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Standard Terminology Relating to Forensic Psychophysiology¹

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1. Scope

1.1 This is a compilation of terms and corresponding definitions used in forensic psychophysiology. Legal or scientific terms that generally are understood or defined adequately in other readily available sources may not be included.

1.2 A definition is a single sentence with additional information included in notes. It is reviewed every five years, and the year of the last review or revision is appended.

1.3 Definitions identical to those published by another standards organization or ASTM committee are identified with the abbreviation of the name of the organization or the identifying document and ASTM committee; for example, ASME is the American Society of Mechanical Engineering.

1.4 Definitions of terms specific to a particular field are identified with an abbreviation.

2. Significance and Use

2.1 These terms have particular application to the scientific discipline of forensic psychophysiology. In addition, a hierarchy of sources of definitions are used in the development of this terminology. The hierarchy is as follows: Webster's New World Dictionary, Third College Edition; technical dictionaries; and the Compilation of ASTM Standard Definitions. The subcommittee developed a suitable definition after all of the sources in the hierarchy are found wanting.

3. Terminology

3.1 Terms and Definitions:

Air Force modified general question test (AFMGQT), *n*—test format with flexible question orderings and numbers of relevant questions.

DISCUSSION—The AFMGQT can be used in single-issue, multiple facet, and multiple-issue PDD examinations. The AFMGQT uses relevant, comparison, sacrifice relevant and irrelevant questions.

artifact, *n*—a change in a PDD tracing that is not attributable to a review test question, stimulus, recovery, or homeostasis.

cardiovascular tracing, *n*—a display of physiological patterns of the subject's relative blood pressure and pulse rate.

DISCUSSION—The cardiograph component records this activity.

comparison question, *n*—type of question, the physiological responses from which are compared to those generated by the relevant questions.

counterintelligence-scope polygraph (CSP), *n*—screening examination administered by the Federal Government on individuals with sensitive security clearances to detect and deter espionage, security breaches, sabotage, or other acts against the government.

DISCUSSION—Sometimes referred to as a *loyalty* examination.

Daubert v. Merrell Dow Pharmaceuticals, Inc., *n*—although not a PDD case, the Daubert case set aside the landmark Frye rule's "general acceptability" provisions in favor of the Federal Rules of Evidence.

DISCUSSION—This paved the way for the admissibility of PDD evidence in most jurisdictions.²

deception indicated (DI), *n*—a conventional term for a PDD outcome.

DISCUSSION—A decision of DI means that the physiological data are stable and interpretable and that the evaluation criteria used by the examiner

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² For more information, see Daubert v. Merrell Dow Pharmaceuticals, Inc. (1992), 509 U.S. 579, 125 1. Ed 2d 469; United States v. Frye 54 App D.C. 46, 293 F 1013.

concluded that the examinee was not being completely truthful to the relevant issue. DI corresponds to the term *significant physiological responses (SPR)*.

deception test, *n*—a family of PDD examinations where direct questions are posed to the examinee during physiological recording regarding the examinee’s involvement in what is covered in the relevant question.

DISCUSSION—Unlike recognition tests, both truthful and deceptive examinees are aware of which questions are relevant, and direct participation, not just recognition, is tested. Deception tests include PDD comparison question tests and PDD relevant/irrelevant tests.

disclosure examinations over sexual history, *n*—a clinical polygraph examination intended to explore pre-conviction “lifetime” sexual behavioral histories and activities which include the disclosure of additional victims, sexual education sources, victimization, exposure and utilization of pornography, the onset of masturbation, paraphilias, sexual deviance, and therapeutic issues.

DISCUSSION—It is a utility-designed multiple-issue polygraph test, subject to the successive hurdles decision approach.

electrodermal tracing, *n*—the display of physiological patterns of either skin resistance or skin conductance obtained through exosomatic recording with a galvanograph component.

evidentiary PDD examination, *n*—test procedures that are designed to meet minimum standards for admissibility in court or administrative hearings.

DISCUSSION— Among the necessary components are: electronic recording of the session, use of a PDD technique for which the preponderance of the published peer-reviewed research shows an average accuracy of 90 % or better; individually validated scoring rules, and optimized decision rules. Use of a movement sensor is also recommended.

false negative, *n*—misclassification of a deceptive person as truthful.

false positive, *n*—misclassification of a truthful person as deceptive.

forensic psychophysiology, *n*—the scientific discipline dealing with the relationship and applications of PDD tests within the legal system.

DISCUSSION— It encompasses the academic discipline that provides the student, the practitioner, and the researcher with the theoretical and applied psychological, physiological, and psychophysiological fundamentals for a thorough understanding of PDD tests and the skills and qualifications for conducting PDD examinations. The modifier “forensic” delineates and delimits this discipline from the broader discipline of psychophysiology.

format, *n*—the established sequence or rules for ordering questions for presentation during testing.

homeostasis, *n*—a complex interactive regulatory system by which the body strives to maintain a state of internal equilibrium.

inconclusive, *n*—a PDD examination finding that indicates the testing phase was completed and the data did not contain sufficient or consistent diagnostic information on which to base a definitive decision concerning the truthfulness of the examinee.

investigative PDD procedures, *n*—routine PDD examinations that are used to explore wider issues than evidentiary PDD examinations and are not intended to meet exacting evidentiary standards.

DISCUSSION—Investigative procedures may include applicant testing, PCSOT, and multiple-facet criminal testing.

irrelevant question, *n*—An irrelevant question is designed to be a non-emotion provoking question (also referred to as *norms or neutral questions*).

modified general question test (MGQT), *n*—test format patterned after the Reid test and modified by the U.S. military. It contains relevant, irrelevant, and comparison questions.

DISCUSSION—The MGQT is widely used in the field and has a body of validity research.

monitoring examination, *n*—A clinical polygraph examination specifically intended to uncover whether the offender has committed any illegal sexual act(s) with a child or any other sexual act forbidden by law during a sex offender’s period of supervision.

DISCUSSION—The requested test timeframe can be since the imposition of the offender’s parole or probation, since his last test, or since any other period designated by supervision officers. This is exclusively a single-issue polygraph test.

multiple-facet polygraph test, *n*—a test in which the relevant questions cover the same event, though the questions may cover different aspects of that event.

DISCUSSION—Because the relevant questions all relate to the same event, in field conditions the examinee would typically be entirely either truthful or deceptive to all questions, though this is not a condition of the multiple-facet polygraph test. One multiple-facet PDD format is the Reid test.

multiple-issue polygraph test, *n*—a test in which the relevant questions cover two or more areas that are partially or completely independent from one another.

DISCUSSION— Forms of multiple-issue polygraph testing include PCSOT, applicant testing, and counterintelligence screening.

no deception indicated (NDI), *n*—a conventional term for a PDD outcome.