

USE OF THE PENILE PLETHYSMOGRAPH IN THE ASSESSMENT AND TREATMENT OF SEX OFFENDERS

Report of the Interagency Council on Sex Offender Treatment
to the Senate Interim Committee on Health and Human Services and the Senate Committee on Criminal Justice
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Sex Offender Treatment¹

There now exists a body of research knowledge and clinical skills with demonstrated effectiveness to drastically reduce sexual violence. Estimates indicate that 6% to 62% of girls and 3% to 30% of boys have been molested prior to the age of 18.² The rape rate in this country hovers between 25 and 50 rapes per 100,000 individuals at risk.³ Therefore, sexual violence is a major public health problem that needs attention now.

So far the approach of most mental health providers has been to treat victims after they have been victimized to reduce the emotional consequences of these assaults. Although we must sustain efforts to help victims, these victim assistance programs and therapies cannot be expected to reduce the rate of sexual violence. Sexual violence must be diminished by reducing the deviant sexual interest of the sex offender.

There currently exist proven treatment strategies that can be shown to reduce sexual violence cost-effectively. A detailed review of treatment outcome studies of sex offenders shows that specialized cognitive-behavioral treatment reduces recidivism rates 20% below nontreatment rates.⁴ The cost of bringing one perpetrator through the criminal justice system including victim counseling, family therapy, legal and court costs, and one year of prison incarceration in this country is approximately \$185,000.⁵ Treating 100 sex offenders with cognitive-behavioral treatment would mean that 20 of this 100 would not relapse and the subsequent cost savings to society would be \$3.7 million.

The reduction of recidivism, however, has a far more personal savings. Studies of recidivism show that by the time a person is apprehended for reoffense, he has committed at least two molestations. This means that for every 100 sex offenders treated, there will be 40 fewer child victims.

Treatment of sex offenders involves a very specific focus requiring extensive training usually not provided in current graduate training programs for mental health providers or in residency programs in psychiatry. Effective treatment must be specifically tailored to the address the 'offender's aggression, deviant sexual arousal, and offending behavior. Well designed treatment programs depend on comprehensive assessment of the offender. Complicating the achievement of this requirement is the fact that many sex offenders either deny their culpability or minimize the extent of their interest in and involvement with sexual offending

behavior. Attempting to treat an offender who either denies engaging in any deviant sexual behavior or minimizes the extent of his deviant psycho-sexual functioning is likely to result in ineffective treatment and continuing risk that the offender will reoffend. It is well established that the self-report of sex offenders cannot be assumed to be valid or to indicate the scope of the offender's deviant fantasies, arousal patterns, or behavior. One of the most powerful means of cutting through the offender's denial is psychophysiological assessment of sexual arousal patterns. The final and most helpful aspect of the assessment process involves a discussion with the denying offender of the results of the clinical interview, psychological testing, and penile plethysmograph. Many offenders reveal their deviant sexual interest when they are shown their positive physiologic responses to sexually inappropriate stimuli. A controlled study has shown that 62% of sex offenders so confronted with their plethysmograph results admitted to psycho-sexual problems that they had previously denied or not revealed. This increased reporting of deviant sexual interests makes treatment and outcome far more effective, since treatment can be tailored to address all of the offender's sexual interests rather than overlooking those he has failed to acknowledge.

Some mental health workers are reluctant to include the psychophysiological assessment in the total evaluation of the patient. However, other methods, such as attempting to develop a trusting relationship with the patient so that he eventually reveals his deviant interest, are exceedingly costly and generally not very productive. Treatment providers must use the best methodologies available to deal with the difficult task of evaluating individuals who are reluctant to reveal their deviant sexual proclivities. Following the initial assessment with the plethysmograph, periodic follow-up assessments can provide an objective measure of the offender's progress in treatment. These subsequent assessments also help the treatment provider assess the offender's continued risk for reoffending.

Once an offender's deviant sexual arousal patterns have been identified, treatment interventions can be introduced which are designed to reduce or eliminate these deviant response patterns. Treatments such as covert sensitization, ammonia aversion, satiation, and aversive behavioral rehearsal have been found to be helpful in this regard. These behavioral treatments, in general, teach the perpetrator the sequence of events leading to commission of his deviant sexual behavior and then provide the offender with specific methods to disrupt that chain of events.

Sex offenders almost always have developed faulty cognitions, attitudes, or belief systems that justify their offending behavior. Such rationalization helps the perpetrator continue to justify his deviant behavior so as not to see himself as harming others. These cognitive distortions are confronted in therapy in order to identify their distorted nature and thereby block the offender from using these rationalizations.

Another component of treatment involves relapse prevention. This treatment involves helping the offender identify seemingly insignificant decisions that he has made in the past that ultimately led him to offend. The effectiveness of the offender's decision-making is examined with him, and he is taught to solve problems effectively to avoid putting himself at risk for relapse.

Penile Plethysmography

The penile plethysmograph is an individually applied physiological test, that measures the flow of blood to and from the genital area. Over the past 20 years the plethysmograph has evolved into a sophisticated computerized instrument capable of measuring slight changes in the circumference of the penis.

Much research has accompanied the evolution of the plethysmograph. There are over 350 published research papers in the scientific literature that document its

validity and reliability as an assessment procedure. Generally, the plethysmograph is recognized as the best objective measure of male sexual arousal because blood flow into the penis is the only measure of sexual arousal that doesn't seem to be influenced by other factors. The objective ability to measure penile arousal has helped the plethysmograph evolve into one of the important tests in the assessment and treatment of male sex offenders.

Sometimes the use of the plethysmograph goes beyond the assessment and treatment of sex offenders. Less reliable and valid applications include using the plethysmograph to determine innocence or guilt, and to predict future recidivism. The validity of the plethysmograph as a judicial decision-making instrument is not widely accepted by the courts or scientific community. There isn't sufficient scientific evidence to show an absolute correlation between deviant sexual arousal patterns as measured in the laboratory and deviant sexual behavior. That a person has a deviant sexual arousal pattern does not prove that he has acted on those interests.

History

The plethysmograph has an approximate 80 year history.⁷ As far back as 1908, a type of plethysmograph was used to check the effect of certain drugs on vasomotor reflexes. By the 1930's the plethysmograph was being used to assess erectile difficulties. In 1957, after experimenting with breathing patterns, galvanic skin response, and heart rate, Kun Freund settled on the phallometric method for measuring penile arousal. Penile volume change was recorded after the presentation of erotic and neutral stimuli.

Erectile Response

Basically, there are two major methods of measuring penile tumescence. Either the change in penile volume or the change in penile circumference is monitored. The penile circumference method is the more commonly used measurement. Actual measurement of the penile circumference change is measured by a mercury strain gauge or a Barlow gauge. Both of these transducers are mechanical devices that transform minute changes in circumference of the penis into resistance changes measured across a Wheatstone bridge. The minute resistance changes are amplified and sent to a recording device such as a pen on a chart recorder, or in the case of a computer, the resistance analog changes are converted to a changing digital signal, which is recorded on a recording device by the computer.

Penile erection can be the result of psychogenic or reflexogenic stimuli. Examples of psychogenic stimuli would be auditory, visual, olfactory, gustatory, tactile, and imaginative thoughts. Reflexogenic examples would include such things as touching the erotic body zones or stimulation arising in the bladder or rectum. Often the psychogenic and reflexogenic stimuli act together to produce or inhibit an erection.

Measurement Methods

Normally, when a plethysmograph test is being administered, the person being assessed and the operator are separated in different rooms. Although they are in different rooms, they need to be able to communicate with one another. Before the test begins the operator calibrates the gauge to ensure that the gauge and the equipment are working properly. The subject is instructed on how to place the measuring gauge on his penis. With the gauge attached, the plethysmograph is then calibrated to establish the subject's baseline. The sensitivity of the plethysmograph can be set so that the penile circumference changes detected are not discernable by the client.

Stimulus Materials

The stimuli used to assess sexual aggressors is one of the most important aspects of the assessment procedure. The plethysmograph is valuable in differentiating or identifying individuals who manifest high levels of arousal to inappropriate sexual activity while exhibiting low levels of arousal to appropriate sexual activity. The final assessment recommendations are usually based upon the ratios between inappropriate and appropriate responses. Emphasis should not just be placed on whether the subject is aroused to inappropriate erotic stimuli.

There are many methods of presenting erotic stimulus material to the subject. Some research suggests that video stimuli produce the highest arousal and that audio stimuli produce lower arousal levels that are more stable and difficult to suppress.⁸ Video stimuli are not often used, however, because the discriminate value of the image is often compromised due to the powerful nature of this medium; that is, clients are aroused to most sexual stimuli presented in this medium. However) some individuals respond almost exclusively to audio materials while others respond almost exclusively to visual materials. One of the reasons for using audio stimuli over other modes is that audio has the advantage of presenting cues that for technical and ethical reasons cannot be presented through other modalities.

A subject may be exposed to stimuli depicting as many as twelve different sexually stimulating fantasies. A complete set of twelve audio presentations might consist of six consenting and six nonconsenting situations. Additionally, each of these sets of sexual situations might cover the full range of child, adolescent, and adult targets for both genders. Some operators supplement the audio presentation by briefly showing three or four slides of nude persons of different ages and gender.

During the time that the subject is exposed to the sexual stimulus, the plethysmograph is graphically recording the changes in the subject's penis circumference. It is these recorded measurements that are used to determine whether the subject is overly stimulated to an inappropriate fantasy as compared with an appropriate fantasy.

Since the mid 1980's experts in the measurement of penile tumescence have cautioned professionals who are treating sex offenders against the use of confiscated visual images from law enforcement officials. Such images, it was felt, could have been obtained only by exploitation of children or adults contained in the photographs. Additionally, these visual images often contain multiple subjects, or mixtures of gender, age, and race, making interpretation of the arousal pattern difficult. Sexually explicit material involving children necessarily means that children have been exploited to produce it, and any use of such material can be considered further exploitation. Visual stimulus materials depicting individual, nude children of various ages and sex need not be exploitive and are more appropriate for assessing an offender's sexual preferences. Audio stimulus materials can be effective in depicting explicit sexual acts and can be used with fewer legal and ethical objections. No one is exploited in using audio materials.

Farrall Instruments has been in the forefront of attempts to standardize stimulus material. From their research they concluded that use of erotica, pornography, or sexually explicit visual materials are not necessary to the accurate determination of a person's sexual preferences. Instead, they developed a series of 35mm color slides of children and adults of all ages and gender. None of the stimulus materials of minors depict sexual activity. The slides portray nude male and female anatomy which have been standardized according to the Tanner Scale. The children depicted in this slide series were children who were reared in a nudist environment. All photography of the children was done with one or more parents present and with the written consent of one or more parents. That written consent involves a contract which restricts use of the photographs to professionals, and then only for scientific

research, counseling, education, medical or treatment needs of patients. These materials are only sold to licensed practitioners who are treating sex offenders. Purchasers of these materials must sign a contract which includes the condition that the materials be used only for scientific research, education, or treatment of patients.

Many treatment providers have sought opinions from state or federal Attorney General offices that the stimulus sets are not pornographic prior to using them in assessments. Many jurisdictions have amended their penal codes to provide that possession of the standardized stimulus set by licensed treatment providers does not constitute pornography. The standardized stimulus set is also used in many penitentiary settings including the Justice Department's treatment program for sex offenders in Butner, North Carolina.

Reliability

Measuring changes in a man's erectile response while he watches, listens to, or reads descriptions or depictions of various activities has been shown to be reliable in the sense that they are stable over time even when measured repeatedly in a short time period.⁹ There is some question about the reliability of findings with different types and models of plethysmographs being used today. It may be that this problem is related to the lack of standards in the interpretation of results or the lack of control over how stimuli are selected and presented. Most experts agree, however, that the plethysmograph has an important role in the assessment of sex offenders.

Validity

The validity of the plethysmograph for measuring male sexual arousal is very high. Research supports the claims that it is also valid for the investigation of age preference and sexual orientation.^{10 11} It has demonstrated that rapists show high arousal to rape stimuli and low responses to consenting scenes.¹² Recent research has also shown that child molesters can be detected by using the plethysmograph and proper stimuli.¹³

An important validity consideration is to be sure about what stimulus is causing the aroused response in the subject. Erectile responses are not necessarily simple reflexive responses to stimuli that are presented but can be strongly influenced by the person's thoughts and fantasies. In an attempt to control the thoughts or fantasies of the subject, as well as the subject's ability to control his response, it has been suggested that the most powerful stimulus modality and content available be used; that is, highly explicit material is preferred.^{14 15} Not everyone agrees with this. There is research which suggests that sexually explicit visual images are not required to do an accurate assessment.¹⁶

Age Appropriate Assessments

There are 735 programs in the United States and Canada that treat juvenile sex offenders. A versive conditioning using noxious odor and masturbatory satiation are among the procedures used in some of these programs. Recent research supports the efficacy of aversive conditioning in reducing deviant sexual arousal in juvenile sex offenders. The plethysmograph is used in 27% of the juvenile sex offender programs, Thirty-six percent of the 726 adult sex offender treatment programs use the plethysmograph.

The adolescent treatment programs are more recent than the adult programs and there are fewer longitudinal outcome studies and less research data to guide procedures.

Generally, the adolescent programs have been patterned after successful adult programs. This seems logical and is the best approach until definitive studies

demonstrate otherwise.

Research indicates that most sex offenders begin offending during adolescence.¹⁷ Accordingly, the earlier treatment is initiated with an adolescent sex offender, the greater the likelihood the maladaptive behavior will be brought under self-control or eliminated.

Therapists should attempt to obtain a signed informed consent form from the minor whenever possible prior to proceeding with an assessment using the plethysmograph. Such consent from the juvenile by itself is insufficient because legally minors cannot give informed consent. Either the parents or some state appointed guardian should give the informed consent on behalf of the minor. Each person agreeing to undergo a plethysmograph assessment should be told that there may be a delayed arousal reaction to the stimulus material, including either depression, because they have been told they have a measured deviancy, or obsessions about some slide or audio stimulus. The operator should assume responsibility for helping an offender overcome any negative reactions he experiences as a result of undergoing a plethysmograph assessment. This might include counseling or referral to another provider.

An issue that has stirred considerable controversy in several jurisdictions of this country is the lower age limit for which penile plethysmograph assessment is appropriate. Several state legislatures presently are considering drafting legislation to place a lower age limit on therapy and assessment of juvenile sex offenders. Many experts in sex offender treatment endorse the view that this kind of assessment is appropriate for most adolescent sex offenders, but there is lack of unanimity on what the minimum age limit should be. Two pending court cases in New York and Arizona underscore the difficulty in deciding this issue. One of the cases reportedly involves allegations that young boys experienced psychological harm because of their exposure to stimulus materials used to produce sexual arousal during penile plethysmograph assessments. In the Arizona case nude slides with no sexual activity depicted were used. In the New York City case audio scripts comprised the stimuli. The Phoenix case involves a 10 year old boy who was convicted of sodomizing a 4 year old child. It is difficult to conceive a boy who sodomized a small child as being harmed by viewing slides of nude children. There is no documentation to support the contention that psychological trauma can result from having adolescents view nude photographs. Viewing sexually aggressive material may be another matter. Some people have questioned whether the stimulus material used during plethysmographic assessments of juveniles might present ideas to the juvenile which he may have problems managing. For example, it is possible a juvenile who offended by touching a smaller child with his hand may never have had a deviant thought of rape; however, if he is presented a rape stimulus in an arousal assessment, he may include this as part of his deviant arousal pattern thereafter. There is no verification in the professional literature that this occurs, but a reasonable safeguard would be to limit stimulus material used in assessments of juveniles to slides of nude individuals and auditory scripts of sexual encounters.

Because of the concerns raised in the two pending court cases mentioned above, additional safeguards have been proposed to determine the appropriateness of using the plethysmograph with minors. Rather than setting arbitrary statutory age limits for this procedure, it makes more sense to base this decision on the client's physical, cognitive, social, emotional, and sexual maturity; and his sexual knowledge and experience. A reasonable standard might be to authorize the use of the plethysmograph for adolescent sex offenders, other than those who are mentally retarded, who are two years beyond the onset of puberty. Authorization to use the plethysmograph on younger or mentally handicapped sex offenders would require review by an independent advocacy team. The makeup of such a team is no doubt open to some debate, but one proposal would stipulate that the experts be made up of several professionals. One expert should have an earned doctorate and be licensed in child clinical psychology, developmental psychology, and/or pediatric psychiatry. Another

professional should be a specialist in sex offender treatment and the third member should be experienced in working with victims. All members of the review team should believe in the efficacy of sex offender treatment. The function of this independent review team would be to determine the likelihood of psychological harm to the juvenile as a result of being subjected to the sexual stimulus material and the testing conditions. This determination would be made by considering the client's physical, cognitive, emotional, and social maturity; sexual knowledge and experience. These professionals should be economically distanced from the treatment and assessment facility. They would be paid by the criminal justice or juvenile justice system at a flat rate for each assessment. They would not be allowed to provide further assessment or therapy for the clients for whom they advocate.

Qualifications for Plethysmograph Operators

Licensing Instruments, Distributors, or Operators. A recent national survey on the educational and certification levels of plethysmograph operators revealed the following credentials:

Psychiatrists	3%
Ph.D. Clinical Psychologist	38%
Masters level Psychologists	34%
Bachelors level Psychologists*	13%
Masters of Social Work or Licensed Professional Counselors	12%

*technicians supervised by
masters level or Ph.D.
professionals.

The Federal Food and Drug Administration reclassified the penile plethysmograph manufactured by Farrall Instruments as a prescription device which dramatically limits its availability. This reclassification would require that it only be sold to and used by physicians, dentists, chiropractors, veterinarians, podiatrists, osteopaths, or following prescription by a physician. This eliminates virtually all current professional use of this instrument. This limitation is not consistent either with its developmental history or current use. Interestingly, functionally similar devices manufactured by D. M. Davis of New York and Parks Electronics of Oregon are not so designated. The Canadian government does not consider the Farrall device to be medical in nature.

The penile plethysmograph is a biofeedback, not a medical device. It is a measurement device which does not invade any part of the physical anatomy. The instrument in and of itself does not produce any physiological changes to the individuals whose responses are being monitored. The equipment is a specialized type of device based more on considerations of reliability, validity, etc., which fall within the domain of psychometric measurements rather than purely physiological measurements (such as blood count).

The Association for the Treatment or Sexual Abusers (ATSA) is an international organization of researchers and professionals actively engaged in the advancement of professional standards and practices in the field of sexual offender evaluation and treatment. Throughout its inception the plethysmograph has been routinely used by a large number of health care providers and a variety of mental health care professions. The ATSA asserts that restricting the use of penile plethysmography by qualified and licensed or certified professionals represents a threat to the effective assessment and treatment of sexual abusers. Such restrictions would substantially increase the likelihood of sexual violence in communities. The ATSA has developed standards for the use of penile plethysmography (see attachment). These standards, in conjunction with licensure or certification in a recognized health care

profession, provide a mechanism for monitoring ethical practice and maximizing community safety from sexual violence.

Likewise, the Texas Interagency Council on Sex Offender Treatment (IACSOT) is developing Standards of Care Guidelines for treatment providers listed in the Registry of Sex Offender Treatment Providers. Similar standards are being developed for use of the penile plethysmograph in this state.

The IACSOT opposes any attempt by any state agency to require licensing of the penile plethysmograph or its distributors. The Federal Food and Drug Administration already inspects the manufacturer and the manufacturing process to insure that its standards for efficacy and safety are met. The manufacturer's specifications have been verified by a certified biomedical engineer. To do this at the state level is redundant and unnecessary. The IACSOT is not opposed to the Department of Health inspecting plethysmograph laboratories to insure compliance with appropriate sanitary procedures and equipment safety and calibration guidelines.

Rather than state regulation of the sale and distribution of the plethysmograph, the IACSOT supports the current manufacturers' policies of restricting sales of the plethysmograph to licensed/certified sex offender treatment providers and operators, and a program to license or certify plethysmograph operators in the State of Texas.

Licensing or Certifying Plethysmograph Operators. The IACSOT proposes two levels of certification for plethysmograph operators in this state. The first level would be the plethysmograph clinician. This individual would have to be currently listed in the Registry for Sex Offender Treatment Providers (i.e., meet the education, continuing education, and experience requirements of the Registry) published by the IACSOT. Each clinician would have to document successful completion of graduate courses in developmental psychology, psychopathology and personality disorders, statistics and/or psychometrics from an accredited university or medical school. In addition, the clinician would have to complete a prescribed course of instruction on the operation of the plethysmograph and the interpretation of plethysmograph results. Furthermore, the plethysmograph clinician must have performed at least ten plethysmographic assessments under the direct supervision of another plethysmograph clinician. The certifying or licensing board for plethysmograph clinicians might also opt to require these clinicians to pass an examination on the technical aspects of the operation of this device, stimulus selection guidelines, screening procedures for clients, and interpretation of plethysmograph results. The topics covered by such an examination (which might be both written and oral) might include:

1. Obtaining proper consent
2. Evaluating a client's mental condition and maturity level to assess appropriateness of the assessment
3. Establishing rapport with the client and setting up the testing conditions conducive to valid assessments
4. Familiarity with the variety of transducers
5. Sanitary and disinfection procedures
6. Maintaining, repairing, and calibrating gauges and equipment
7. Understanding the physiology of penile tumescence
8. Understanding attempts to suppress or fake penile responses
9. Debriefing techniques
10. Tailoring plethysmograph assessments to the purposes for which it is requested
11. Ethical considerations in the plethysmograph assessments
12. Confidentiality
13. Selecting appropriate stimulus materials
14. Interpreting plethysmograph data
15. Integrating assessment data with treatment planning:

The second level of certification for plethysmograph operators would be the plethysmograph technician. Minimum qualifications for this level of certification would be a bachelor of science or bachelor of arts degree in psychology or social work or their equivalents from accredited colleges or universities. Applicants would have to document that they successfully completed courses in abnormal psychology, developmental psychology, experimental research procedures, and statistics or psychometrics. In addition, the technician would have to complete a prescribed course of instruction on the operation of the plethysmograph. They would be expected to document a set number of continuing education credits in sex offender treatment each year. In addition to this educational requirement, plethysmograph technicians must have performed at least ten plethysmograph assessments under the direct supervision of a plethysmograph clinician. They might also be required to pass an examination on plethysmography. A technician must work directly under the supervision of a plethysmograph clinician and cannot practice independently. Plethysmograph technicians would not interpret the data or give information about the plethysmograph assessment to the client.

Many people presently doing assessments have a great variety of training and experience. These operators might be "grandfathered" after passing the required examination.

The IACSOT recommends that the licensing authority be placed with the Texas Polygraph Examiners Board (PEB) with the stipulation that the rules and regulations governing plethysmograph operators be developed jointly by the PEB and the IACSOT.

Conclusions

1. Penile plethysmography is a scientifically valid and reliable method for assessing deviant sexual arousal patterns in males who sexually offend.
2. Although penile plethysmography is helpful in detecting a person's sexual arousal patterns, it cannot be used to determine whether a person has engaged in a sexually deviant act; nor can it be validly used to predict recidivism.
3. Accurate assessment of the sexual arousal patterns of sex offenders is strategic to effective treatment of these offenders. It not only enables tailoring the treatment program to specifically target the stimulus conditions related to an offender's sexual arousal pattern, but it facilitates overcoming the offender's denial and minimization of his offending behavior.
4. The penile plethysmograph is an important and objective measure of a sex offender's progress in treatment.
5. Sexual offending often has its origins in adolescence. By strategic, early, treatment intervention in the sexual offending of a juvenile, deviant sexual arousal and behavior patterns can be reduced or eliminated, thereby enhancing public safety and reducing the number of victims. Aversive conditioning to reduce deviant sexual arousal has been found to be effective with adolescent sex offenders.
6. The plethysmograph is used extensively in assessing juvenile as well as adult sex offenders in the United States and Canada.
7. Plethysmographic assessment of sexual arousal patterns requires the use of visual, auditory and/or written depictions or descriptions of nudity and/or explicit sexual interaction. Valid plethysmograph assessments can be conducted using visual depictions limited to nude color photographs of persons of all ages and gender along with auditory descriptions of more explicit sexual activity. Standardization of the stimuli used for such assessments can help in comparing results among examiners and for different groups of sex offenders.
8. Valid assessment using the plethysmograph and interpretation of the resulting data can be effectively accomplished by persons who have a master's degree or its equivalent in a mental health treatment field and who have been specifically trained and supervised in plethysmograph administration and interpretation. Requiring

operators to be licensed in a field of medicine is unnecessarily' restrictive, contrary to the history of this device and current practice, deleterious to meeting expanding sex offender treatment needs, and potentially inflationary to the cost of effective service delivery.

Recommendations

- 1. The sale and distribution of plethysmographs and associated supplies that conform to FDA specifications should not be regulated by the State of Texas.** Such regulation would be duplicitous of federal regulations and result in unnecessary governmental expense and red tape and unnecessarily restrict the availability of plethysmographic assessment. Consumer protection is insured by effective federal regulation of the manufacturer's specifications and restriction of sales by the manufacturer to qualified operators (in much the same way that publishers of psychological testing materials require purchasers to meet certain criteria).
- 2. The plethymograph should be classified as a biofeedback device and not one requiring a medical prescription.** The IACSOT recommends that the Federal Food and Drug Administration should reverse its recent reclassification of the Farral Instruments plethysmograph as a prescription device. The current classification of this device by the FDA severely limits its availability, eliminating all but about 3% of the current operators of this instrument in the United States and increasing the cost of these assessments.
- 3. Licensed psychologists, licensed professional counselors, and clinical social workers in Texas should not be restricted by the Department of Health from operating the plethysmograph.** Although the classification of the Plethysmograph as a medical device requiring a prescription is a policy decision at the federal level, allowing psychologists, social workers and licensed professional counselors to operate the device is a state issue. The Texas Department of Health does not recognize psychologists as being licensed practitioners who are able to use the prescription device. In view of the history, development, and current use of this device, the IACSOT believes such restrictions are arbitrary and not in the best interests of the citizens of this state.
- 4. The IACSOT is not opposed to regular inspection of plethysmograph laboratories by the Texas Department of Health if such inspections are limited to monitoring compliance with sanitary and equipment safety and calibration guidelines.**
- 5. Plethysmograph operators should be licensed or certified to practice in this state.** Operators should meet certain minimum educational, training and supervision standards. Guidelines for licensure or certification should be developed by the IACSOT in consultation with the Texas Polygraph Examiners Board, which would administer the program.
- 6. Use of the penile plethysmograph to assess deviant sexual arousal patterns and progress in sex offender treatment should be permitted not only in the assessment of adult sex offenders, but in the assessment of adolescent sex offenders who are at least two years beyond the onset of puberty unless the adolescent is diagnosed as being mentally retarded.**
- 7. Authorization to use the plethysmograph on younger or mentally handicapped sex offenders should be based on a review by an independent advocacy team.** The makeup of this team should include one expert with an earned doctorate and a license in child clinical psychology, developmental psychology, and/or pediatric psychiatry . Another professional should be a specialist in sex offender treatment, and the third member should be experienced in working with victims. This independent review team would determine the likelihood of psychological harm to the juvenile as a result of being subjected to the sexual stimulus material and testing conditions. This determination would be made by considering the client's physical, cognitive, emotional, and social maturity; sexual knowledge and experience.
- 8. The stimulus materials used in the plethysmographic assessment of adolescent sex offenders should not include visual depictions of explicit sexual activity.**
- 9. The Texas Penal Code should be amended to provide that possession of the standardized set of stimulus materials used in plethysmography by registered sex**

offender treatment providers and licensed/certified plethysmograph operators for purposes of education, research, assessment and treatment not constitute pornography.

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