CONFRONTING DECEPTION WITHOUT DAMAGING THE THERAPEUTIC RELATIONSHIP USING TOUCH SCREEN TECHNOLOGY

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In the movies, television, and stories, psychologists are sometimes depicted as possessing mind-reading talents, clairvoyance, and mystic powers that can peer into the depths of people's minds, uncovering concealed thoughts, beliefs, and experiences. In reality, psychologists do rely on sharpened skills of observation to identify deviancy from the norm, recognize impairments and barriers to success, and rely greatly on empirically supported intervention strategies and assessment tools. Despite viable treatment tools, psychologists are often faced with clients who fail to make significant progress and therapy becomes stale and plateaued. A variety of impediments can occur in the therapy hour that interfere with progress and change. One such roadblock to favorable therapeutic outcomes can include the use of willful deception and denial on the part of the client.

Psychologists strive to be authentic and trustworthy with their clients, thereby encouraging an atmosphere of safety, positive regard and openness. Despite this, oftentimes clients can willfully and volitionally omit critical information and provide false or misleading therapeutic material; information that obscures and misdirects the therapeutic process. In fact, Martin

(2006) found that in a survey of 109 clients, 37% reported that they had lied to their treating therapist. The reasons for omission, deception or denial included avoiding shame and painful memories, as well as avoiding being negatively judged by their therapist. Other research revealed that as many as 65% of participants withheld information and 50% reported keeping secrets from their therapist (Hill, Thompson, Cogar, & Denman, 1993). Similarly, Kelly (1998) found that 40% of participants kept "relevant" secrets from their therapists. Remarkably, even therapists are not immune to this phenomenon, as another study found that 20% of the therapists surveyed acknowledged that as consumers of therapeutic services, they had withheld important information from their own therapists (Pope and Tabachnick, 1994).

The challenge becomes determining that deception, omissions or denials are occurring and assisting clients to open up and share what they might not be discussing in therapy. Once a decision has been made to confront deceptive clients, psychologists have to consider that the consequence of direct confrontation, particularly when unsubstantiated, can fatally rupture the therapeutic alliance (Miller, 1992). Ostensibly, clients are better at deceiving their psychologists, than psychologists are at determining that deception is occurring.

Deception Detection

Research has demonstrated that, in general, therapists' ability to accurately detect dishonesty is only slightly better than chance (DePaulo, Stone, & Lassiter, 1985), and historically, the reliable detection of deception by professionals has had limited success (Bagby, et al., 1997; DePaulo & Pfeifer, 1986; Ekman & O'Sullivan, 1991; Gough, 1954; Kohnken, 1987; Kraut & Poe, 1980). In fact, individuals reportedly trained in deception detection show inconsistency and poor reliability in their efforts to correctly detect dishonesty (Ekman & O'Sullivan, 1991). A study conducted by the National Research Council (2003) found among the available methods of deception assessment, psychophysiological measures, i.e. polygraph examination and voice stress analysis, are the most reliable means of assessing deception, through the use of physiological indicators. However, for the treating therapist, using such measures are costly and intrusive. More recently, research has suggested a new, computer-based, touch-screen technology can assist treating therapists in confronting clients' deception that is user-friendly and affordable (Veracity Security Solutions, LLC, 2013).

The Veracity TouchScreener™

The Veracity TouchScreener™ measures psychometric information on how a person emotionally reacts to a structured set of questions displayed on a specialized 3-D touch screen computer. The highly sensitive screen can be configured to measure minute, but significant variances in the touch used to answer yes or no questions. This information is then analyzed using proprietary algorithms that process the clients' responses to the series of questions to determine which, if any, generated a heightened response, or Significant Psychophysiological Response (SPR). In general, the more reactive the person's response, the higher the SPR and the greater the correlation will be to potential deception or omission. Simply put, emotional and cognitive reactions to the psychological stimulus of highly structured and carefully crafted questions are manifested in involuntary reactions measured through variables such as muscle tremors and answer latency, the results of which can be quantified and ipsatively measured. The test takes an estimated 90-120 seconds to complete and then a report is generated for the therapist.

Recently, a validation study (Pizitz, McCullaugh, Sprague, Vaccaro, Blue, Mealing & Fernandez, 2014) was published regarding this touch screen technology and the results are promising. To assess deception among alcohol and drug users, the Veracity TouchScreenerTM and a standard alcohol and drug urine test was administered to 80 participants currently enrolled in drug and alcohol treatment. The TouchScreenerTM demonstrated an estimated 92% accuracy at classifying alcohol and drug user's self-report of sobriety. With merely an 8% possibility of misclassification, the Veracity TouchScreenerTM alone revealed encouraging accuracy in capturing participants' self-reported substance use in a manner that is less costly and intrusive than standard measures to assess alcohol and drug use.

The crossroads of psychological and physiological measures to inform assessment has been emerging for some time, including the use of heart rate variability, biofeedback information, retinal scans, and imaging devices (i.e., fMRI and SPECT). Yet for many of these tools, utility, access, cost, and difficulty of administration prevent routine use. The development, validation and implementation of a cost-effective, user-friendly and informative assessment tool to supplement therapeutic interventions presents a great opportunity, particularly with complex issues

like deception and omission. By externalizing the criteria, much like validity scales on a standard psychological assessment tool, therapists can confront clients displaying deceptive behaviors using scores or outcomes, in a manner that makes their disclosure less punitive and more conducive to growth in treatment, while reducing the risk of unsubstantiated accusations.

In this technological age, the use of electronics has already begun emerging in the field of psychology. Increasingly, computers and touch screeners are changing the ways psychologists prepare chart notes or score tests for example. The Veracity TouchScreenerTM is emerging as a potentially useful tool in the therapist's repertoire.

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For more information on Veracity Security Solutions go to: www. veracitysecurity.com

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