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Professional Practice Board

Penile Plethysmography: Guidance for Psychologists

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See Appendix for full membership of the working group.

Background

1. Penile Plethysmograph (PPG) assessment is an important part of the assessment and treatment of some men who have committed sexual offences within criminal justice, and forensic mental health settings. It involves the monitoring of the participant's penile responses (often along with other psychological and psychophysiological responses) whilst he views visual material or listens to auditory material depicting (a) scenarios relevant to his offending and (b) scenarios of alternative, legally acceptable behaviours, e.g. consenting adult sexual behaviour.
2. The following guidelines are intended to inform good practice in PPG assessment, whilst also allowing for the exercise of professional judgement in individual cases and situations. These guidelines are intended to support professional practice that is responsive to the diversity of participants at every stage of the assessment. These guidelines should be read in conjunction with other guidelines on professional conduct produced by the Society, and should be applied in the context of policies and procedures pertaining to the organisations within which assessments are carried out, e.g. the Prison Service and forensic psychiatric services.

Purposes

3. PPG assessments for clinical purposes should only be carried out in the context of an appropriate range of other assessment and/or treatment procedures. PPG assessments for research purposes should only be completed if these have been professionally and ethically approved by the relevant regulatory bodies.
4. Appropriate clinical purposes for the PPG are:
 - (a) To provide physiological evidence of patterns in sexual arousal;
 - b) To facilitate participant acknowledgement of their sexual arousal/interests and their engagement in treatment;
 - c) To develop formulation of problematic or offence-related sexual behaviour (e.g. to test a credible hypothesis that offence-related sexual arousal contributed to an offence/s);
 - d) To assist treatment planning and risk management decisions; and
 - e) to assist measurement of changes in sexual arousal/interest. The PPG cannot be used to establish a participant's guilt or innocence in relation to a particular offence or offences.

Procedures

5. Responsibility for the correct administration, interpretation and supervision of the PPG assessment should rest with a supervising psychologist. The supervising psychologist should have substantial experience of working with men who have committed sexual offences and of administering/interpreting the PPG and should be a chartered psychologist or of equivalent seniority/experience. The supervising psychologist should have up-to-date knowledge of the relevant literature, practice issues, legal issues and ethical issues surrounding PPG assessment.
6. Staff participating in this work at any level should be appropriately trained, supervised and briefed, have access to appropriate support according to need, and have the clear option not to be involved in the work should they find the procedure or materials distressing. All staff participating in the assessment should be sensitive to issues of diversity.
7. It is the responsibility of the supervising psychologist to ensure that an appropriate range of information is available to support the purpose of the PPG assessment, e.g. participant's sexual history, criminal history, physical and mental health history, and current circumstances.
8. The supervising psychologist (or supervised PPG examiner) should brief the potential participant on
 - (a) the purpose and procedures involved in PPG assessment;
 - (b) possible results, their interpretation and limitations;

- (c) the limits of confidentiality;
 - (d) likely consequences of participation and non-participation; and
 - (e) the participant's right to choose not to undertake an assessment or to end an assessment session at any point during the procedure should they wish to do so.
9. The potential participant's informed consent to participate should be obtained and recorded. This should normally include the use of an information sheet and a signed consent form, and should also include checking that the participant has understood the briefing (as in 8 above). A written record that the participant has been properly briefed and debriefed should be kept (see also 11 below).
 10. The measuring gauge that records the participant's penile response should be fitted to the participant's penis by the participant and not by those administering the assessment.
 11. Debriefing of the participant should be carried out at the end of each assessment session. This should include consideration of the impact that the assessment has had on the participant, the need for any support and advice, and any need to report information to other professionals.
 12. PPG assessment should only be carried out in appropriate physical conditions with due regard to required standards of safety, privacy, comfort, room temperature, hygiene and infection control.

PPG equipment and stimuli

13. PPG assessment equipment should be fit for purpose and be subject to appropriate levels of maintenance and replacement as necessary.
14. Selection of PPG stimuli (both content and modality) should take into account the need to strike an appropriate balance between seeking to obtain the best possible assessment of risk and/or treatment need and minimising the danger of exposing the participant to material that may be therapeutically counter-productive.
15. For clinical assessments PPG stimuli should be targeted to the participant's specific needs (regarding risk management and/or treatment need) and should be proportionate to the purposes of the assessment, i.e. not more extreme or extensive than needed for the assessment.
16. For research assessments PPG stimuli should be targeted to the specific aims of the research and should be proportionate to the purposes of the assessment, i.e. not more extreme or extensive than needed for the assessment.
17. Selection of stimuli to be used in PPG assessment should take into account current legal and ethical issues, e.g. defensibility in law of the possession and use of the stimuli in question, and knowledge of how the stimuli were produced, e.g. ensuring that this was not under abusive circumstances.
18. The use of or production of stimuli for the purposes of assessment must be done with due consideration for the current legal position. If there is any doubt about the

legality of stimuli being used or produced, appropriate legal consultation and advice should be sought and recorded for reference.

19. Stimuli for PPG assessment should be kept secure and access should be limited to those using them for professional assessment purposes.
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Interpretation and reports

20. Clinical reporting of PPG assessments should be clear as to the purpose of the assessment, which should in turn, guide the conclusions and recommendations made. Reports should be written in a form that is accessible and understandable to those involved in the participant's treatment and management. Interpretations of findings should be consistent with current knowledge, including validity and reliability, minimum levels of responding required for interpretation, and possible confounding factors, including medical and psychological factors, in drawing accurate conclusions (See Annex 1 for additional guidance on information to be included in PPG reports.) Research reporting of PPG findings should ensure the anonymity of the participants.
21. Care should be taken to address specific diversity issues presented by the assessment in relation to particular participant populations, e.g. the elderly, learning disabled and STD infected participants.
22. PPG assessment data should be considered in the same way as psychometric psychological data. In particular, test results should be stored to ensure no unqualified person has access (see the Society's *Code of Good Practice for Psychological Testing*).
23. PPG assessment data should never be used to draw conclusions, or make inferences, about whether or not a participant has committed a specific offence. Likewise, the test cannot provide conclusive evidence of the existence or lack of propensity to commit future offences.

These guidelines should be followed in conjunction with existing guidelines on professional conduct and practice produced by the Society and the references that follow them (e.g. the Society's *Code of Good Practice for Psychological Testing* and *General Professional Practice Guidelines*). This is particularly relevant for the PPG guidelines above that make reference to issues of consent, confidentiality and assessment data.

Annexe: Guidance for information to be included in PPG reports

- Information about why the PPG assessment was administered (i.e. the questions it is intended to answer).
- Pre-assessment information that is useful to contextualise the assessment, including other psychometric assessment findings related to sexual interest, offence information and self-disclosure about sexual arousal/relationships, etc.
- Description of the method used to measure erectile response (e.g. circumferential gauge).
- Specific details regarding which stimuli were used and why.
- Details of procedures taken to provide informed consent, including pre-assessment tour of assessment.
- Details about co-operation and behaviour before, during and after the assessment, including any self-reported information gathered or observations made during this process and the possible significance of such information when interpreting responses.
- Where a confounding factor is believed to have impacted on the validity of an assessment (e.g. IQ, faking), evidence relating to this opinion should be clearly reported.
- A summary and description of the client's profile of responses.
- A statement about the decision-making criteria used to determine whether or not responses are considered interpretable and indicative of offence-related sexual arousal or interest.

- The term ‘offence-related’ sexual arousal or interest should be reported, rather than the term ‘deviant’ sexual arousal or interest.
- A clear summary of how responses have been interpreted and whether the presence of offence-related sexual arousal or interest has been indicated.
- Conclusions about whether responses are considered indicative of a particular sexual interest based on set criteria. These conclusions should only be reported in conjunction with contextual information recorded previously or at the time of assessment, about a participant’s broader offending and sexual history.
- Guidance to potential readers of the report regarding how these results are intended to be used. Statements should be included which communicate that PPG results do not prove whether an individual has or has not committed a particular offence; and that PPG data should not be used as the sole means for making decisions about an offender or as the sole means to draw conclusions about an individual’s sexual interests.
- Some interpreters may also like to discuss PPG results in relation to:
 - the intended aims of the PPG being administered (e.g. treatment planning, hypothesised motivation underlying offence);
 - wider evidence gathered pre-assessment regarding sexual arousal and interest; and
 - pre-and post-assessment questionnaire data and making reference to wider research literature about PPG.

- Further discussion of results may be required for PPGs conducted in isolation from treatment interventions (e.g. to assist in case formulation). The questions that the PPG is intended to answer should dictate the detail in which results are discussed in this report. When used as part of treatment, treatment or risk reports may provide a more appropriate forum for results to be discussed.
- Research references, if individual research articles have been cited in the report.

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