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Standard Guide for Clinical Psychophysiological Detection of Deception (PDD) Examinations for Sex Offenders¹

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1. Scope

1.1 This guide establishes essential and recommended elements in procedures for conducting psychophysiological detection of deception (PDD) examinations for clinical applications with individuals in treatment, on probation or parole for sex offenses. This includes, but is not limited to, Post-Conviction Sex Offender Testing.

1.2 This guide ensures that such examiners for this application are specifically trained in issues associated with supervision and treatment of sex offenders.

1.3 This guide is not intended to encompass any other PDD examinations.

2. Terminology

2.1 Definitions of Terms Specific to This Standard:

2.1.1 *clinical PDD examinations*—disclosure examinations, maintenance examinations, monitoring examinations, and specific denial examinations.

2.1.2 *disclosure examinations*—the exploration of sexual histories, therapeutic issues, and sexual deviance prior to the time of conviction to assist treatment providers.

2.1.2.1 *sexual history*—the historical sexual activity of the monitored individual. These areas of inquiry include, but are not limited to, such matters as early physical sexual contact, sexual education sources, exposure to and use of pornography, the onset and practice of masturbation, victimization, fetishism, voyeurism, bestiality, and partialism.

2.1.3 *maintenance examinations*—issues of probation or parole violations, or treatment issues and protection plan restrictions.

2.1.4 *monitoring examinations*—the commission of sexual offenses, yet unidentified, while on probation, parole, or in treatment.

2.1.5 *specific denial examinations*—only the examinee's post-conviction denial of the instant offense. These examinations are conducted as specific issue examinations, in accordance with ASTM standards.

3. Significance and Use

3.1 Clinical PDD examinations refer to the employment of instrumentation for the purpose of detecting deception or verifying truthfulness of statements of individuals under court supervision, or in treatment for the commission of a sex offense.

3.2 Clinical PDD examinations are specifically intended to assist in the detection, treatment, or supervision of sex offenders.

4. Clinical PDD Examiner Qualifications

4.1 Clinical PDD examiners shall meet the basic qualifications in accordance with ASTM standards.

4.2 Clinical PDD examiners shall possess the necessary current certificate or license in accordance with their state statute or jurisdictional authority.

4.3 Examiners who conduct clinical PDD examinations shall successfully complete a minimum of, but not limited to, 40 h of specialized sex offender training in accordance with ASTM standards.

5. Continuing Education

5.1 Clinical PDD examiners shall maintain continuing education in accordance with ASTM standards.

6. Frequency of Clinical PDD Examinations

6.1 The examiner shall not conduct more than four separate clinical PDD examinations per year on the same examinee.

6.1.1 A reexamination over previously examined issues where no opinion was formed is not considered a separate examination, but a continuation of the original examination.

6.2 The examiner shall not conduct a clinical PDD sexual history disclosure examination of less than 90 min.

6.3 The examiner shall not conduct a clinical PDD maintenance, monitoring, or specific denial examination of less than 90 min.

6.4 The following is the maximum number of examinations that shall be conducted by an examiner in any single calendar day:

6.4.1 The examiner shall not conduct more than three clinical PDD sexual history disclosure examinations in any single calendar day.

¹ This guide is under the jurisdiction of ASTM Committee E52 on Forensic Psychophysiology and is the direct responsibility of Subcommittee E52.05 on Psychophysiological Detection.

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