

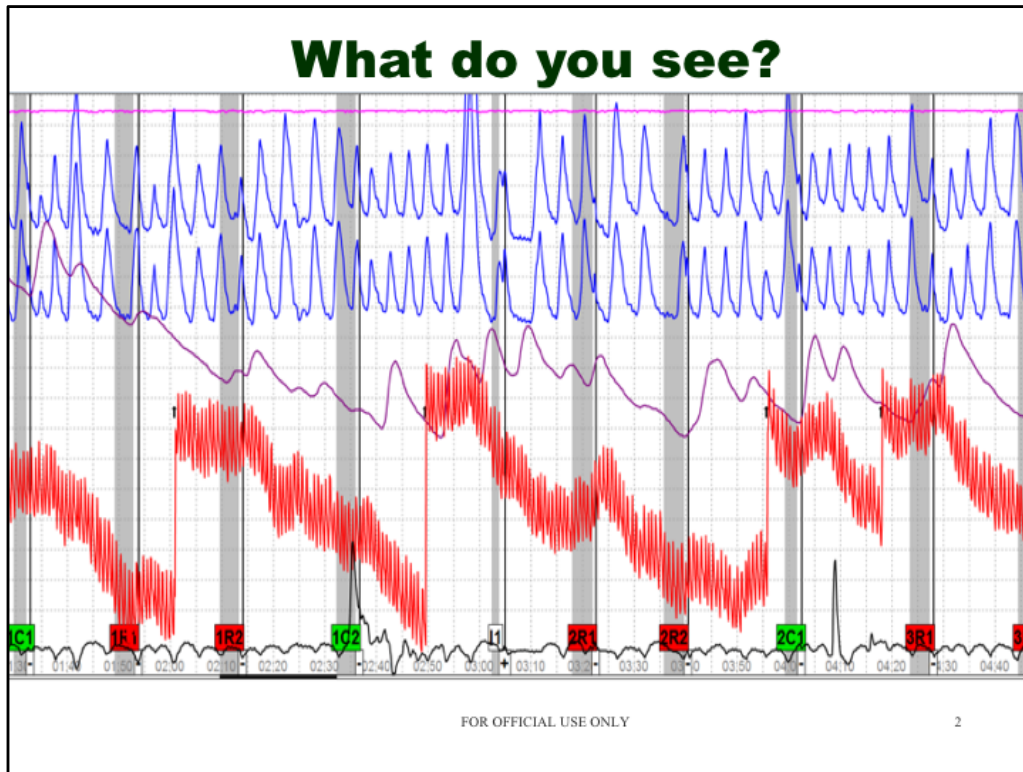


Case Review 5

National Center for Credibility Assessment

FOR OFFICIAL USE ONLY

1



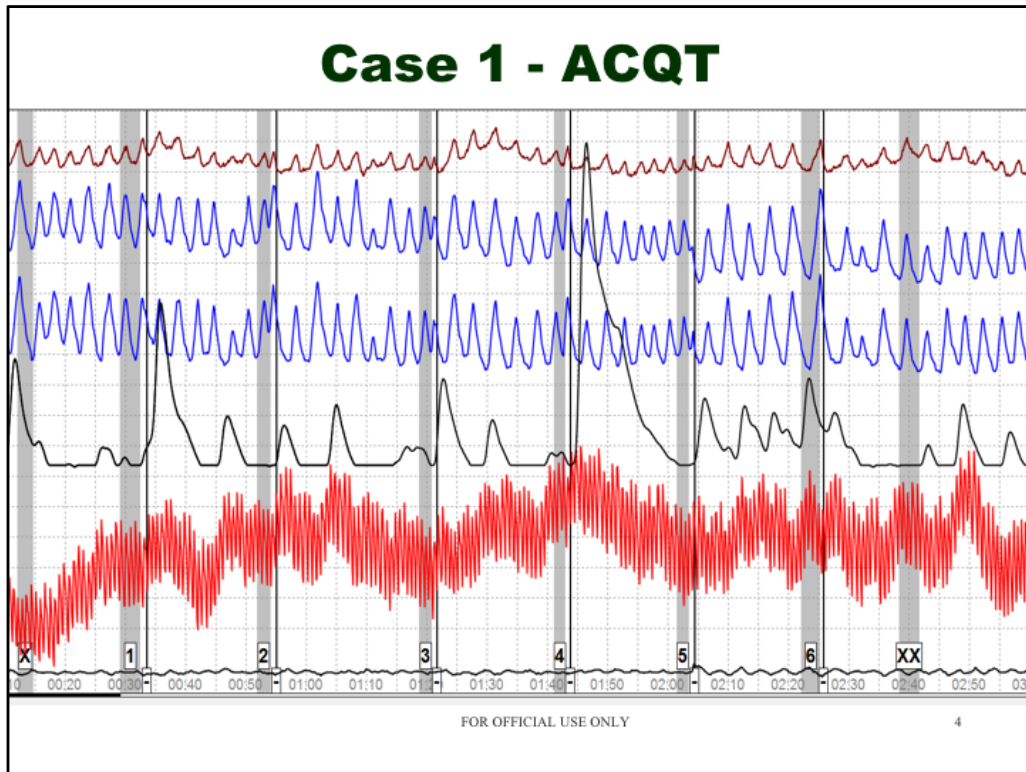
- Discussion on operations
- Easy to see MV in the seat pad at two DLCQs.
- There is a leak in the CV cuff (started at 87 & ended at 69 mmHg)
- Inadequate question spacing between relevant questions.
- I eliminated 6 re-centering in the EDA channel & increased sensitivity in the PN & CV channels.
- I reduced sensitivity in the seat pad
- If the seat pad were not present – would you make a CM call?
Would you make a CM call as is right now?
- Examinee admitted to targeting the DLCQs during 2 attempts of administering the TES exam. He advised he took deeper breaths and tightened his body during two askings of the “control

questions.”

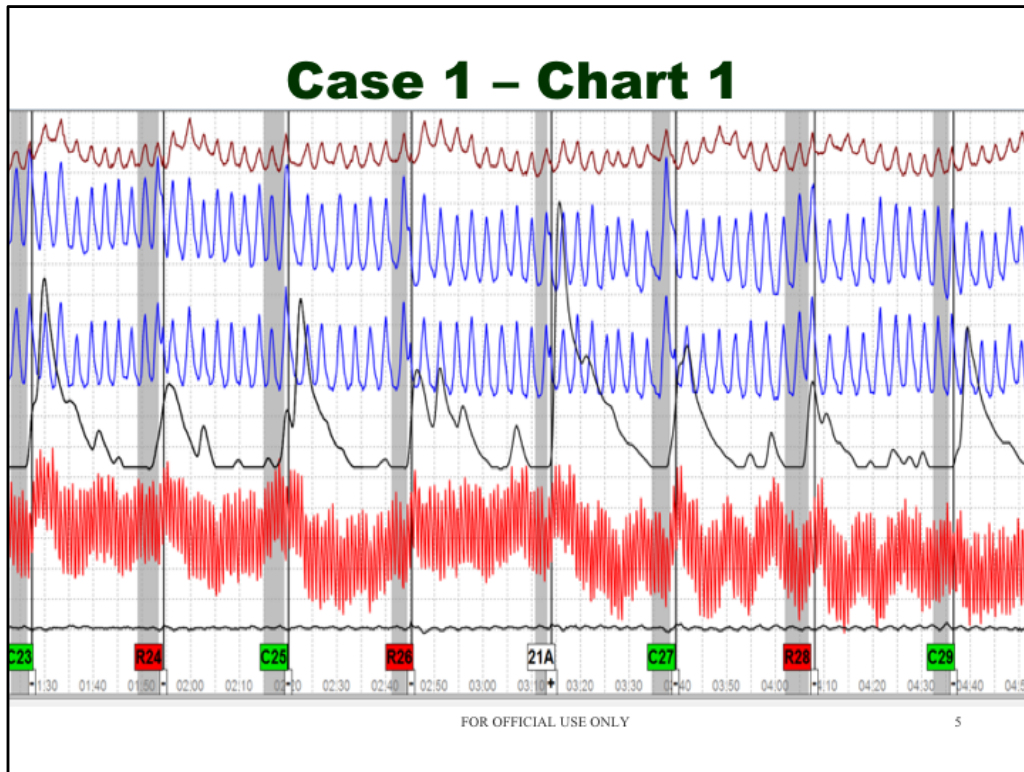
CASE 1

■ Objectives

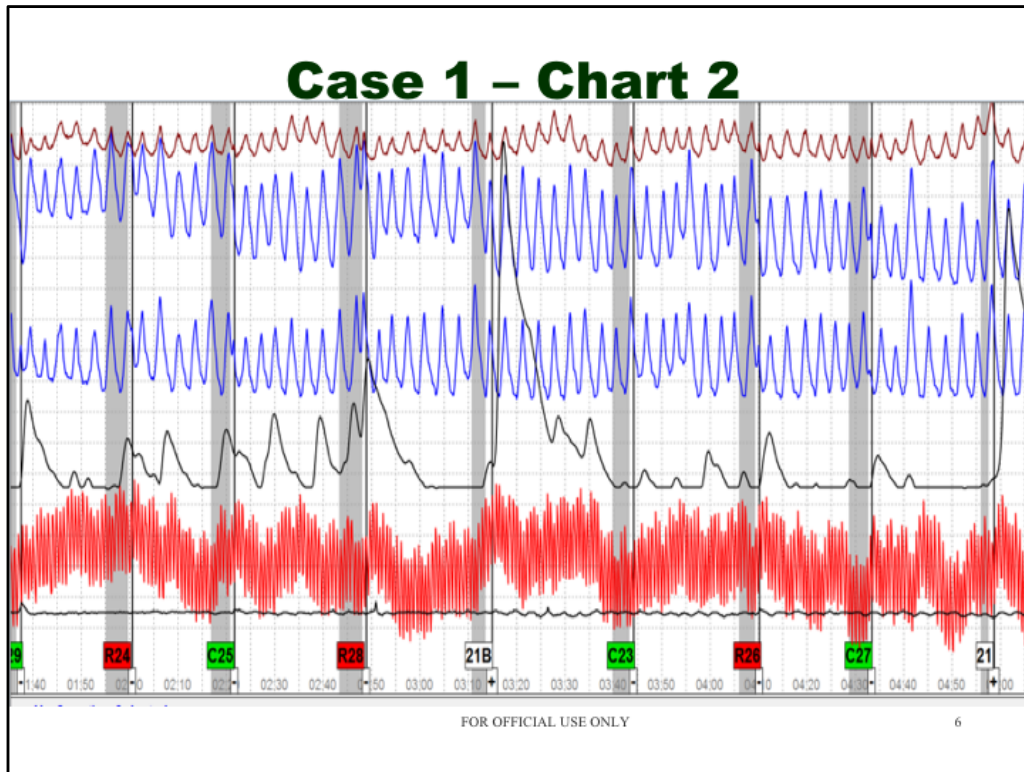
- Critical thinking during the polygraph process
- How to determine when CM activity is occurring



- **Do you see anything that appears atypical?**
 - The only thing that appears strange is the Seat Cushion at the top of the chart – It is picking up the breathing but is unstable and appears to rise and fall at various questions.
 - Do you think it is possible that it is picking up some form of body MV?
 - The key is Q4. Examinee peaked at that question in the PN, EDA & CV channels.

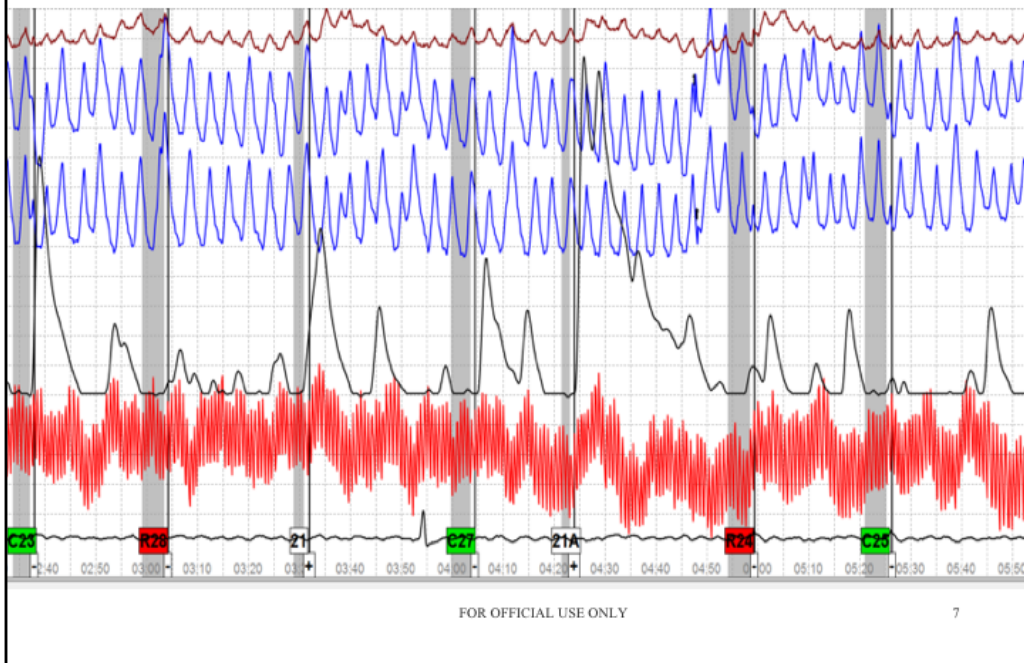


- **Do you see anything on this chart to indicate CM activity?**
- **The seat sensor still has that obvious motion where it rides off the baseline then returns but it is not specific to any particular question.**
- **Re-centering marks were eliminated at all tracings.**
- **Detrended was the only option for this computer.**
- **Baseline is not stable in the upper PN – could be caused by a variety of reasons**
- **Would you consider the operations to be adequate?**

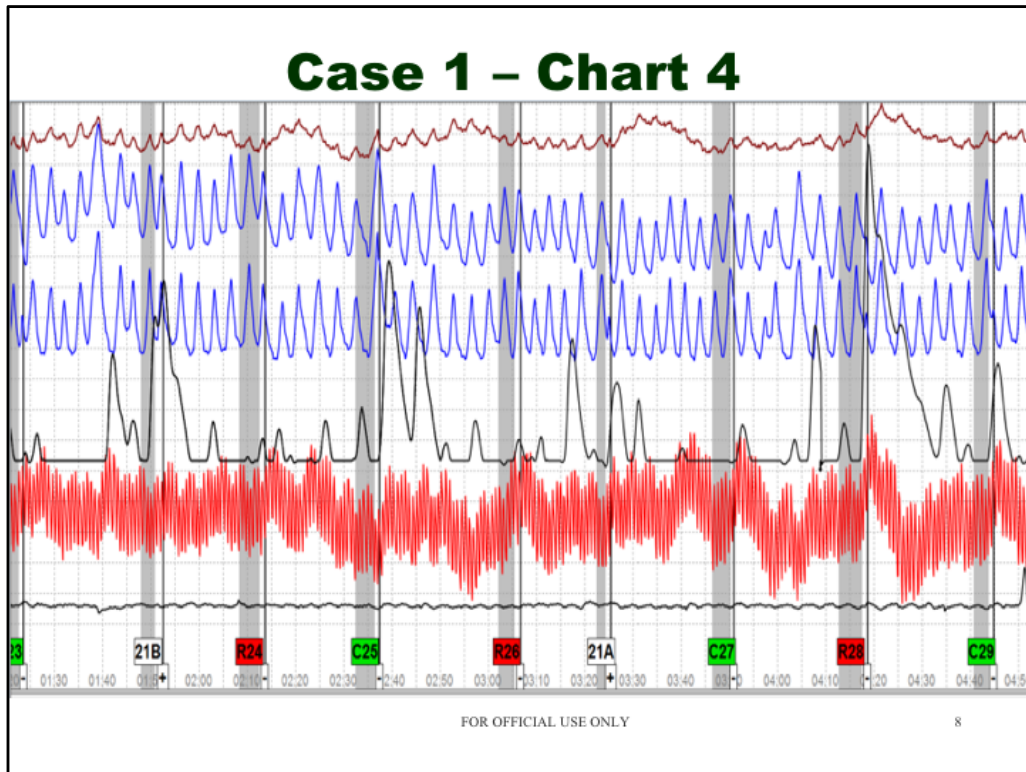


- Did something different occur during this chart? Is that something – atypical?

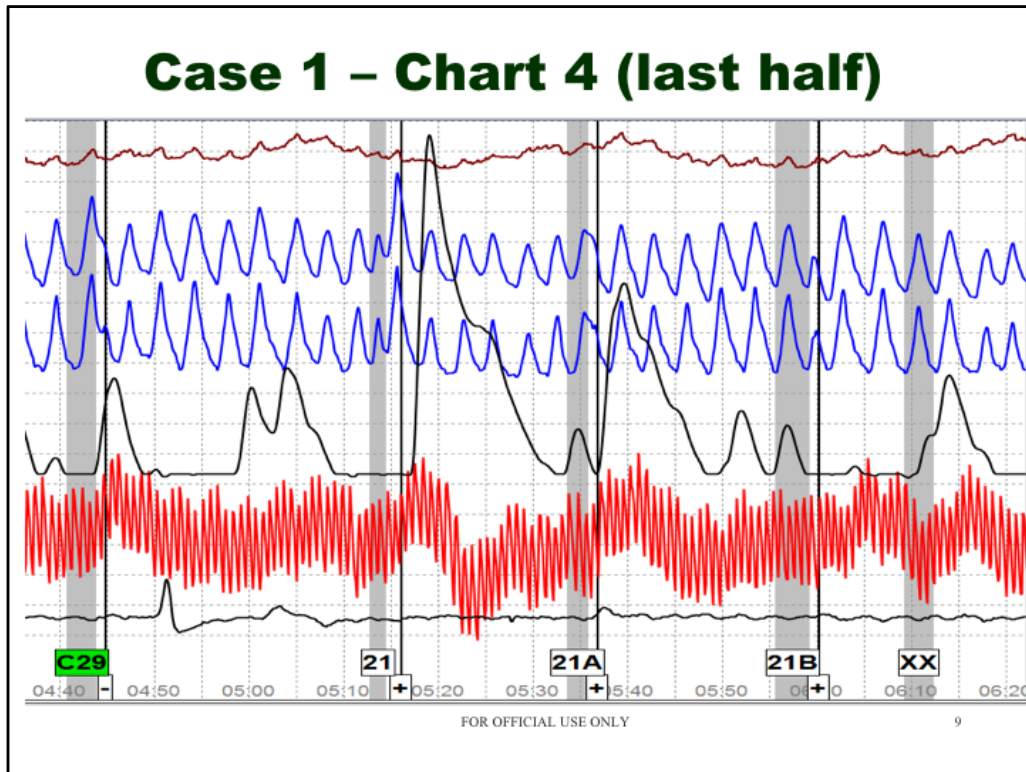
Case 1 – Chart 3



- I'm only showing a partial chart. The examiner suspects CM activity and is being cautious. **What is he doing that is right?**
- **Why do you think she suspects CM activity?**



- What are your thoughts?
- Do you suspect CM but are not sure?
- Is this an exam that you would have to let go? Explain?



- There is clear MV at C29 in the foot pad – **this is the only time it has occurred so is it possible that the examinee accidentally shifted during this question asking?**
- **Why do you think the examiner asked 3 irrelevant questions at the end of the exam?**
- **Do you see anything atypical regarding the three IRQs?**

See 13-3773 (CBP)

- Examinee admitted to controlling his breathing and counting backwards in his head. He also stated that he tried counting his breaths during the “Integrity” questions. He denied doing this at the “control” questions.
- He claimed he learned about such CM from co-workers and family members.
- Examiner was not comfortable with the rolling seat cushion nor the

strong responses at the IRQs + messy test data.

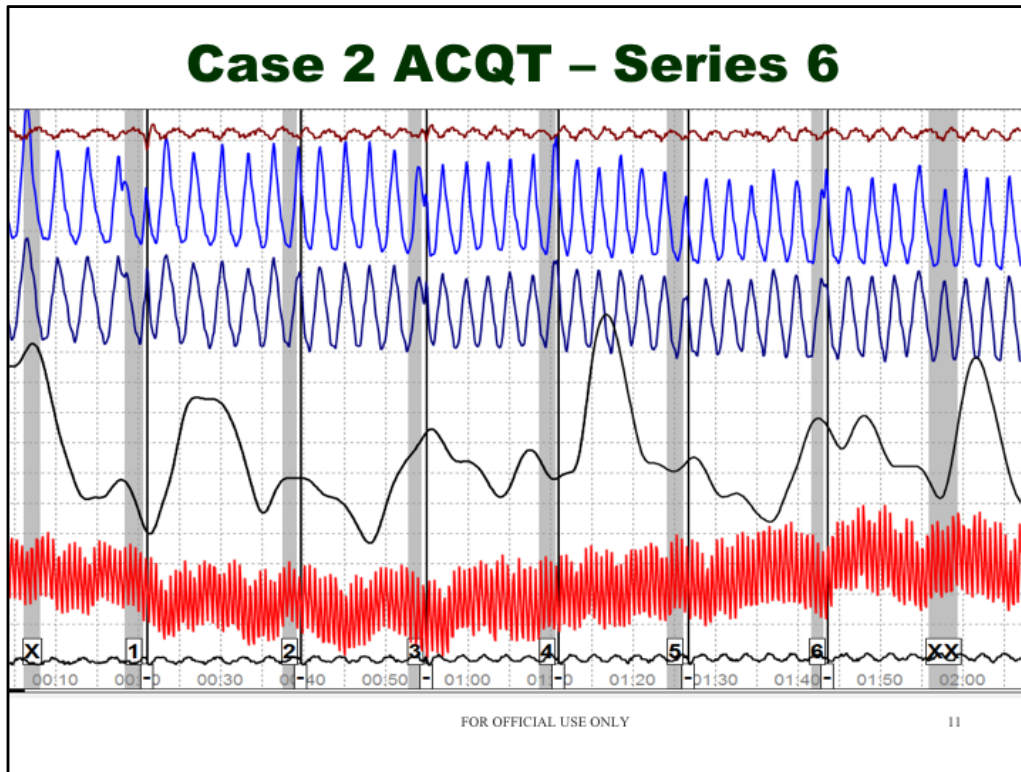
Case 2 – Series 6

- The individual in this test has already admitted to compromise and to taking classified home.
- Series 5 asking if he had anything else to provide was NDI
- Series 6 is covering unauthorized foreign contacts
 - Do you see the presence of CM?
 - If seen – should you trust series 5 results?

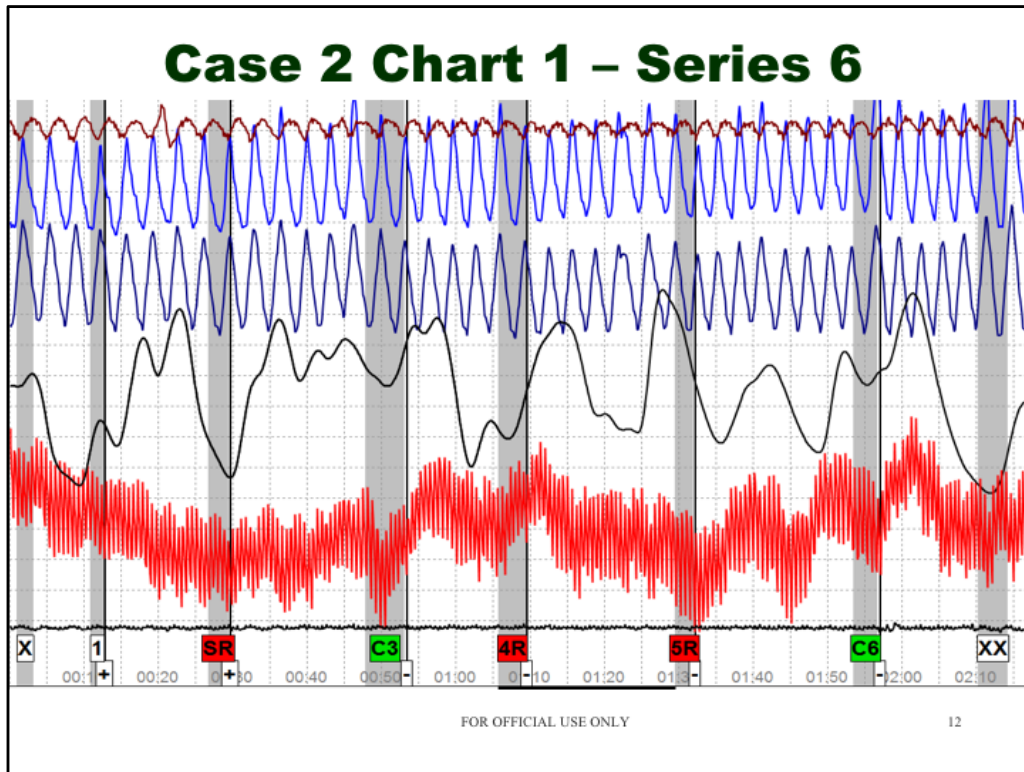
FOR OFFICIAL USE ONLY

10

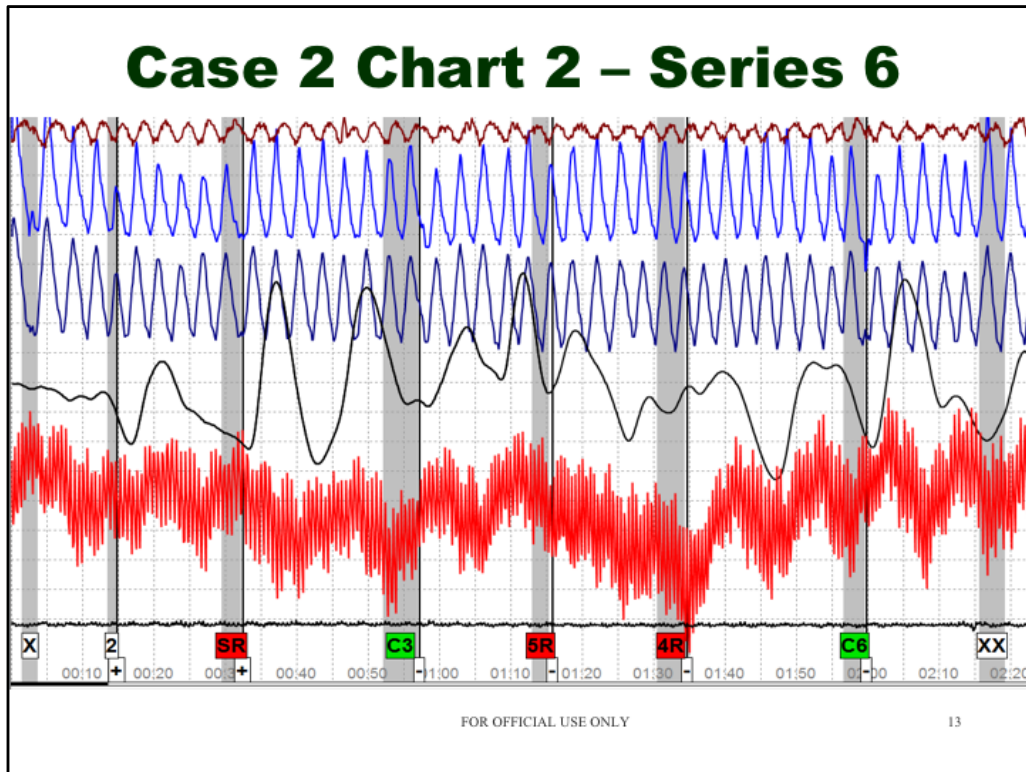
- Critical thinking is the issue – If CMs are discovered in this series and the test data looks basically the same as the last series – we must ask our selves if we missed the CM on the last series.



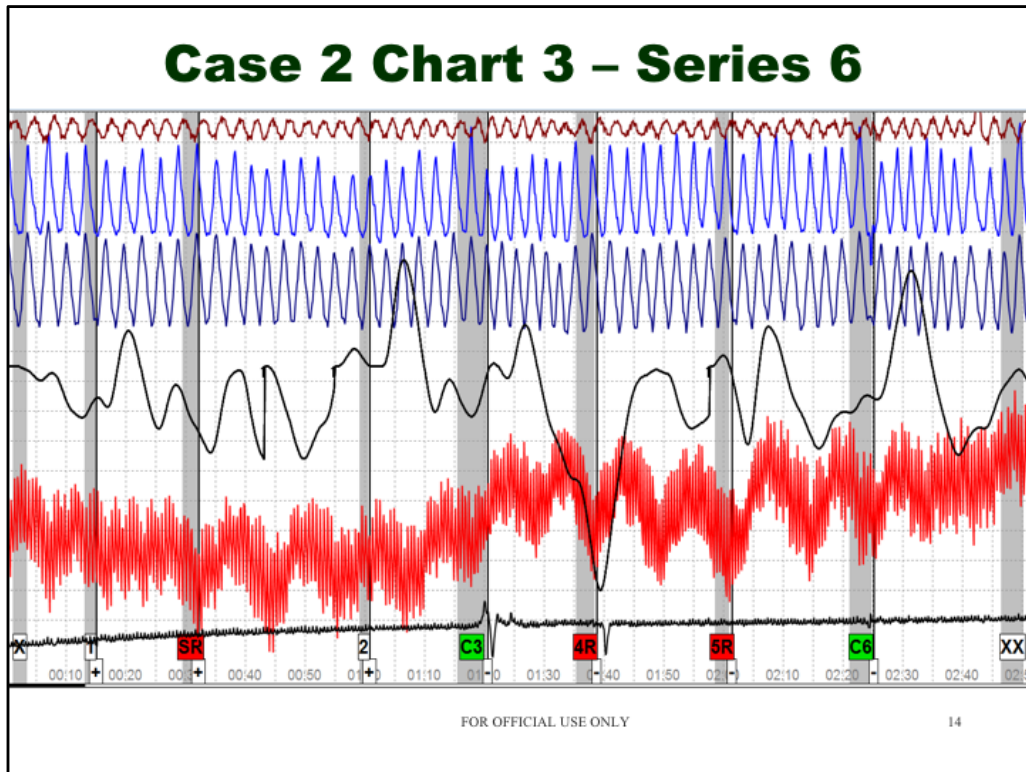
- **What do you see?**
 - **About 24 BPM with PN channel baseline slightly unstable**
 - **EDA in the Auto mode**
 - **CV channel does not have a lot of activity but flattens out at the key.**
 - **Examinee peaks at the key in the EDA & CV channels**
 - **Test data looks clean**



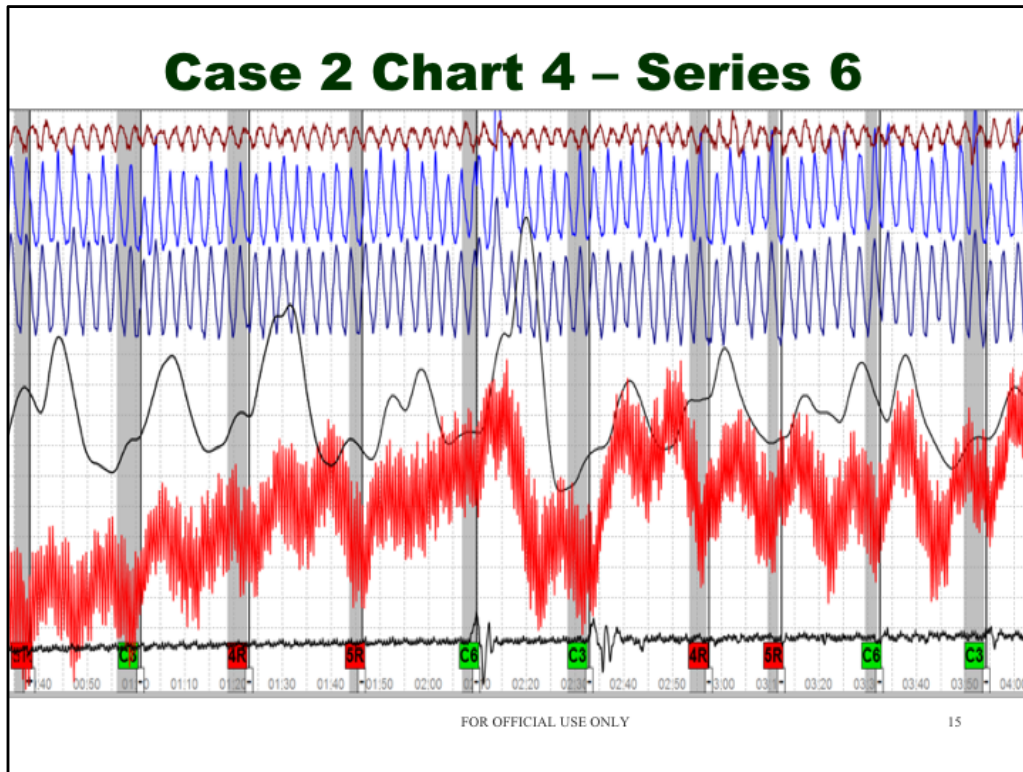
- Do you see anything to indicate CM activity?
 - Look at each channel and discuss



- **Comments?**
- **Do you see anything that is atypical?**



- We see a MV in the foot sensor at C3 and 4R – What else do you see?



- What did the examiner just do? Why?
- We see the MVs – do they cause any of the other channels to appear atypical?
 - No MV sensor responses in series 5

DIA #26

Examinee admitted to targeting the PLCQs via mental CMs. He explained that when he was asked the “honesty” questions, he would purposely lie to them and think about the incident in which he was dishonest.

- Do you think the examinee is telling the truth?
- How does what he suggests account for the MV in the foot pad?
- Since this was a PLCQ and he claims that he purposely lied to them (that is what you normally do at a PLCQ) and think about the incident – do you think that would be sufficient to cause the dramatic CV channel responses? (Same responses in series 5)
- Would you change your NDI call at series 5 to a NO?

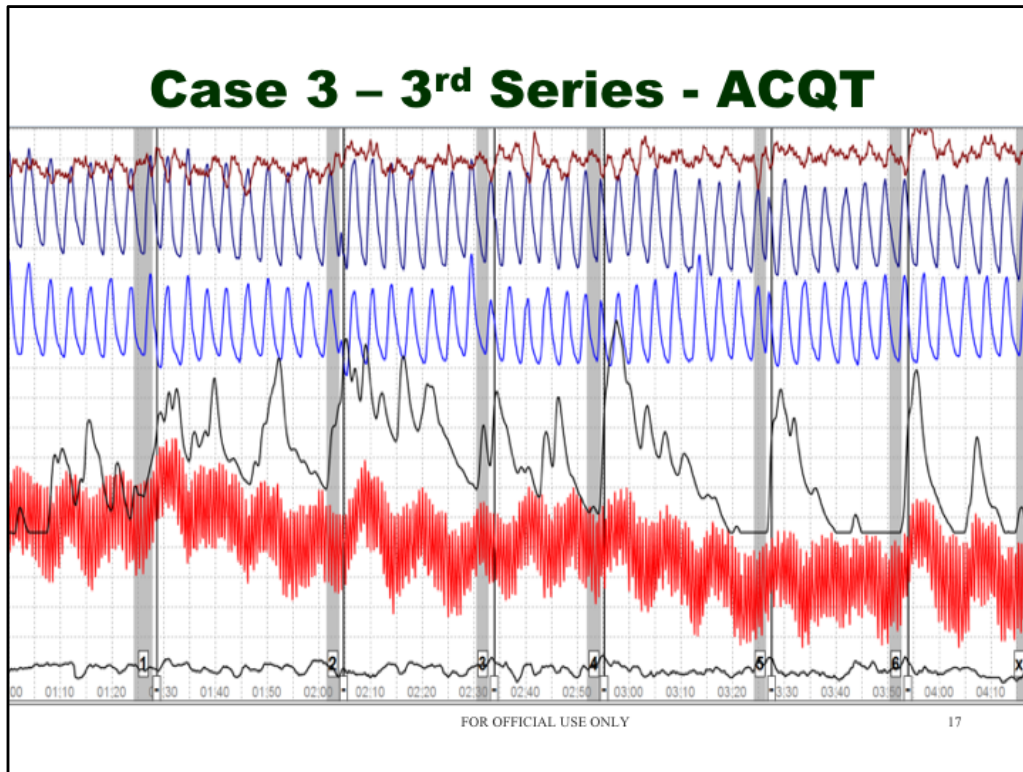
Case 3

- Applicant screening – 3 series conducted during the first testing period – all were called NO.
- Examinee provided plausible excuses for responses at the drug question
- 3 weeks later again tested – breakdown of drug issue
- We will look at series 3 for 1st week & the series for the 2nd testing period

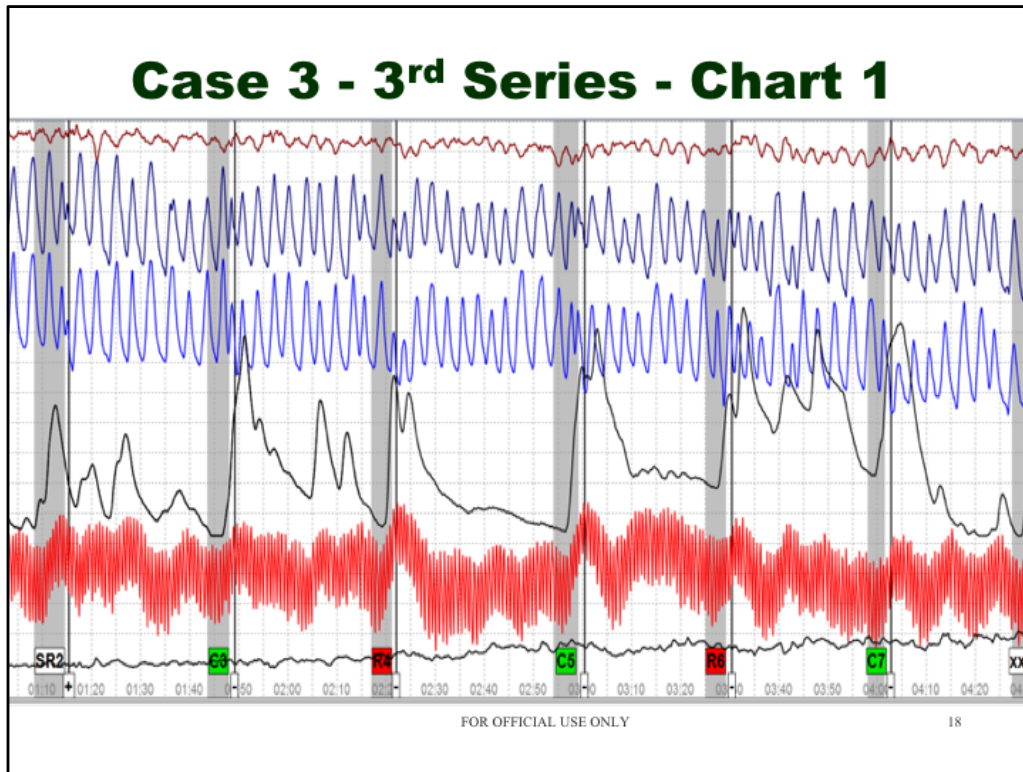
FOR OFFICIAL USE ONLY

16

- Review the test data – **do you see atypical physiology?**
- **Is it possible that the examinee has minor issues that still need to be addressed?**

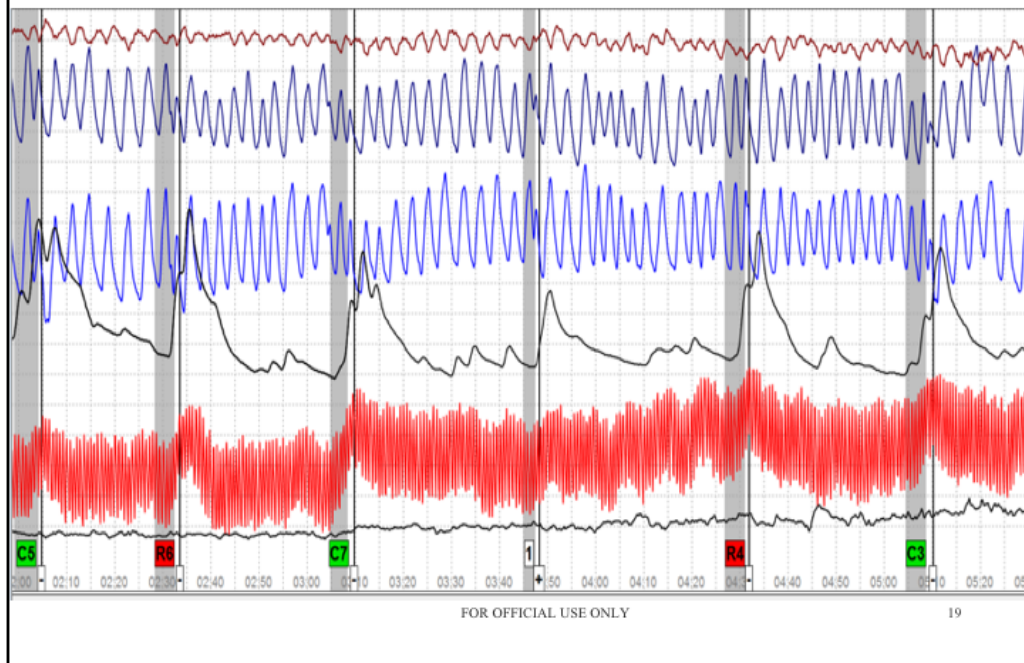


- At the top is the seat sensor – the bottom is the foot sensor
- Do you see anything within the ACQT that appears to be atypical?
- The EDA is clearly “nervous” – do you think the EDA should smooth out after the ACQT?
- The CV channel is rolling – what do you think is causing that? (started at 72 mmHg and ended at 68 mmHg).
- What is not seen in the picture is the examiner recorded 45 seconds of tracing before the X and 20 seconds after the XX – Good operations. (No changes in physiology)
- Do you think the seat sensor is picking up breathing and pulse rate? How about the foot sensor?
- Did the examinee peak at the key?

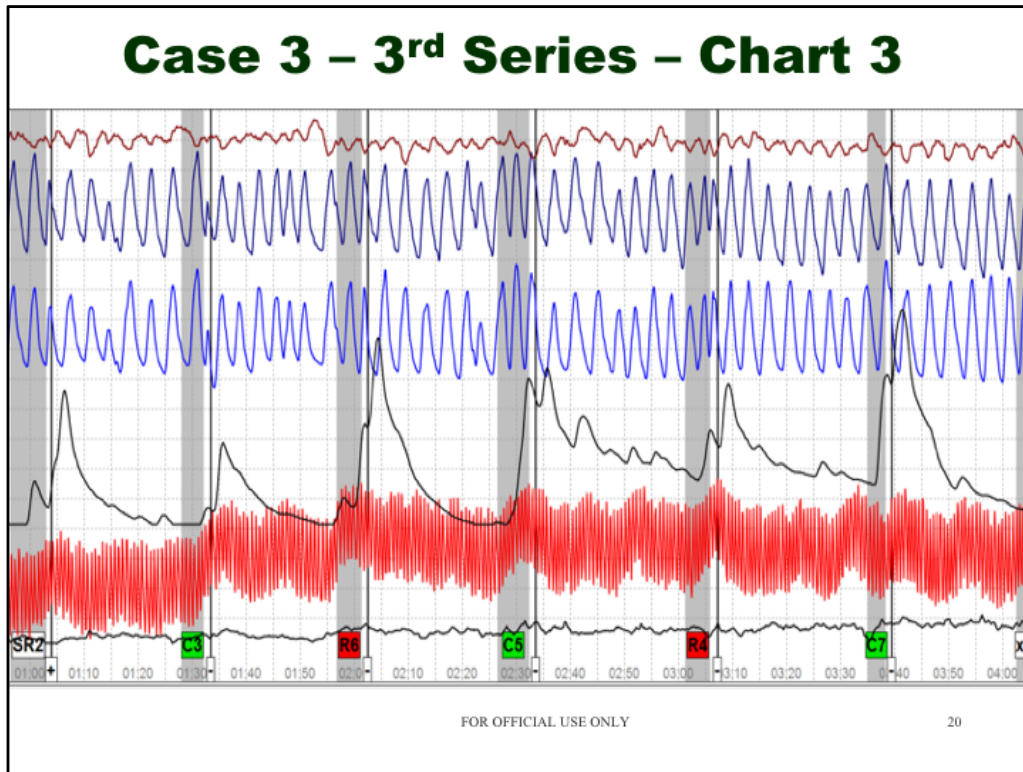


- During the ACQT the PN channels were fairly clean – now we see PN channels that are slightly erratic with an unstable baseline
- The EDA channel is not as “nervous” as it was at the ACQT although it is far from clean.
- He is clearly responding to both the RQs and the PLCQs
- Do you see anything atypical?

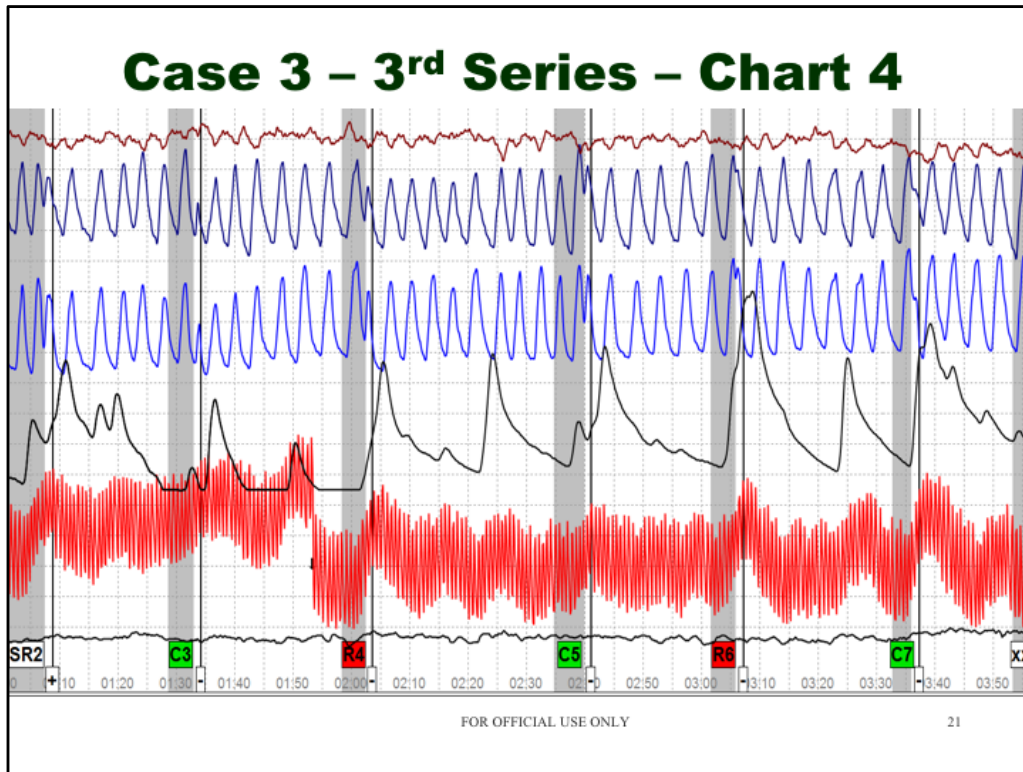
Case 3 – 3rd Series – Chart 2



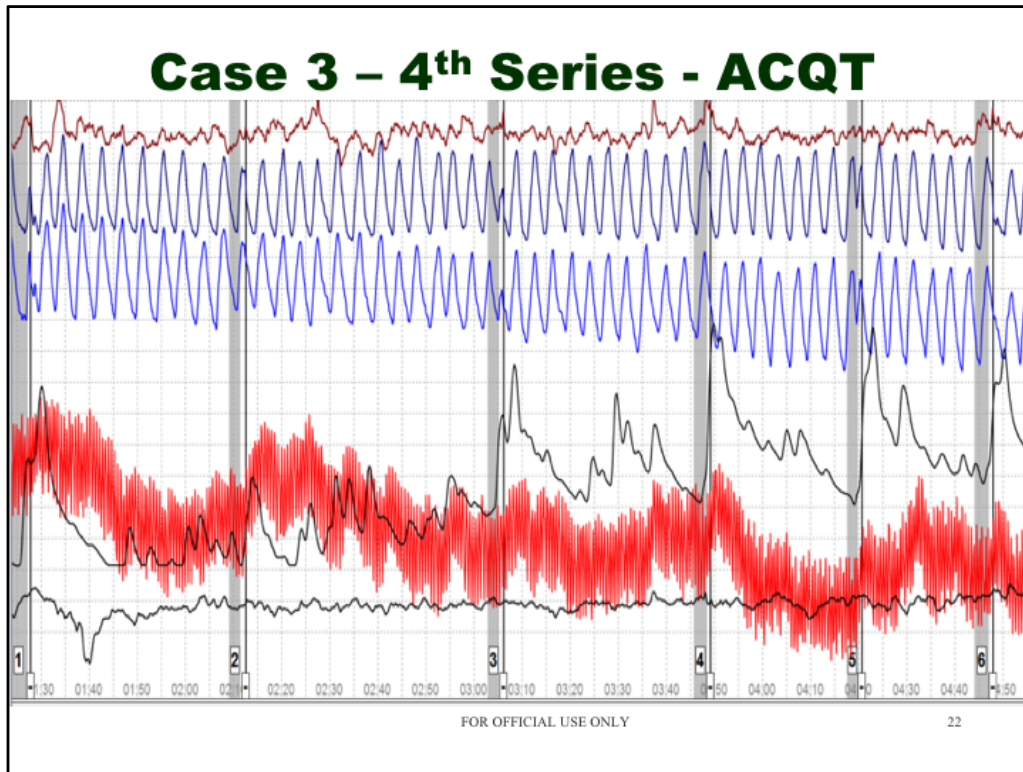
- **R4 – Are you W/H any illegal drug use, as discussed?**
- **R6 – Are you hiding any type of illegal drug activity?**
- **Do you see anything in this test data that gives rise to concern?**



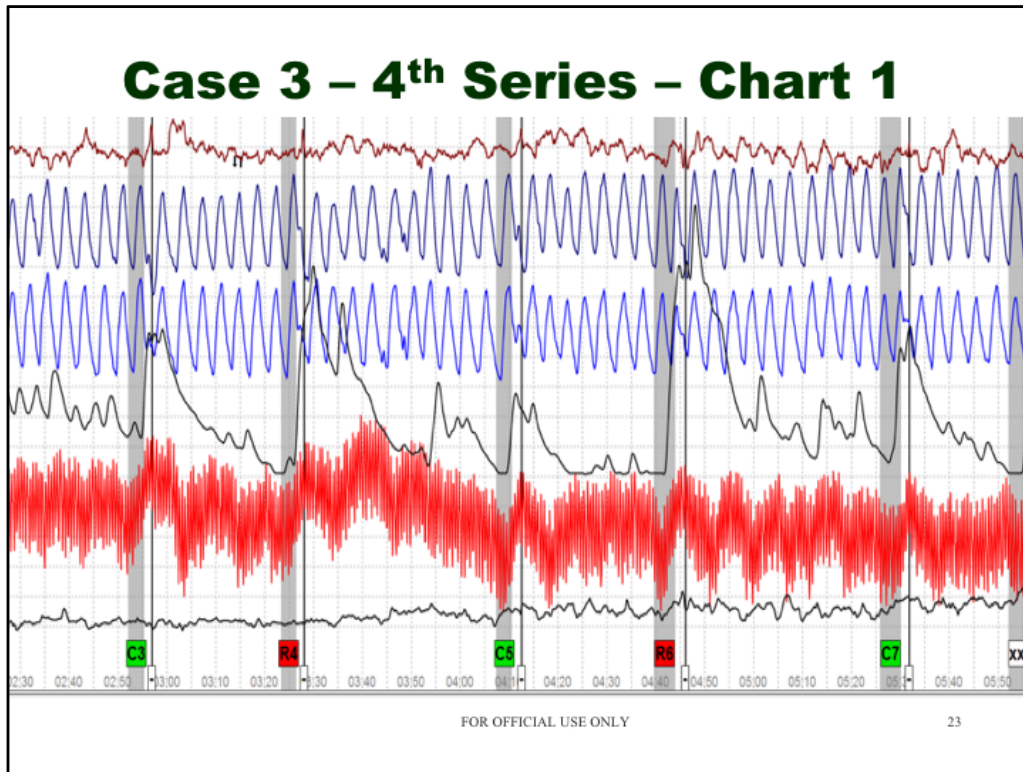
- We have all seen test data like this everyday – fairly clean – PN channels are not the most stable but nothing to point to and say, “I know this is a CM”
- CV channel at R6 is a little early
- Do you see anything atypical?
- Do you think the EDA at C5 appears a little unusual?



- **Do you see anything atypical or unusual?**
 - The C7 EDA appears a little unusual.
- Applicant called NO. The applicant primarily gave e-QIP updates during the pre-test. He gave some plausible post-test admissions related to illegal drug activity after this series which warranted additional testing.
- The next series that you will see came three weeks later.

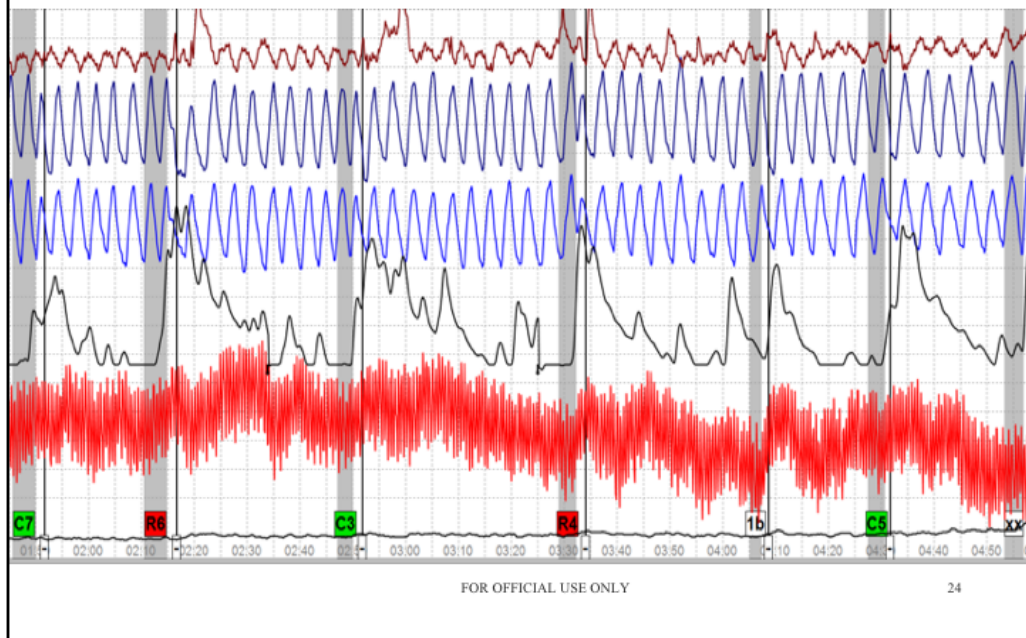


- The PN channels are clean but the baseline is unstable
- EDA is very nervous
- MV in both the Seat & Foot sensor pads after Q1.
- Seat sensor is picking up breathing and pulse rate and may have some MV.
- Peaked at Q4 in EDA & CV channels
- Do you see anything that appears atypical?



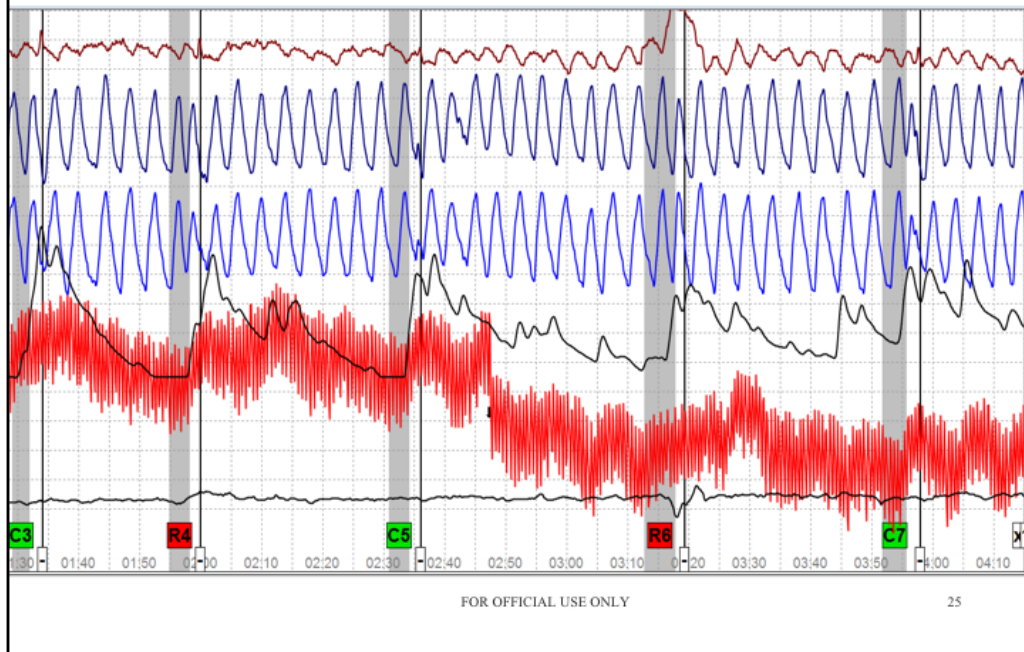
- **What do you see in this chart that may be atypical?**
 - All questions being answered late?
 - Look at the C5 PN baseline
 - Upper seat cushion picking up breathing & pulse rate – Do you think it is also picking up MV
 - R4 & R6 significant

Case 3 – 4th Series – Chart 2

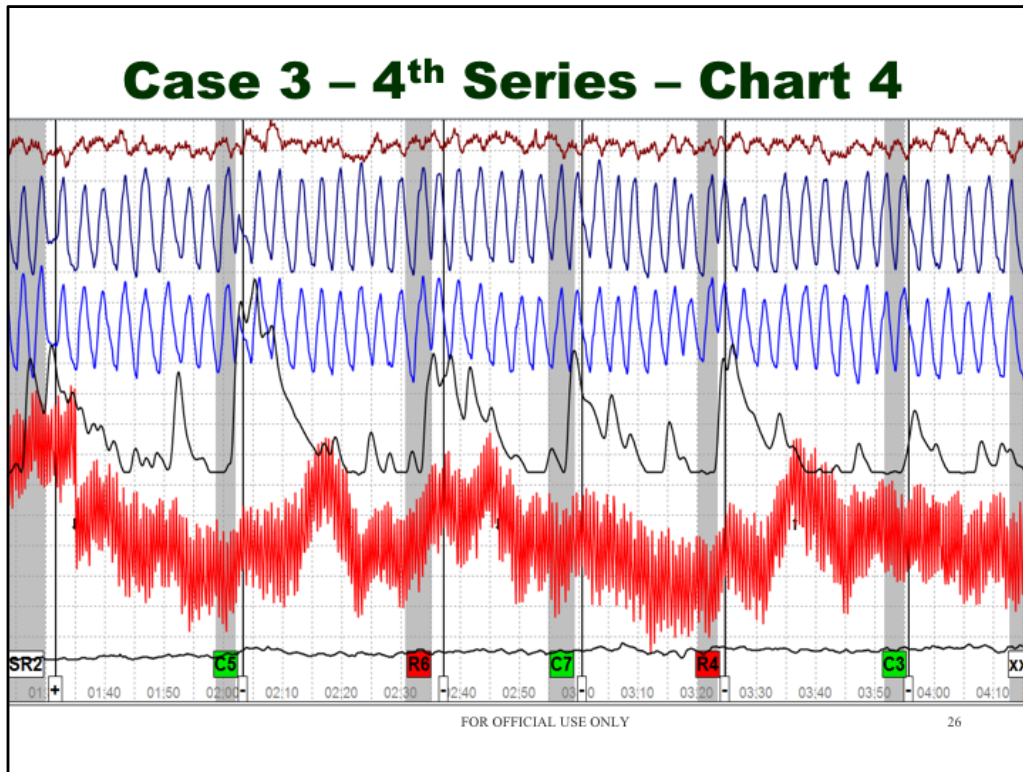


- Do you see anything suggesting CM activity?
- EDA is still very nervous
- Pulse rate is about 96 BPM
- Seat sensor lit up at R6 – C3 – R4

Case 3 – 4th Series – Chart 3



- Do you see any atypical physiology in this chart?
 - Take a close look at C5
 - R6 – MV in both pads



- This is the last chart – make your decision – **CM or no CM?**
Deceptive or Non-deceptive?
- Note the latency changes at each answer. **What does that mean?**
- **Why is the EDA still nervous after 4 series?**

13-3133 (Exam 1 & Exam 2)

- 2nd series post-test – examinee admitted to additional drug involvement
- During the exam, he'd count mentally the numbers 1, 2, 3, 4, 5 while blinking his eyes at each number. He'd start the process all over until he had to answer a question. He'd stop counting & picture writing the question out on a piece of paper before answering the question. After answering the question, he'd start counting and blinking again.
- He said he did this from the time he was seated in the chair until the examiner released the pressure in the BP cuff. The examinee admitted did the same CM 3 weeks prior – He said the counting kept the thoughts about the drug questions from entering his head. When he realized it kept him from failing his first exam, he repeated it during the second exam.