

**US ARMY BEHAVIORAL SCIENCE CONSULTATION  
TO DETENTION OPERATIONS, INTELLIGENCE INTERROGATIONS,  
DETAINEE DEBRIEFING, AND TACTICAL QUESTIONING**

1. References.

- a. The Geneva Conventions of 1949.
- b. Detainee Treatment Act of 2005, Public Law No. 109-163, Title XIV.
- c. Department of Defense (DoD) 6025.18-R, DoD Health Information Privacy Regulation, 24 Jan 03.
- d. DoD Directive (DoDD) 2310.1, DoD Program for Enemy Prisoners of War (EPW) and Other Detainees, 18 Aug 94.
- e. DoDD 3115.09, DoD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning, 9 Oct 08.
- f. DoDD 5100.77, DoD Law of War Program, 9 Dec 98.
- g. DoDD 3216.2, Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research, 25 Mar 02.
- h. DoD Instruction (DoDI) 2310.08E, Medical Program Support for Detainee Operations, 6 Jun 06.
- i. Health Affairs Policy 05-006, Medical Program Principles and Procedures for the Protection and Treatment of Detainees in the Custody of the Armed Forces of the United States, 3 Jun 05.
- j. Health Affairs Policy 05-019, Training for Health Care Providers in Detainee Operations, 13 Oct 05.
- k. JP 3-63, Joint Doctrine for Detainee Operations, 30 May 08.
- l. JP 4-02, Health Service Support in Joint Operations, 30 Oct 06.
- m. DA Interim Intelligence Interrogation Policy, DA G-2, 17 Aug 07.
- n. AR 190-8 (OPNAVIST 3461.6, AFJI 31-304, MCO 3461.1), Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 Oct 97.
- o. FM 2-22.3, Human Intelligence Collector Operations, Sep 06.

- p. FM 3-19.40, Internment/Resettlement Operations, 4 Sep 07.
- q. FM 3-19.401/MCRP 4-11.8/NTTP 3-07.8/AFTTP(1) 3-2.51, Multi-service Tactics, Techniques, and Procedures Detainee Operations (Draft).
- r. FM 21-78, Resistance and Escape, 15 Jun 89.
- s. Ethical Principles of Psychologists and Code of Conduct, American Psychological Association, 2002 edition.
- t. Report of the American Psychological Association Presidential Task Force on Psychological Ethics and National Security, Jun 05 (Enclosure 1).
- u. Military Medical Ethics. Textbooks of Military Medicine, The Borden Institute, Office of The Surgeon General, Department of the Army, 2003.
- v. The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, American Psychiatric Association, 2008 edition.
- w. Opinions of the Ethics Committee on The Principles of Medical Ethics With Annotation Especially Applicable to Psychiatry, American Psychiatric Association, 2001 edition.
- x. Ethics Primer of the American Psychiatric Association, American Psychiatric Association, 2001.
- y. Report of the Council on Ethical and Judicial Affairs, CEJA Report 10-A-06, Physician Participation in Interrogation, 2006 (Enclosure 2).
- z. Ethics Guidelines for the Practice of Forensic Psychiatry, American Academy of Psychiatry and the Law, 2005 (Enclosure 3).
- aa. Psychiatric Participation in Interrogation of Detainees: Position Statement, American Psychiatric Association, 2006.

## 2. Background.

a. Although psychologists have supported detention operations and interrogations for many years, the events of September 11, 2001 and the ongoing Oconus Contingency Operation (OCO) have required the unprecedented and sustained involvement of Behavioral Science Consultants (BSCs) in support of both detention operations and intelligence interrogations/ detainee debriefing operations. Prior to OCO, support for these missions was provided by personnel organic to the intelligence and special operations communities. However, the expanded demand for BSCs to

support these missions has required assignment of psychologists and forensic psychiatrists from other mission areas within the Department of Defense (DoD).

b. The Army is the Executive Agent for administration of DoD detainee policy. The OCO has resulted in detention of large numbers of detainees by US forces. The intelligence interrogation and debriefing of detainees are a vital and effective part of the OCO and is designed to obtain accurate and timely intelligence in a manner consistent with applicable US and international law, regulations, and DoD policy. Behavioral science personnel provide expertise and consultation to Commanders to directly support the detention and interrogation/debriefing operations.

c. The United States (US) is a signatory to the Geneva Convention Relative to the Treatment of Prisoners of War (GPW) and the Geneva Convention Relative to the Protection of Civilian Persons in Time of War (GC). The requirements of these conventions are delineated in AR 190-8; this multi-Service regulation is prescriptive for all US military forces, not only for the US Army. Every BSC who supports detention operations must read and understand the specific requirements contained in AR 190-8. Details from AR 190-8 will not be discussed in detail herein, but the regulation expressly requires the humane treatment of all detainees, regardless of their status. Portions of the regulation are reprinted below:

1–5. General protection policy (AR 190-8):

a. *US policy, relative to the treatment of enemy prisoners of war (EPW), civilian internees (CI) and retained personnel (RP) in the custody of US Armed Forces, is as follows:*

(1) *All persons captured, detained, interned, or otherwise held in US Armed Forces custody during the course of conflict will be given humanitarian care and treatment from the moment they fall into the hands of US forces until final release or repatriation.*

(2) *All persons taken into custody by US forces will be provided with the protections of the EPW until some other legal status is determined by competent authority.*

(3) *The punishment of EPW, CI and RP known to have, or suspected of having, committed serious offenses will be administered IAW due process of law and under legally constituted authority per the GPW, the GC, the Uniform Code of Military Justice, and the Manual for Courts Martial.*

(4) *The inhumane treatment of EPW, CI, and RP is prohibited and is not justified by the stress of combat or with deep provocation. Inhumane treatment is a serious and punishable violation under international law and the Uniform Code of Military Justice (UCMJ).*

*b. All prisoners will receive humane treatment without regard to race, nationality, religion, political opinion, sex, or other criteria. The following acts are prohibited: murder, torture, corporal punishment, mutilation, the taking of hostages, sensory deprivation, collective punishments, execution without trial by proper authority, and all cruel and degrading treatment.*

*c. All persons will be respected as human beings. They will be protected against all acts of violence to include rape, forced prostitution, assault and theft, insults, public curiosity, bodily injury, and reprisals of any kind. They will not be subjected to medical or scientific experiments. This list is not exclusive. EPW/RP is to be protected from all threats or acts of violence.*

*d. Photographing, filming, and videotaping of individual EPW, CI and RP for other than internal Internment Facility administration or intelligence/counterintelligence purposes is strictly prohibited. No group, wide area or aerial photographs of EPW, CI, and RP or facilities will be taken unless approved by the senior Military Police officer in the Internment Facility Commander's chain of command.*

### 3. Definitions.

a. Behavioral Science Consultant (BSC). BSCs are psychologists and forensic psychiatrists, not assigned to clinical practice functions, but to provide consultative services to support authorized law enforcement or intelligence activities, including detention and related intelligence, interrogation, and detainee debriefing operations.

(1) BSCs, who by definition are not engaged exclusively in the provision of medical care, may not qualify for special status accorded retained medical personnel by Article 33 of the GPW or carry DoD-issued identification cards identifying themselves as engaged in the provision of healthcare services. Analogous to behavioral science unit personnel of a law enforcement organization or forensic psychiatry or psychology personnel supporting the criminal justice, parole, or corrections systems, BSCs employ their professional training, not in a provider-patient relationship, but in relation to a person who is the subject of a lawful governmental inquiry, assessment, investigation, adjudication, or other proper action.

(2) BSCs function as Special Staff to the Commander in charge of both detention and interrogation operations, i.e., the Commander, Detainee Operations. BSCs should be aligned to report directly to this Commander, not to a Commander charged solely with command of the detention facility or joint interrogation debriefing center (JIDC). This arrangement enhances the BSCs ability to provide comprehensive consultation regarding all subjects within the BSCs area of expertise on combined aspects of detention operations, intelligence interrogations and detainee debriefings. Any alterations in this function based on mission requirements should be carefully considered.

b. Behavioral Science Technician (BST). BSTs are enlisted mental health technicians with at least 10 years experience in the mental health field who have received specific training to function in support of, and under direct supervision of, BSCs. It is important to note that technicians are not licensed to function independently and may not operate except under direct supervision of the BSC. The scope of professional practice for these technicians will be at a level consistent with their knowledge and skill set and determined by the supervising BSC on site; under no circumstances will their practice exceed the limitations contained in this policy. BSTs should be assigned to the same unit as the BSC.

c. Behavioral Science Consultation Team (BSCT).

(1) Often behavioral science consultation to detention operations, intelligence interrogations, and detainee debriefings is conducted by individual BSCs working alone.

(2) In other situations, such as at a detention facility, one or more BSCs and one or more BSTs may form a team, the Behavioral Science Consultation Team or BSCT. The senior military BSC serves as team leader for any other military, civilian, or contractor employee, enlisted, or officer behavioral science personnel who serve on, or assist, the BSCT.

(3) In some situations other personnel, such as Judge Advocate General officers, may be tasked to support the BSCT.

d. Behavioral Science Consultation Review Panel (BSCRCP). TSG will establish a panel of subject matter experts in the practice and ethics of behavioral science consultation to interrogation and detention operations. The BSCRCP will be available to review situations that may arise in which there are concerns about a potential ethical or legal violation by a BSC or any other BSCT personnel. All active duty BSC panelists will have a TS/SCI clearance and should have completed the BSCT Course. The panel shall be multi-disciplinary, composed of at least one psychologist and one forensic psychiatrist from the AMEDD who have completed this mission; an ethicist and a JAG officer who are familiar with interrogation/detention law, ethics, and doctrine. TSG may also invite senior psychologists who have completed this type of mission to participate on the panel and are assigned to other major commands or sister services, as well as civilian non-DoD persons who have expertise in psychological and medical ethics.

e. Behavioral drift. This is the continual re-establishment of new, often unstated, and unofficial standards in an unintended direction. It often occurs as established, official standards of behavior are not enforced. Ambiguous guidance, poor supervision, and lack of training and oversight contribute to this change in observed standards. Certain psychological and social pressures can greatly increase the likelihood of behavioral drift. This phenomenon is commonly observed in detention and other settings in which individuals have relative control or power over others' activities of daily living or general functioning. Drift is detrimental to the mission and may occur very quickly without

careful oversight mechanisms and training (discussed more fully in section on Mission Essential Tasks, Command Consultation).

#### 4. Mission.

a. The mission of a BSC is to provide psychological expertise and consultation in order to assist the command in conducting safe, legal, ethical, and effective detention facility operations, intelligence interrogations, and detainee debriefing operations.

b. This mission is composed of two complementary objectives:

(1) To provide psychological expertise in monitoring, consultation, and feedback regarding the whole of the detention environment in order to assist the command in ensuring the humane treatment of detainees, prevention of abuse, and safety of US personnel.

(2) To provide psychological expertise to assess the individual detainee and his environment and provide recommendations to improve the effectiveness of intelligence interrogations, detainee debriefings, and detention facility operations.

c. These mission objectives contain four critical components of operations that BSCs must manage as they work in this arena:

(1) Safety. BSCs, like any other military personnel, DoD civilian, or contractor employee help to ensure the safety of both DoD personnel and detainees. BSCs use their knowledge of social psychology, group behavior, and the dynamics of captivity to reduce the likelihood of abuse by providing behavioral science expertise, and to establish processes that reduce the opportunity for behavioral drift and inappropriate behavior.

(2) Law. BSCs, although not legal experts, must be familiar with applicable US and international law, regulations, and DoD policies, as well as mission-specific guidance and direction set forth in applicable Execute Orders (EXORDs), Operations Orders (OPORDs), and Operations Plans (OPLANs) that govern detention facility operations, intelligence interrogations, and detainee debriefing operations. BSCs are obligated, as are all service members, to report any actual, suspected, or possible violations of applicable laws, regulations, and policies, to include allegations of abuse or inhumane treatment as described in section 5.a.(6) of this document.

(3) Ethics. BSCs must regularly monitor their behavior and remain within professional ethical boundaries as established by their professional associations, by their licensing State, and by the military.

(4) Effectiveness. BSCs add value to detention facility operations, intelligence interrogation, and detainee debriefing missions because of their ability to provide

detailed assessments of individual detainees, their environment, and the interactions between detention facility guards, interrogators and detainees. BSCs enhance detention facility operations by providing assessments and consultative services to the Command with a view to supporting a safe, stable, and secure detention facility; developing strategies for improving detainee behavior and compliance with camp rules; and increasing positive detainee-guard/staff interactions. Similarly, with regard to interrogators, BSCs assist in maximizing the effectiveness of eliciting accurate, reliable, and relevant information during the interrogation and debriefing processes.

## 5. Concept of Operations.

### a. What BSCs will do:

(1) BSCs adhere to applicable US and international law, regulations, and DoD policies, as well as accepted professional ethical standards with regard to proper and ethical conduct in support of detention facility operations, intelligence interrogations, and detainee debriefings.

(2) BSCs provide consultative services to detention facility operations, intelligence interrogations, and detainee debriefings in a manner that:

(a) Supports authorized law enforcement or intelligence activities, including detention facility, interrogation, and debriefing operations in a manner that promotes the safety and security of both detainees and US personnel.

(b) Is within applicable legal, regulatory, and DoD policy guidelines.

(c) Is within the individual practitioner's professional ethical guidelines.

(d) Increases the effectiveness of the missions.

(3) BSCs function as Special Staff to the Commander in charge of both detention facility and interrogation operations, as noted in Section 3.a.(2) of this document. BSCs should be aligned to report directly to the Commander, not to a Commander charged solely with command of the detention facility or JIDC. This arrangement enhances the BSCs ability to provide comprehensive consultation regarding all subjects within the BSCs area of expertise on combined aspects of detention operations, intelligence interrogations, and detainee debriefings.

(4) No matter the setting, BSCs have a responsibility to report information that constitutes a clear and imminent threat to the lives and welfare of others. Such information acquired from detainees should be treated no differently, and must be reported through proper channels.

(5) BSCs will become aware of all applicable policies and procedures regarding circumstances for protection and release of detainee medical information. The Health Insurance Portability and Accountability Act (HIPAA) as implemented by DoD 6025.18R does not apply to the medical records of detainees. Under US and international law and applicable medical practice standards, there is no absolute confidentiality of medical information for any person. However, the handling, disposition, and release of all types of medical records are governed by US Army regulation and Theater-specific policies.

Generally, only healthcare personnel engaged in a professional provider-patient treatment relationship with detainees shall have access to detainee medical records. However, whenever patient-specific medical information concerning detainees is disclosed for purposes other than treatment, healthcare personnel shall record the details of such disclosure, including the specific information disclosed, the person to whom it was disclosed, the purpose of the disclosure, and the name of the medical unit commander (or other designated senior medical activity officer) approving the disclosure. Analogous to legal standards applicable to US citizens, permissible purposes include to prevent harm to any person, to maintain public health and order in detention facilities, and any lawful law enforcement, intelligence, or national security related activity.

In any case in which the medical unit commander (or other designated senior medical activity officer) suspects that the medical information to be disclosed may be misused, he or she should seek a senior command determination that the use of the information will be consistent with applicable standards. For example, it would likely be necessary to reveal to detention and interrogation/debriefing staff information regarding food restrictions and allergies to ensure no inadvertent harm to a detainee. Likewise, guards and interrogation teams would need to be advised about contagious conditions in order to take appropriate precautions to prevent the spread of disease from one detainee to others and to US personnel. It would also be necessary to release medical information to appropriate personnel about medications and other medical conditions prior to travel.

(6) BSCs will be alert for signs of maltreatment or abuse of detainees. Given their special knowledge, education, training, experience, and status, as well as their unique vantage point on the conduct of detention operations, intelligence interrogations, and detainee debriefings, BSCs may have visibility on potentially harmful situations and may be able to intervene in a preventative manner. BSCT personnel are obligated, as are all personnel, to report any actual, suspected, or possible violations of applicable laws, regulations, and policies, to include allegations of abuse or inhumane treatment in accordance with DoDD 5100.77, DoDD 3115.09, DoDD 2110.08E, this policy statement, and any theater-specific guidance. BSCs shall report those circumstances to the chain of command. BSCs who believe that such a report has not been acted upon properly should also report the circumstances to the technical chain, including the Military Department Specialty Consultant. Technical chain officials may inform the Joint Staff Surgeon or TSG concerned, who then may seek senior command review of the



circumstances presented. As always, other reporting mechanisms, such as the Inspector General, criminal investigation organizations, or Judge Advocates, may also be used.

(7) BSCs are authorized to make psychological assessments of the character, personality, social interactions, and other behavioral characteristics of detainees, including interrogation subjects, and, based on such assessments, advise authorized personnel performing lawful interrogations and other lawful detainee operations, including intelligence activities and law enforcement.

(8) BSCs may provide advice concerning interrogations of detainees when the interrogations are fully in accordance with applicable law and properly issue interrogation instructions. Sources of information on lawful interrogation procedures include DoDD 3115.09, FM 2-22.3 and other applicable law, regulation, and policy.

(9) BSCs may observe interrogations. When they are present in the interrogation booth, the BSCs may be introduced as an observer, but under no circumstances will they be represented as healthcare providers.

(10) BSCs may provide training for interrogators in listening and communications techniques and skills, results of studies and assessments concerning safe and effective interrogation methods, potential effects of cultural and ethnic characteristics of subjects of interrogation, and recognition of resistance techniques and use of counter-resistance measures. They may also provide training to interrogation and detention facility personnel on such topics as behavioral drift, warning signs, and mechanisms to prevent it from developing.

(11) BSCs may advise command authorities on detention facility environment, organization, and functions; ways to improve detainee operations; and compliance with applicable standards concerning detainee operations.

(12) BSCs may develop and conduct surveys of key facility staff members (including guards, interrogators/de-briefers, law enforcement professionals, interpreters, and medical staff) who interact with detainees for the purposes of identifying indicators of behavioral drift or morale issues which could lead to behavioral drift. These results will be shared with the appropriate level of command along with recommendations for correcting any concerns that may be identified.

(13) BSCs may advise command authorities responsible for determinations of release or continued detention of detainees of assessments concerning the likelihood that a detainee will, if released, engage in terrorist, illegal, combatant, or similar activities against the interests of the US.

(14) BSCs may consult at any time with the Psychology, Forensic Psychiatry, or Medical Ethics Consultants or the BSCT Subject Matter Expert (SME) designated by

The Surgeon General regarding the roles and responsibilities of BSCs and procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

b. What BSCs will not do:

(1) BSCs will not support intelligence interrogations or detainee debriefings that are not in accordance with applicable law.

(2) BSCs will not use or facilitate the use, directly or indirectly, of physical or mental health information regarding any detainee in a manner that would result in inhumane treatment, would be detrimental to the detainee, or would not be in accordance with applicable law.

(3) Although BSCs are qualified as healthcare providers, they do not hold clinical privileges to practice at the local command/staff or detainee healthcare facility. They may, however, maintain privileges at their parent medical facility. BSCs will take necessary steps to avoid any and all relationships that conflict with professional ethical guidelines.

(a) BSCs will not routinely provide medical care or behavioral healthcare to members of the command and staff they support.

(b) BSCs will not provide medical care or behavioral healthcare to detainees (except in emergency circumstances in which no other healthcare providers can respond adequately). They may not provide medical screening to detainees (which is a healthcare function), nor be a medical monitor during interrogation.

(c) Absent compelling circumstances requiring an exception to the rule, healthcare personnel shall not within a 3-year period serve in the same facility both in a clinical function position and as a BSC.

(4) BSCs will not conduct any form of research that involves detainees (DoDD 3216.2). Research includes any systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Certain kinds of descriptive studies and retrospective analyses that are not experimental in nature, but are based on experiences and observations, would not be prohibited.

(5) As in any setting, behavioral science personnel will not perform any duties they believe are illegal, immoral, or unethical. If behavioral science personnel feel they have been ordered to perform such duties, they should voice their concerns to and seek clarification from the chain of command. If the chain of command is unable to resolve the situation, BSCs should seek alternate means of resolution by contacting their Specialty Consultant and/or the OTSG BSCT SME. As always, other mechanisms,

such as the Inspector General, criminal investigation organizations, or Judge Advocates, may also be used.

(6) BSCs will not display recognizable patches or other designations on uniforms identifying them as healthcare providers or medical personnel while supporting detention operations, intelligence interrogations, or detainee debriefings so as to avoid any misperceptions of the BSCs function or role.

(7) BSCs shall not conduct or direct interrogations, nor will they give instruction to guard force personnel about the conduct of their duties.

c. Role of the Behavioral Science Technicians (BSTs). Functioning of the behavioral science technician shall be determined by the on-site BSC/officer under whose supervision the BST works. Determination of the BST's scope of practice shall be made by the officer and conveyed to the technician, based on two primary factors – the knowledge, experience, and skill set of the technician; and specific mission requirements. Thus, the duties and responsibilities of BSTs will vary considerably from person to person, and from one location to another. At no point will scope of practice for a particular BST exceed parameters established by the supervisory officer and/or the limitations contained in this policy.

(1) What BSTs will do:

(a) BSTs will comply with same laws, regulations, and policies applicable to BSCs, adhere to the same prohibitions, and act only within the scope of practice approved by their supervising officer.

(b) Any consultative services that BSTs provide will be consistent with guidance provided by the supervising officer, and in accordance with applicable legal, regulatory, and DoD policy guidelines, supporting authorized law enforcement or intelligence activities, in a manner that promotes the safety and security of both detainees and US personnel.

(c) No matter the setting, BSTs have a responsibility, just as do BSCs, to report information that constitutes a clear and imminent threat to the lives and welfare of others. Such information acquired from detainees should be treated no differently, and must be reported through proper channels. Reporting lines for the BST includes their supervising officers, as well as those referenced in section 5a(6). BSTs will also be alert for potentially harmful situations and discuss these circumstances with the BSCT officers to determine the appropriate course of action.

(d) BSTs will be aware of applicable policies and procedures, and will adhere to all requirements, regarding protection and release of detainee medical information as noted in previous sections.

(e) BSTs will be alert for signs of maltreatment or abuse of detainees and report alleged or suspected abuse to proper authorities in accordance with this policy and directives previously noted. The reporting chain of command for BSTs shall include their supervising officers. They will also be alert for potentially harmful situations and discuss these circumstances with the BSCT officers to determine the appropriate course of action.

(f) BSTs may provide training, as authorized by their supervising BSC, for interrogators and detention facility personnel as noted in previous section for BSCs.

(g) BSTs will discuss with other BSCT personnel and their supervising officer observations of interrogations as well as feedback and recommendations to interrogators. Likewise, BSTs will report back to their supervising officer any observations of detainee-guard interactions and potential feedback to command.

(2) What BSTs will not do:

(a) BSTs will not function outside the scope of practice determined by their supervising officer, nor will they perform any actions prohibited for BSCs by policy, doctrine, or regulation.

(b) BSTs will not support intelligence interrogations or detainee debriefings that are not in accordance with applicable law, nor will they perform any duties they believe are illegal, immoral, or unethical. If believed they are ordered to perform any such duty, BSTs will use the same procedures previously described to resolve these concerns, starting with their chain of command.

(c) BSTs will not use or facilitate the use, directly or indirectly, of physical or mental health information regarding any detainee in a manner that would result in inhumane treatment, would be detrimental to the detainee, or would not be in accordance with applicable law.

(d) BSTs will not routinely provide medical care or behavioral healthcare to members of the command/ staff they support, to detainees, or serve within a three-year period in the same location in a clinical function. They will not display recognizable patches or other designations on uniforms that identify them as healthcare technicians.

(e) BSTs will not conduct or direct interrogations, nor will they give instruction to guard force personnel on the conduct of their duties.

6. Mission Essential Tasks. Understanding the limits of each of the functions below and establishing clear boundaries around these functions will allow BSCs to perform ethically in a field with many potential challenges. These boundaries also assist in establishing clear and proper relationships with command and staff.

a. Interrogation/Debriefing Assessment and Consultation. A BSC's function in intelligence interrogation and detainee debriefing assessment is to evaluate the psychological strengths and vulnerabilities of detainees, and to assist in integrating these factors into a successful interrogation/ debriefing process. BSCs who consult to the interrogation/debriefing processes are an embedded resource. They consult as the process unfolds and do not simply react to problems or obstacles that arise. This consultative process normally begins well before the actual interrogation. As noted in section 5.a(7), BSC psychological assessments and consultations are also authorized in law enforcement activities that may be conducted in some detention facilities.

b. Environmental Setting Consultation. BSCs, with their expertise in human behavior, can act as consultants to advise detention facility guards, military police, interrogators, military intelligence personnel, and the command on aspects of the environment that will assist in all interrogation and detention operations. The detention environment includes physical aspects of the facilities as well as social and behavioral aspects of detained population. The physical environment includes holding cells, hallways, toilet and bathing facilities, vehicles, and interrogation rooms.

BSCs can provide insight into the likely effects of this environment and how changes may affect detainees. The social and behavioral aspects of the environment may include access to recreational and social activities, educational incentive programs, disciplinary plans and procedures and strategies for increasing positive behavior and compliance with camp rules. The goal is to ensure that the environment maximizes effective detention and interrogation/debriefing operations, while maintaining the safety of all personnel, to include detainees. BSCs can assist in ensuring that everything that a detainee sees, hears, and experiences is a part of the overall interrogation plan. The purpose of this consultation is to optimize the conditions and maximize the interventions that elicit accurate and reliable information.

c. Indirect Assessment. BSCs may be called upon to provide psychological assessments of individual detainees. These assessments can be delivered in a written format, but more often are verbally communicated to detention operations/interrogation personnel in an informal and timely manner. These products will routinely address basic personality characteristics. This assessment is usually conducted as part of the interrogation assessment, but may be conducted independently of an interrogation, for example, for purposes of assessing the ability of a particular detainee to integrate with detainees in an established cell-block. This assessment is usually conducted by direct observation rather than direct interaction, interview, or administration of psychometric instruments.

d. Information Operations. BSCs may assist the command in developing and executing information operations plans.

e. Training.

(1) Another key function for BSC personnel is the training of guards, interrogators, interpreters, and other staff. Periodic training sessions reiterate standards and reinforce awareness of the subject matter, as well as foster a culture conducive to behavioral correction, peer monitoring, and self-assessment. The concomitant healthy training environment can prevent “behavioral drift” that, in the long term, would be detrimental to the mission. As defined previously in this policy, “behavioral drift” is the continual reestablishment of new, often unstated, and unofficial standards in an unintended direction. In addition, BSCs provide training to other personnel regarding the cultural aspects of behavior that impact on interrogations.

(2) BSCs may also conduct additional training as determined by command or mission requirements. Such topics might include, but are not limited to:

(a) Social and cultural characteristics of behavior considered acceptable in the target countries.

(b) Psychological aspects of detention and the impact of confinement.

(c) Psychological aspects of exploitation.

(d) Recognizing the use of resistance techniques by the detainee.

(e) Establishing and clarifying roles of the supervisor, interrogator, guard, and the BSC.

(f) Identifying, interpreting, and managing behavioral drift.

(g) The psychology of persuasion and influence.

(3) In addition to providing training on the psychological aspects of detention, intelligence interrogation, and detainee debriefing, BSCs also serve as another set of “eyes and ears” for the Commander to ensure that guards and interrogators are regularly conducting training on Standard Operating Procedures. BSCs should identify and recommend to the chain of command areas of training that have either been neglected or are in need of review.

f. Command Consultation. Direct BSC consultation to the chain of command may help prevent the inclination of guards and interrogators to drift behaviorally from the proper execution of their mission. Essential to proper command consultation is the ability of BSCs to access directly, consult with, and advise all personnel involved in detention facility operations, intelligence interrogations, and detainee debriefings (from the Commander to the most junior private, including DoD civilians and contractor employees). Ideally, while the BSC must coordinate with and interact productively with

all members of the command and staff, as a member of the Commander Detainee Operations Special Staff, a BSC must have the means to advise the Commander directly on matters that affect mission integrity. BSCs may serve as the Commander Detainee Operations on-site representatives and should have unrestricted access to detention, interrogation, and debriefing areas. In fact, BSCs should assist both the Detention Facility Commander and JIDC Commander in monitoring as much of the detention facility and interrogation/ debriefing operations as possible.

Behavioral drift can occur extremely rapidly and must be quickly corrected when it occurs. The goal is to address problems with tact and at the lowest level possible, while ensuring that the Command is informed of all issues and concerns noted, when appropriate. Although minor deviations can be corrected at the individual level and typically on the spot, more significant issues or a pattern of deviations should be addressed with the command. Passive oversight reinforces inappropriate behavior. Drift begins in as early as 36 hours without oversight. Again, intervention should occur at the lowest level. Safety should never be compromised. What is tolerated will occur. Issues must be documented as they arise.

g. Psychological Screening. Under some circumstances, it is possible for the BSC to provide screening of DoD military or civilian personnel, contractor employees, and other personnel prior to their assignment to a role interacting with detainees. This can greatly assist in reducing, though not eliminate, the risk of inappropriate behavior. The screening of interrogators may include an interview, objective and projective assessment instruments, and an estimate of intellectual functioning. The assessment should evaluate the prospective interrogator's qualities, including, but not limited to, motivation, alertness, patience and tact, credibility, objectivity, self-control, adaptability, perseverance, and personal appearance and demeanor. Individuals considered for an assignment in which they would be required to interact with detainees also should possess more than adequate ability for conceptualization and problem solving, situational awareness, emotional stability, integrity, and a good self-concept. As well, they should also be open to criticism and feedback and have self-awareness.

7. Training Requirements. Note: Any exceptions require approval by Assistant Surgeon General for Force Projection (ASG(FP)).

a. Prerequisites for BSCs.

(1) Licensed for independent practice.

(2) Volunteer for the training and BSC mission. This does not imply that the BSC must be a volunteer for a specific assignment, rather that they understand the nature of the mission, the shift from non-combatant to combatant status, professional and ethical controversies and their potential ramifications, and, if opposed to the role, be afforded the opportunity to deploy in a non-BSC assignment.

(3) Final TOP SECRET security clearance. (This is not essential for the training, which can be conducted at the SECRET level, but is essential for full utilization as a BSC supporting interrogation operations.)

(4) Completion of training required for designation of Skill Identifier M6 (Repatriation/ Reintegration Psychologist) or sister service equivalent. In lieu of this training, psychiatrists must be fellowship trained in forensic psychiatry and be certified in forensic psychiatry, and have reviewed social psychology and learning theory principles.

b. Training in Interrogation Support will take approximately 168 hours and be conducted in a combination of distance learning (approximately 40 hours) and in-residence (approximately 16 days) phases. Training includes instruction in the following topics:

(1) US and international law, regulations, and DoD policy applicable to detention operations, intelligence interrogations, and detainee debriefings, including:

(a) AR 190-8.

(b) GPW and GC.

(c) Definitions and standards of acceptable treatment of detainees.

(d) Mechanisms to keep abreast of those legal actions and policy decisions that are rendered during an assignment, e.g., policies on legal status of detainees or approved interrogation techniques, that may influence operations or result in procedural changes.

(2) Ethical standards for psychologists or psychiatrists applicable to detention operations, intelligence interrogations, and detainee debriefings. This will include a discussion of common ethical issues and how to resolve ethical conflicts.

(a) Current ethical guidance provided by professional associations.

(b) Discussion of examples of ethical dilemmas and mechanisms for their resolution.

(3) Fundamentals of US Army doctrine on detainee operations. This includes the structure, organization, and functions of Military Police and other guard force personnel in detention operations.

(4) Fundamentals of US Army doctrine on intelligence interrogation and detainee debriefing operations. This includes the structure, organization, and functions of Military Intelligence within the DoD, as well as reporting mechanisms and systems,



nomenclature and missions of Military Intelligence personnel, and security classification guidelines for anticipated assignment location(s).

(5) An overview of information operations and the roles they play in interrogation/detention operations.

(6) Application of the following areas of behavioral science to the interrogation/debriefing processes (note: professional level expertise in these areas is a prerequisite to BSC training).

(a) Personality development and assessment with particular attention to relevant cultural, sociological, religious, and ideological factors.

(b) Learning theory including operant conditioning, behavioral theory and principles of reinforcement, classical conditioning, and cognitive behavior theories.

(c) The psychology of influence and persuasion, and cognitive dissonance theory.

(7) Review of the psychology research on social processes that may lead to detainee abuse. This will include instruction on moral disengagement, the potential of psychological drift, and successful control processes that may reduce the incidence of abuse, as well as a review of the research on the social effects of disparate power relationships.

(8) Instruction on providing psychological oversight of detention operations, intelligence interrogations, and detainee debriefings. This instruction will build on material described in paragraphs noted above and will discuss, in detail, the manner and methods of establishing oversight, and how to put into practical use the theoretical knowledge of the group processes that may lead to detainee abuse.

(9) Review of the psychological aspects of captivity, capitalizing on the previous training the student has received. Particular attention will be paid to the emotional effects of captivity, impact of counter-interrogation training, and use of resistance techniques.

(10) Instruction in the indirect and observational assessment of detainees. This will include a review of personality factors, cultural issues, and an update on current populations.

(11) Instruction and role playing in behavioral science consultation to the interrogation process that emphasizes application of a relationship-based model of interviewing detained persons.

(12) Instruction on providing consultation to Commanders concerning detention operations, intelligence interrogations, and detainee debriefings.

(13) Cultural, religious, and ideological issues regarding the specific populations under consideration, e.g., history of Islam, development of radical Islam and extremism. This would also include the impact of cultural issues on detention operations.

(14) Education on the missions and roles of various US Government departments and Agencies, foreign government organizations, and non-governmental organizations present in the theater.

## 8. Ethics.

a. Psychologists and forensic psychiatrists are bound by both legal and ethical constraints when supporting detention operations, intelligence interrogations, and detainee debriefings. Every BSC who supports such operations must know the requirements of applicable US and international law, regulation, and DoD policy regarding the treatment of detainees. The BSCs involved in interrogation/debriefing support strive to help DoD to develop informed judgments and choices concerning human behavior. Further, because of the particularly sensitive and dynamic nature of detention operations, intelligence interrogations, and detainee debriefing operations, it is important to emphasize the ethical standards associated with BSC support to these activities.

b. BSCs have specific knowledge, training, and experience that can ensure the ethical treatment of detainees. A clear understanding of the social and behavioral forces that influence power relationships is essential when operating in this environment. Ethical standards are similar as to the separate professions of psychology and psychiatry, but they are not identical. Likewise, the field of forensic psychiatry has some differences in interpretation and application of these standards based on unique aspects of their work. Because of this, each profession will be addressed separately in following sections.

c. The DoD requires that all military professionals perform their duties in an ethical manner, consistent with their professional ethics although they are neither required to join nor adhere to the policies of any specific professional organization. The MEDCOM/OTSG has carefully reviewed the positions of the relevant professional associations and their ethical guidelines, as well as the various concerns raised by interested parties. In consideration of the safeguards including those for humane treatment of detainees, the consultative nature of the work of BSCT personnel, reporting requirements for all personnel, as well as the clear distinction between healthcare functions and behavioral science consultation, the OTSG determines that performance of behavioral science consultation duties as described herein is deemed ethical practice consistent with medical and psychological ethics.

d. Psychologists:

(1) The ethical requirements for psychologists are contained in the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (APA, 2002) and in the *Report on the American Psychological Association Presidential Task Force on Psychological Ethics and National Security* (PENS Report, 2005).

(2) The ethical principles are guidance for the professional activities of psychologists. The Ethics Code is binding on all psychologists who are members of the APA and all those who are licensed by a State Psychology Licensing board that requires adherence to the code. All military psychologists are required to maintain State licensure. Therefore, the Ethics Code is an applicable guideline for military psychologists. Sanctions for violations of the Ethics Code can include the revocation of a psychologist's State license, placing the psychologist's military standing in jeopardy.

(3) The following section identifies several aspects of the Ethics Code that necessitate interpretation, given the practice of support for detention operations, intelligence interrogations, and detainee debriefings. Relevant sections of the Introduction, Preamble, General Principles, and Ethics Code are discussed and interpreted as well as the relevant legal requirements.

(4) The Balance of Law, Duty, and the Ethics Code.

(a) DA military, civilian, and contractor employee psychologists are governed by applicable US and international law, regulations, and DoD policy. The Ethics Code also applies as discussed above.

(b) The Ethics Code pertains only to a psychologist's activities that are "part of their scientific, educational or professional roles" pertaining to the profession of psychology. The Code does not, therefore, have purview over the psychologist's role as a Soldier, civilian, or contractor employee that is unrelated to the practice of psychology. For instance, the dictum for beneficence does not pertain to actions against the enemy in combat.

(c) Conversely, the Ethics Code is broad in its application. It pertains to all psychologists (military, civilian, or contractor employee) in the performance of their profession. US State licensing boards use the Ethics Code as a standard for behavior, requiring compliance with the code to maintain licensure. The Ethics Code does not supersede applicable US and international law, regulations, or DoD policy.

(d) Ignorance of the Ethics Code does not excuse violations. A lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

(e) The method of resolving conflicts between the law and regulations with the Ethics Code are addressed by the Code, as follows: “When the psychologist’s responsibilities conflict with the law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If . . . irresolvable . . . , psychologists may adhere to the requirements of the law, regulations . . . in keeping with basic principles of human rights (Introduction; 1.02; 1.03).” A process for maintaining adherence to the Code when it conflicts with applicable law, regulation, and policy is outlined below:

(i) Address and attempt to resolve the issue.

(ii) If initially not resolvable, consult with a psychologist experienced in detention operations/ interrogation and debriefing support.

(iii) If the issue continues to elude resolution, adhere to law, regulations, and policy in a responsible manner.

(iv) Again, as noted above, applicable US and international law, regulations, and DoD policy require the humane treatment of all detainees, regardless of status. This tenet is completely consistent with the Ethics Code.

#### (5) Issues of Harm and Exploitation.

(a) The Ethics Code (3.04), states, “Psychologists take reasonable steps to avoid harming their clients/ patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.”

(b) This is consistent with the GPW, GC, and AR 190-8, all of which require the humane treatment of all detainees. The psychologist must make a reasonable effort to prevent avoidable harm to detainees and to treat all persons with dignity and respect. One function of the psychologist supporting detention operations, intelligence interrogations, and detainee debriefings is to assist the command in preventing abuse of detainees and in monitoring the detention environment. This does not preclude the psychologist from assisting in interrogations or debriefings, even if they may result in consequences to the detainee such as a determination that the detainee will not be recommended for early release prior to the termination of the conflict; or long-term post-trial confinement pursuant to conviction of war crimes or acts of terrorism.

#### (6) Boundaries of Competence.

(a) The Ethics Code states that “Psychologists provide services . . . with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience” (2.01 Boundaries of Competence). The BSCT training course is designed

to ensure basic levels of knowledge and skills in the BSC mission, and to facilitate sharing of knowledge and expertise to further the development of the field. There is no certification process, to date, that exists for detention operations or interrogation/debriefing support. Furthermore, there is little information and research published on this emerging area of practice. Psychologists may be pushed forward on the battlefield, beyond readily accessible supervision or consultation, or otherwise placed in positions without ready access to other psychologists trained in this area. However, BSCs will make efforts to consult with SMEs whenever possible.

(b) As paragraph 2.01 of the Ethics Code states, in those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect . . . others from harm.” Therefore, the psychologist should make attempts to regularly consult with other psychologists experienced in this area. When confronted with an ethical dilemma, the psychologist must make attempts at consultation. If unable to consult because of time constraints, isolation from other psychologists, or Operational Security requirements, the psychologist will later make attempts to seek consultation. The OTSG BSCT Consultant or other BSCT SME should review, prior to their submission, all recommended policies related to detention operations, interrogations, or debriefings, originating from the individual BSC or BSCT supporting those operations. If mission requirements prevent review, any such documents should be presented to the BSCT Consultant or SME as soon as practicable.

(c) Furthermore, the psychologist must be cognizant of changes and developments within the field of psychological support for detention operations, intelligence interrogations, and detainee debriefings. The psychologist should take every opportunity to develop and maintain their competence (paragraph 2.03) in this emerging field. The psychologist has a responsibility to evaluate and improve his or her job performance. The psychologist must be aware of all current policy requirements and command guidance concerning the conduct of interrogations and detention operations. Cultural awareness is also necessary to provide psychological support to interrogation operations.

#### (7) Multiple Relationships.

(a) While performing the duties related to detention operations, intelligence interrogations, or detainee debriefings, the BSC functions as a Command Psychologist. The client is the command, the DoD, and the United States Government. It is not possible, in this environment, to avoid all multiple relationships. Psychologists employed by the military (military, civilian, and contractor employees), like psychologists in small communities, must be keenly aware of the nature of these multiple relationships.

(b) Except under emergency circumstances, the psychologist consulting for detention or interrogation/ debriefing operations does not conduct mental health evaluations or provide mental health treatment to detainees. All medical treatment for detainees, to include mental health evaluation and treatment, is provided by a designated medical element. The psychologist will take all reasonable steps to ensure that he or she is not perceived as a healthcare provider for detainees.

(c) When concerns about health status or medical condition of detainees are raised through observation by the psychologist, through inquiries by others involved in detention operations, by interrogators, or through other reporting mechanisms, these concerns will be conveyed to medical personnel for evaluation, treatment, and disposition.

(d) The issue of multiple relationships is addressed in paragraph 3.05 of the Ethics Code. "A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness . . . or otherwise risks exploitation or harm to the person with whom the professional relationship exists." The Code goes on to say that, "Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical."

(e) Only in case of an emergency (for example, when no other healthcare providers can respond adequately) will the psychologist supporting detention operations, intelligence interrogations, or detainee debriefings break with their function and provide emergency services "to ensure that services are not denied" (paragraph 2.02). Furthermore, "the services are discontinued as soon as the emergency has ended or appropriate services are available" (paragraph 2.02). If the detainee is later capable of continuing in interrogation, the psychologist who had provided emergency clinical care would not resume interrogation support other than general safety oversight that would be provided to other interrogation.

(f) Psychologists supporting detention operations, intelligence interrogations, and detainee debriefings must always be alert to the risk of multiple relationships. For example, it would probably be inappropriate for a psychologist to conduct long-term psychological therapy with an interrogator that is working alongside the psychologist. On the other hand, brief consultation with the same interrogator on a personal issue relevant to the interrogator's ability to interrogate effectively may be appropriate in certain circumstances. The psychologist, in consultation with other psychologists, if possible, must evaluate each situation and act in order to minimize the risk of harm.

#### (8) Informed Consent.

(a) Except as discussed above, psychologists supporting detention operations, intelligence interrogations, or detainee debriefings do not have a medical or mental health relationship with detainees. Ordinarily, they do not directly interact with

detainees, they do not provide services to detainees, nor do they engage in psychological testing of detainees. The DoD is the identified client, the organization the psychologist is supporting. Although it is possible for exceptions to be made to the above proscriptions, it should only be done after careful thought and consultation with other experienced psychologists.

(b) The Code of Ethics (3.11(a)) states, "Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about . . ." Psychologists supporting interrogations will discuss with the organization the limits and purpose of the assessment; it is not appropriate, given the functions of the psychologist in this role and the DoD, to inform the detainee that he is being assessed by a psychologist. In fact, it would increase the likelihood of misunderstanding by the detainee of the psychologist's role.

(c) The Code of Ethics (3.10(b)) also states, "When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare." Any psychologist, whether supporting interrogations or not, has a duty to ensure the humane treatment of all detainees. This duty is not diminished by the nature of the detainee's acts prior to detention.

(9) The June 2005 Report of the American Psychological Association Presidential Task Force on Psychological Ethics and National Security issued the following twelve statements concerning the work of BSCs to interrogation and detention operations:

(a) Psychologists do not engage in, direct, support, facilitate, or offer training in torture, or other cruel, inhuman, or degrading treatment.

(b) Psychologists are alert to acts of torture and other cruel, inhuman, or degrading treatment and have an ethical responsibility to report these acts to the appropriate authorities.

(c) Psychologists who serve in the role of supporting an interrogation do not use healthcare-related information from an individual's medical record to the detriment of the individual's safety and well-being.

(d) Psychologists do not engage in behaviors that violate the laws of the United States, although psychologists may refuse for ethical reasons to follow laws or orders that are unjust or that violate basic principles of human rights.

(e) Psychologists are aware of and clarify their role in situations where the nature of their professional identity and professional function may be ambiguous.

(f) Psychologists are sensitive to the problems inherent in mixing potentially inconsistent roles such as healthcare provider and consultant to an interrogation and refrain from engaging in such multiple relationships.

(g) Psychologists may serve in various national security-related roles, such as a consultant to an interrogation, in a manner that is consistent with the Ethics Code, and when doing so psychologists are mindful of factors unique to these roles and contexts that require special ethical consideration.

(h) Psychologists who consult on interrogation techniques are mindful that the individual being interrogated may not have engaged in untoward behavior and may not have information of interest to the interrogator.

(i) Psychologists make clear the limits of confidentiality.

(j) Psychologists are aware of and do not act beyond their competencies, except in unusual circumstances, such as set forth in the Ethics Code.

(k) Psychologists clarify for themselves the identity of their client and retain ethical obligations to individuals who are not their clients.

(l) Psychologists consult when they are facing difficult ethical dilemmas.

e. Forensic Psychiatrists:

(1) The ethical requirements for forensic psychiatrists are contained in the APAs *The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* (2008); the *Ethics Primer of the American Psychiatric Association* (2001), particularly the chapter devoted to Ethics and Forensic Psychiatry; and the American Academy of Psychiatry and the Law's *Ethics Guidelines for the Practice of Forensic Psychiatry* (2005). These do not directly address the question of physician involvement in behavioral science consultation, as discussed in this document. However, they elaborate the relevant ethical principles of beneficence, non-maleficence, autonomy, confidentiality, and justice and social responsibility.

(a) Psychiatrists in a forensic role are called upon to practice in a manner that balances competing duties to the individual and to society. In doing so, they are bound by underlying ethical principles of respect for persons, honesty, justice, and social responsibility. However, when a treatment relationship exists, such as in correctional settings, the usual physician-patient duties apply.

(i) Two primary ethical principles can be derived from the functional analysis of advancing justice in forensic practice: truth-telling and respect for persons. We temper our justice system's pursuit of truth with the recognition that sometimes other values must take precedence, representing society's commitment to a respect for



persons even when those persons are suspected of having committed crimes.

(ii) At the outset of a face-to-face evaluation, notice should be given to the evaluatee of the nature and purpose of the evaluation and the limits of its confidentiality. Face-to-face evaluations are not performed as part of a behavioral science consultation for interrogations. In the rare circumstance that the need arise for a forensic evaluation in a different context, such notice should be given. Respect for persons underlies the adherence of forensic psychiatrists to maintaining the confidentiality of the evaluation, except to the extent that disclosure is necessary to fulfill the forensic function.

(iii) Absent a court order, psychiatrists should not perform forensic evaluations for the prosecution or the government on persons who have not consulted with legal counsel when such persons are: known to be charged with criminal acts; under investigation for criminal or quasi-criminal conduct; held in government custody or detention; or being interrogated for criminal or quasi-criminal conduct, hostile acts against a government, or immigration violations. As is true for any physician, psychiatrists practicing in a forensic role should not participate in torture.

(b) Psychiatrists practicing in a forensic role enhance the honesty and objectivity of their work by basing their forensic opinions, forensic reports and forensic testimony on all available data. They communicate the honesty of their work, efforts to attain objectivity, and the soundness of their clinical opinion, by distinguishing, to the extent possible, between verified and unverified information as well as among clinical "facts," "inferences," and "impressions." For certain evaluations, a personal examination is not required. In all other forensic evaluations, if, after appropriate effort, it is not feasible to conduct a personal examination, an opinion may nonetheless be rendered on the basis of other information. Under these circumstances, it is the responsibility of psychiatrists to make earnest efforts to ensure that their statements, opinions and any reports or testimony based on those opinions, clearly state that there was no personal examination and note any resulting limitations to their opinions.

(c) Expertise in the practice of forensic psychiatry should be claimed only in areas of actual knowledge, skills, training, and experience. As a correlate of the principle that expertise may be appropriately claimed only in areas of actual knowledge, skill, training and experience, there are areas of special expertise, such as the evaluation of children, persons of foreign cultures, or prisoners, that may require special training or expertise.

(2) The Council on Ethical and Judicial Affairs of the American Medical Association met in June 2006 and produced a report with the subject of Physician Participation in Interrogation. This report contains five recommendations. These guidelines are listed and discussed here. The entire report follows as an enclosure.

(a) First Guideline. Physicians may perform physical and mental assessments of detainees to determine the need for and to provide medical care.

When so doing, physicians must disclose to the detainee the extent to which others have access to information included in medical records. Treatment must never be conditional on a patient's participation in an interrogation.

(i) Various Opinions in the AMA's Code of Medical Ethics suggest that physician interactions under the authority of third parties are governed by the same ethical principles as interactions involving patients.

(ii) Physicians who provide medical care to detainees should not be involved in decisions whether or not to interrogate because such decisions are unrelated to medicine or the health interests of an individual.

(b) Second Guideline. Physicians must neither conduct nor directly participate in an interrogation, because a role as physician-interrogator undermines the physician's role as healer and thereby erodes trust in the individual physician-interrogator and in the medical profession.

(i) Physicians are not trained as interrogators, and to function as an interrogator would potentially cause significant role confusion that would generalize to other physicians.

(ii) Although physicians who provide medical care to detainees should not be involved in decisions whether or not to interrogate because such decisions are unrelated to medicine or the health interests of an individual, physicians who are not providing medical care to detainees may provide such information if warranted by compelling national security interests.

(iii) Specific guidance by a physician regarding a particular detainee based on medical information that he or she originally obtained for medical purposes constitutes an unacceptable breach of confidentiality. However, a physician functioning as a BSC should never be providing medical care to detainees, and would therefore never obtain medical information for treatment purposes.

(c) Third Guideline. Physicians must not monitor interrogations with the intention of intervening in the process, because this constitutes direct participation in interrogation.

(i) If a physician identifies physical or psychological injuries that are likely to have occurred during an interrogation, the physician must report such suspected or known abusive practices to appropriate authorities, as must any other service member or DoD employee.

(d) Fourth Guideline. Physicians may participate in developing effective interrogation strategies for general training purposes. These strategies must not

threaten or cause physical injury or mental suffering and must be humane and respect the rights of individuals.

(i) The Army defines training as instruction of personnel to increase their capacity to perform specific military functions and associated individual and collective tasks. General training is herein defined as the education, instruction, or discipline of a person or thing that is being trained. The Army conducts general training every day in all environments and after every mission, including interrogations.

(ii) Some physicians, most often forensic psychiatrists, may engage in activities that are closely linked to interrogations. As in the civilian world, physicians sometimes provide consultations to law enforcement officers, for example, in criminal profiling and hostage negotiations.

(iii) Physicians could enhance the likelihood of successful interrogation by identifying useful strategies, by providing information that may be useful during questioning. Furthermore, physicians may protect interrogatees if, by monitoring, they prevent coercive interrogations.

(iv) Physicians have long dealt with problems of dual loyalties in forensic roles and as employees of government and business. The same ethical considerations that guide physicians under those circumstances also guide them in matters related to interrogation. The question of whether it is ethically appropriate for physicians to participate in the development of interrogation strategies may be addressed by balancing obligations to society against those to individuals.

(e) Fifth Guideline. When physicians have reason to believe that interrogations are coercive, they must report their observations to the appropriate authorities. If authorities are aware of coercive interrogations but have not intervened, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations.

(i) Any physician involved with individuals who will undergo or have undergone interrogations should have current knowledge of known harms of interrogation techniques. If responsible authorities do not prohibit a clearly harmful interrogation strategy, physicians are ethically obligated to report the offenses to independent authorities that have the power to investigate or adjudicate such allegations.

(ii) If a physician identifies physical or psychological injuries that are likely to have occurred during an interrogation, the physician must report such suspected or known abusive practices to appropriate authorities.

(iii) A physician may help to develop general guidelines or strategies, as long as they are not coercive and are neither intended nor likely to cause harm, and as

long as the physician's role is strictly that of consultant, not as caregiver. It is unethical for a physician to provide assistance in a coercive activity.

(3) In May 06, the APA issued a position statement on Psychiatric Participation in Interrogation of Detainees. Although this is not an ethical guideline, position statements define APA policy on specific subjects. This position included three items.

(a) The APA reiterates its position that psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture of any person. Psychiatrists who become aware that torture has occurred, is occurring, or has been planned must report it promptly to a person or persons in a position to take corrective action.

(b) Every person in military or civilian detention, whether in the US or elsewhere, is entitled to appropriate medical care under domestic and international humanitarian law. Psychiatrists providing medical care to individual detainees owe their primary obligation to the well-being of their patients, including advocating for their patients, and should not participate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of their patients on behalf of military or civilian agencies or law enforcement authorities. Psychiatrists should not disclose any part of the medical records of any patient, or information derived from the treatment relationship, to persons conducting interrogation of the detainee. This paragraph is not meant to preclude treating psychiatrists who become aware that the detainee may pose a significant threat of harm to him/herself or to others from ascertaining the nature and the seriousness of the threat or from notifying appropriate authorities of that threat, consistent with the obligations applicable to other treatment relationships.

(i) Absent an emergency when no health care personnel are available, BSCs will not provide medical care to detainees.

(ii) BSCs will not have access to detainee medical records, and if they become aware of any medical information they will not use or facilitate the use, directly or indirectly, of physical or mental health information regarding any detainee in a manner that would result in inhumane treatment, would be detrimental to the detainee, or would not be in accordance with applicable law.

(c) No psychiatrist should participate directly in the interrogation of persons held in custody by military or civilian investigative or law enforcement authorities, whether in the United States or elsewhere. Direct participation includes being present in the interrogation room, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees. However, psychiatrists may provide training to military or civilian investigative or law enforcement personnel on recognizing and responding to persons with mental illnesses, on the possible medical and psychological effects of particular techniques and conditions of interrogation, and on other areas within their professional expertise.

(i) The focus of the behavioral science consultation is on the interrogator, with the goal of helping him or her to conduct safe, legal, ethical, and more effective interrogations. As stated by the AMA, the question of whether it is ethically appropriate for physicians to participate in the development of interrogation strategies may be addressed by balancing obligations to society against those to individuals. Likewise, one must balance the need to address specific case material in order for consultations and training to be meaningful to the interrogator, just as one would in any other consultation or training.

(ii) Effective interrogation strategies rely on advanced interviewing skills and the ability to establish and maintain rapport with a wide variety of individuals. These are areas within the professional expertise of the forensic psychiatrist.