**Section 1905.70 Psychophysiological Assessments**

Evaluators shall recognize that psychophysiological assessment methods such as phallometry, viewing time and polygraphy may have particular utility to obtain objective behavioral data about the client that may not be readily established through other assessment means; explore the reliability of client self-reporting; and explore potential changes, progress and/or compliance relative to treatment and other case management goals and objectives, not determine guilt or innocence. Each assessment method is further explained in Section 1905.140.

a) Evaluators obtain specific informed consent from clients prior to using psychophysiological measures.

b) Evaluators are familiar with the strengths and limitations of psychophysiological instruments and note these issues when interpreting and communicating the findings from these instruments.

c) Evaluators take reasonable steps to obtain assurances that examiners utilizing psychophysiological assessment instruments are appropriately trained in the use of those instruments, use accepted methods, and adhere to applicable professional/discipline-specific standards or guidelines.

d) Evaluators recognize that the findings from psychophysiological measures are to be used in conjunction with other sources of assessment information, not as the single source of data for any assessment.

e) Evaluators recognize that the results of psychophysiological measures are not to be used as the sole criterion for any clinical decision regarding offending, including, but not limited to, the following:

1) Estimating level of risk for recidivism;

2) Making recommendations for release to the community from a correctional, institutional or other noncommunity placement;

3) Determining treatment completion; or

4) Drawing conclusions regarding compliance with or violations of conditions of release or community placement.

f) Evaluators appropriately limit the use of phallometric measures to the following purposes:

1) Assessing the client's relative sexual arousal and preferences regarding age and gender;

2) Evaluating the client's arousal response to various levels of sexually intrusive or aggressive/coercive behaviors;

3) Exploring the potential role of offense-related sexual arousal in the client's sexually abusive or at-risk behavior and developing accompanying treatment goals; and

4) Monitoring the effectiveness of interventions involving the modification, management and expression of both health and offense-related sexual arousal.

g) Evaluators appropriately limit the use of viewing time measures to the following purposes:

1) Assessing the client's sexual interests with respect to age and gender;

2) Evaluating the client's arousal response to various levels of sexually intrusive or aggressive/coercive behaviors;

3) Exploring the potential role of offense-related sexual arousal in the client's sexually abusive or at-risk behavior and developing accompanying treatment goals; and

4) Monitoring the effectiveness of interventions involving the modification, management and expression of both health and offense-related sexual arousal.

h) Evaluators appropriately limit the use of polygraph measures to the following purposes:

1) Facilitating a client's disclosure of sexual history information, which may include sexually abusive or offense-related behaviors;

2) Eliciting from the client clarifying information regarding the instant/index offense;

3) Exploring potential changes, progress and/or compliance relative to treatment and other case management goals and objectives; and/or

4) Making collaborative case management decisions about a client with other partners and stakeholders.