

Suppression and Distortion of Responses during PPG Assessment

David Thornton, Ph.D., Symposium Chair

Abstract describing the entire symposium: A significant proportion of sexual offenders participating in a PPG assessment will be motivated to conceal offense-related arousal or to fake arousal to adult consensual themes. It is generally accepted that offenders who choose to do so have some ability to distort their penile responses during PPG assessment. Those seeking to interpret PPGs often see signs that they believe indicate that the offender being assessed is endeavoring to distort responses. Unfortunately there is little research into the validity of these signs. One difficulty in seeking to carry out such research is that it requires some independent criterion of whether distortion is taking place that can be related to potential signs of distortion seen during a PPG assessment. The research reported in this symposium uses a number of methods to create sets of PPG assessments that can reasonably be expected to differ in the proportion that were subject to deliberate distortion. Empirical tests of the validity of specific signs are reported and a new combined index of Response Interference is developed and tested.

Testing the Validity of Potential Signs of Response Interference during PPG Assessment

Kimberly Finch, Psy.D.
David Thornton, Ph.D.

Potential signs of Response Interference in during PPG assessments are identified in the penile trace, in skin conductance, in respiration and in responses to questions about PPG stimuli. The significance of these signs was examined using three methods for creating contrasting sets of PPG protocols that can reasonably be expected to differ in the proportion in which Response Interference took place:

- (i) the occurrence of potential signs of Response Interference following instructions to suppress as compared to their occurrence under standard instructions;
- (ii) the occurrence of potential signs of Response Interference occurring when polygraph examinations indicated deliberate non-compliance with instructions as compared to their occurrence when polygraph examinations suggested compliance with instructions ;

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(iii) the occurrence of potential signs of Response Interference in PPG assessments where the PPG Output Index was materially below the average level expected based on the offender's age and health status as compared to their occurrence where the PPG Output Index was materially above the average level expected based on the offender's age and health status.

Empirically Tested Approaches to Detecting Faking on PPG

Peter Byrne, Ph.D.

Sexual offenders are well known for attempting to distort or minimize their presentation during assessment. With regard to phallometric assessment or penile plethysmography (PPG) Marshall (2006) has stated "...it appears virtually impossible to prevent or detect dissimulation; thus, faking will always constitute some undetermined degree of threat to the validity of phallometric assessments." The purpose of this presentation is to empirically test Marshall's premise. The Monarch 21 PPG (Byrne, 2001) has been developed with a set of "validity scales" that are designed to deter or detect faking or suppressive efforts. An initial Case Study design (Rogers, 1997) examining convergent validity of the "validity scales" found a significant relationship between the MSI-II Social Sexual Desirability (SSD) scale and the number of attention errors during the evaluation, with those presenting as asexual on testing missing more event markers (Francis Montano, 2005). Other aspects of the "validity scales" either were not supported or untested. The present study will utilize a Simulation Study design (Rogers, 1997) in order to empirically operationalize the four Monarch 21 PPG "validity scales" with individuals who are known to be engaging in faking or suppressive attempts. The empirical aspects of the model will then be applied to a new sample of Monarch 21 PPGs that will contain both faked and non-faked samples. Sensitivity and specificity of this approach will be reviewed, along with information pertinent to implications for clinical practice.

Byrne, P.M. (2001). The reliability and validity of less explicit audio and "clothed" PPG stimuli with child molesters and non offenders. Unpublished doctoral dissertation, Department of Educational Psychology, University of Utah.

Francis-Montano, D. (2005). An examination of Response Interference in the Monarch 21 PPG. Unpublished doctoral dissertation, Department of Educational Psychology, University of Utah.

Marshall, W.L. (2006). Clinical and Research Limitations in the Use of Phallometric Testing with Sexual Offenders. *Sexual-Offender Treatment.Org* 1, 1.

Rogers, R. (1997). Researching dissimulation. In R. Rogers (Ed.), *Clinical assessment of malingering and defensiveness* (2nd ed., pp. 398-426). New York: Guilford.

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Clinical Implications of Detecting Response Interference

Peter Byrne, Ph.D.
David Thornton, Ph.D.
Kimberly Finch, Psy.D.

The clinical implications of differing degrees of ability to detect response interference will be explored for:

- how feedback is given to the offender being assessed,
- for the use of repeated PPG assessments,
- for identification of treatment needs,
- for treatment interventions,
- for report writing in different contexts