
5. The program clinical director will arrange for the clinical polygraph administration and ensure that the results will only be available to the clinical treatment team.
6. All polygraphs are administered by a licensed polygraph examiner in accordance with the state guidelines for clinical polygraph examination of sex offenders.
7. While the polygraph is being administered, the resident will be transported to a designated room to meet with the Polygraph examiner. No staff shall be present in the room during the polygraph assessment. A designated staff member will be posted outside the testing room for the duration of the test.
8. Each facility will have in place an operational policy and procedural plan to ensure the standards and practices of this policy are followed.

**RIGHTS RESERVED**

The Director reserves the right to modify, suspend or cancel any provision herein in part or entirety, without advance notice, unless prohibited by law.

**APPROVED:**

  
 \_\_\_\_\_  
 Director

  
 \_\_\_\_\_  
 Date

## Polygraph Testing Acknowledgement and Approval

The Polygraph is a psycho-physiological assessment technique used in DJS treatment centers to motivate offenders to be truthful about their sex offense-related interests and behaviors, as well as to corroborate their self report. It is given typically within the first three months after admission to the Sex Offender Specific Treatment Program for the baseline or full disclosure exam. It is then used periodically, generally every six months, for maintenance or monitoring exams, to verify compliance with treatment goals, objectives, and rules. It may also be administered on an as needed basis, when determined by the clinical treatment team to be indicated for safety concerns or when specific issues arise.

There is no risk of physical harm involved in taking a polygraph. It may cause anxiety, given the nature of the information revealed. Residents may refuse to take the exam. Refusal to take it will be viewed in context of overall compliance with treatment. The polygraph is one of many tools the Division uses in assessment and treatment. Refusal to take it alone will not result in removal from the program, but may indicate less likelihood of successful completion of treatment. Information obtained from the polygraph will be treated with the same confidentiality rules as all other information disclosed on treatment. It is intended for clinical purpose only.

An independent certified polygrapher will be administering the test. As a necessary component of the procedure, the polygrapher will be provided with background and referral information on each resident prior to testing. Upon completion of the test, results will be provided to the treatment team. In accordance with West Virginia State law, the polygrapher will retain a copy of the results in their personal files, to be kept confidential.

My signature below affirms my understanding of the above procedure and that I have had the opportunity to ask questions.

\_\_\_\_\_ Date \_\_\_\_\_

Resident

As legal guardian, my signature also indicates that I grant permission for the adolescent in my custodial care to complete the polygraph exam.

\_\_\_\_\_ Date \_\_\_\_\_

Facility Superintendent/Director