
**Behavioral Science Support for Detainee Operations
and Intelligence Interrogations**

MARCH 2023

DISTRIBUTION RESTRICTION: Approved for public release. Distribution is unlimited.

Headquarters, Department of the Army

This publication is available at Army Publishing Directorate site (<https://armypubs.army.mil>) and the Central Army Registry site (<https://atiam.train.army.mil/catalog/dashboard>). To receive publishing updates, please subscribe at (<https://armypubs.army.mil/default.aspx>).

Behavioral Science Support for Detainee Operations and Intelligence Interrogations

Contents

	Page
	iii
Preface	iii
Chapter 1 Behavioral Science Support for Detainee Operations and Intelligence Interrogations	1-1
Introduction	1-1
Mission	1-1
Roles	1-2
Principles of Behavioral Science Support	1-3
Chapter 2 Concepts of Operation	2-1
Structure	2-1
Behavioral Science Support Essential Tasks	2-1
Chapter 3 Applications of Behavioral Science Support	3-1
Applications in Detention Operations	3-1
Applications in Intelligence Operations	3-2
Chapter 4 Ethical Principles and Legal Responsibilities	4-1
Application of Ethical Principles in Behavioral Science Consultation	4-1
Reporting Violations of Suspected Abuse	4-4
Chapter 5 Training, Personnel Selection, and Feedback Mechanisms	5-1
Training Requirements	5-1
Assignments	5-2
Feedback	5-2
Glossary	Glossary-1
References	References-1

This page intentionally left blank.

Preface

This training circular, TC 8-250, *Behavioral Science Support Detainee Operations and Intelligence Interrogations*, provides doctrine-based guidance, definitions, roles and responsibilities, tactics, techniques, and procedures governing the employment of behavioral science consultation in support of intelligence and detention operations. It contains standardizing criteria for personnel selection and training requirements. This training circular expands upon information contained in DODI 2310.09. It is consistent with guidance in AR 190-8, AR 381-10, AR 381-100, ATP 4-02.46, FM 2-0, FM 2-22.3, FM 3-63, JP 2-0, and JP 3-0.

The principal audience for TC 8-250 is behavioral science support (BSS) personnel, commanders, staff, and all personnel working in intelligence and detention operations. This training circular serves as a reference for personnel developing doctrine, tactics, techniques, and procedures; materiel and force structure; institutional and unit training; and standard operating procedures for intelligence and detention operations at all Army echelons. As current detention and intelligence operations are joint in nature, this training circular may also serve as a reference for other Services engaged in these activities.

The information in this training circular is not policy (in and of itself) but is based on doctrine. However, all decisions and actions will comply with applicable United States, and in some cases, host-nation laws and regulations. Commanders at all levels ensure their Soldiers operate in accordance with the law of armed conflict and the rules of engagement (see FM 6-27). Training circular 8-250 uses joint terms where applicable. Selected joint and Army terms and definitions appear in both the glossary and the text.

This training circular applies to the Active Army, the Army National Guard and Army National Guard of the United States, and the United States Army Reserve unless otherwise stated. This training circular applies to Army Civilian employees and contractors with responsibility to engage in intelligence and detention operations. It is also intended for commanders and staffs of joint and combined commands, and Service Component Commands.

The proponent of this training circular is United States Army Training and Doctrine Command. The preparing agency of TC 8-250 is the United States Army Medical Center of Excellence, Directorate of Training and Doctrine, Doctrine Literature Division. Send comments and recommendations on DA Form 2028 (*Recommended Changes to Publications and Blank Forms*) directly to usarmy.jbsa.medical-coe.mbx.dotd-tngpubs@army.mil or the Commander, United States Army Medical Center of Excellence, ATTN: ATMC-DTC-M, 2377 Greeley Road, Suite B, Joint Base San Antonio-Fort Sam Houston, TX 78234-7731.

This page intentionally left blank.

Chapter 1

Behavioral Science Support for Detainee Operations and Intelligence Interrogations

Introduction

1-1. This training circular provides overarching technical guidance and direction to the Army concerning behavioral science support (BSS) for detainee operations and intelligence interrogations. It provides operational guidance, definitions, roles and responsibilities, capabilities, training, and tactics, techniques, and procedures governing the employment of behavioral science consultation in support of the Army, and joint intelligence, and detention operations.

1-2. The Army is the Department of Defense (DOD) Executive Agent for Administration of the Detainee Operations Program, in coordination with the Assistant Secretary of Defense for Health Affairs. The Army is responsible (in coordination with the Undersecretary of Defense for Intelligence, the Undersecretary of Defense for Personnel and Readiness, the Services, and the combatant commands) for the establishment of initial training, validation standards, and refresher training of behavioral science consultants (BSCs) and behavioral science consultant technicians (BSCTs). The Army is responsible for developing a publication that applies to all BSS personnel. That responsibility expands the purpose and function of this training circular to include all DOD personnel providing this support.

1-3. Psychologists have supported detention operations and interrogations for many years. However, the events of September 11, 2001, and world-wide military operations have required the unprecedented and sustained involvement of BSCs in support of detention operations, intelligence interrogations, and detainee debriefing operations. Prior to 2001, support for these missions was provided by personnel organic to the intelligence and special operations communities. The expanded demand for BSCs to support these missions has required the utilization of psychologists from other mission areas within the DOD.

1-4. Military operations have resulted in the detention of large numbers of detainees by United States (U.S.) Forces. The intelligence interrogation and debriefing of detainees are vital and effective parts of operations. They are designed to obtain accurate and timely intelligence in a manner consistent with applicable United States (U.S.) and international law, regulations, and DOD policy. Behavioral science support personnel provide expertise and consultation to commanders to directly support detention, interrogation, and debriefing operations.

1-5. The United States is a signatory to the Geneva Convention Relative to the Treatment of Prisoners of War and the Geneva Convention Relative to the Protection of Civilian Persons in Time of War. The requirements of these conventions are delineated in FM 2-22.3, FM 4-02, ATP 4-02.46, and AR 190-8. Every BSC and BSCT who supports detention operations must read and understand the specific requirements contained in AR 190-8. Detailed discussion of AR 190-8 is not included herein, but the regulation expressly requires the humane treatment of all detainees, regardless of their status.

1-6. The legal authorities for conditions of confinement and interrogation activities are discussed in chapter 4. The discussion includes the Detainee Treatment Act of 2005 and Executive Order 13491.

1-7. Behavioral science consultation to intelligence and detention operations is a critical function and a role that is voluntary for those undertaking it. Behavioral science support is described more fully throughout this training circular.

Mission

1-8. The mission of BSS is to provide psychological expertise and consultation to assist the command in conducting safe, legal, ethical, and effective detention and interrogation operations. This mission is composed of two complementary objectives:

- a. Provide psychological expertise through monitoring, consultation, and feedback regarding every aspect of the detention environment to assist the command in ensuring the humane treatment of

detainees, prevention of abuse, and safety of detainees and U.S. personnel. All decisions regarding the appropriate medical treatment of detainees are the responsibility of medical personnel.

b. Provide psychological expertise to assess the individual detainee and his or her environment and make recommendations to improve the effectiveness of intelligence interrogations, detainee debriefings, and detention facility operations based on the assessment.

1-9. These mission objectives contain four critical aspects that must be considered regarding detention and interrogation operations. Behavioral science support personnel help to ensure these operations are—

a. **Safe.** Behavioral science support personnel help ensure the safety of both DOD personnel and detained persons. They use their expertise of behavioral science, group behavior, and the dynamics of captivity to reduce the likelihood of abuse and help establish processes that reduce the opportunity for behavioral drift and inappropriate behavior.

b. **Legal.** Although BSS personnel are not legal experts, they must be familiar with applicable U.S. and international law, regulations, and DOD policies, as well as mission-specific guidance and direction set forth in applicable execute orders, operation orders, and operations plans that govern detention facility operations, intelligence interrogations, and detainee debriefing operations. Behavioral science support personnel 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 chapter 4 of this publication.

c. **Ethical.** Behavioral science support personnel must adhere to the highest ethical standards for psychologists and military personnel. Behavioral science support personnel must remember they have ethical responsibilities to all with whom they work, including detainees.

d. **Effective.** Behavioral science support adds value to detention facility operations, intelligence interrogation, and detainee debriefing missions because of the ability of BSCs and BSCTs to provide detailed assessments of individual detainees, their environment, and the interactions between detention facility guards, interrogators, and detainees. Behavioral science support personnel enhance detention facility operations by providing assessments and consultative services to the command with the intentions of—

- (1) Supporting a safe, stable, and secure detention facility.
- (2) Developing strategies for improving detainee behavior and compliance with camp rules.
- (3) Increasing positive detainee-guard and staff interactions.
- (4) Assisting with maximizing the effectiveness of eliciting accurate, reliable, and relevant information during the intelligence interrogation processes.

Roles

1-10. Consulting psychology. The area of psychology practice that provides psychological subject matter expertise in a consultative or advisory manner (Gullette, et al. 2019).

1-11. Consulting psychologist. The psychologist who provides psychological subject matter expertise in a consultative or advisory manner to individuals, groups, and organizations (Gullette, et al. 2019). Within the DOD, a consulting psychologist functions in a manner like other staff officers.

1-12. Operational psychology. A specialty area within the field of consulting psychology. Within the DOD operational psychology is the application of psychological science to the operational activities of national security, defense, and public safety. Operational psychology is distinct from the provision of health care. Behavioral science support is an area of operational psychology.

1-13. Operational psychologist. A doctoral-level licensed clinical or counseling psychologist who has completed post-doctoral training in the specific areas of practice of operational psychology, has gained significant relevant experience in the field, and is assigned duties within the scope of operational psychology, as determined by the Operational Psychology Consultant to the Army Surgeon General. This position can be filled by a licensed clinical psychology officer, area of concentration 73B, or civilian psychologist, occupational series 0180 in category III or IV as defined in AR 40-68.

1-14. Behavioral health. The effect of cognitive habits on overall well-being, emotions, physicality, and behavior. The promotion of resilience and well-being, treatment of disorders, and appropriate referral to other helping agencies.

1-15. Behavioral science. The body of knowledge on human behavior and understanding why individuals engage in behaviors. This term is used in the context of detainee operations to distinguish it from behavioral health.

1-16. Behavioral science support. A consultative service that assists operational commanders in developing an understanding of the operational environment and supports the execution of detention operations and intelligence interrogations. Behavioral science support is a joint capability provided only by specially trained BSCs and BSCTs (see chapter 5 for description and source of BSS training). It is an area of consulting psychology, and BSCs function as consulting psychologists. Within the DOD, BSS is a component of operational psychology; training and participation in BSS is voluntary.

1-17. Behavioral science consultant. A doctoral-level clinical psychologist who is a military member or civil servant in the DOD, has completed the required BSS training and necessary refresher training developed by the Secretary of the Army (see chapter 5 for description and sources of BSS training), is validated by the BSS training course director, and is assigned to provide consultative services to support authorized law enforcement, detention operations, or intelligence activities. Although trained in health care, a BSC is not functioning as a health care provider when in this role. This position can be filled by a licensed clinical psychology officer, area of concentration 73B, or civilian psychologist, occupational series 0180 in category III or IV as defined in AR 40-68.

1-18. Behavioral science consultant technician. A non-doctoral-level mental health professional or other health care personnel who has completed the required BSS training, received refresher training developed by the Secretary of the Army, and is validated by the BSS training course director. A BSCT is most frequently a uniformed behavioral health noncommissioned officer who has received specific training to support the BSC (see chapter 5 for description and source of BSS training). The BSCT works under the supervision of the BSC. This position can be filled by a behavioral health specialist, military occupational specialty 68X, or civilian psychology aid or technician, occupational series 0181.

1-19. Behavioral science support team. A team of personnel composed of two or more BSCs. The BSS team may include one or more BSCTs.

1-20. Behavioral Science Support Consultant (BSSC) to the Army Surgeon General. The BSSC is designated by the Army Surgeon General. The BSSC to the Army Surgeon General is the DOD subject matter expert for BSS operations.

1-21. Behavioral drift. The trending of often unstated and unofficial standards of behavior in an unintended direction. It may occur when 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 increase the likelihood of behavioral drift. This phenomenon may be observed in detention and other settings in which individuals have control or power over others' activities of daily living or general functioning. Behavioral drift is detrimental to the mission and may occur very quickly without careful oversight mechanisms and training.

1-22. Behavioral assessment. An analysis of data regarding the character, personality, social interactions, and other behavioral characteristics of an individual or group. For the purposes of this publication, a behavioral assessment is conducted to describe and predict the behavior of an individual or group of interest to the U.S. Government and not for any health care-related purpose.

Principles of Behavioral Science Support

1-23. Department of Defense Instruction (DODI) 2310.09 establishes basic principles for BSS personnel. According to these basic principles—

- a. Behavioral science support personnel report directly to the operational commander to increase his or her understanding of the operational environment and improve the effectiveness and efficiency of operations.

- b. Behavioral science support will be provided only by BSCs who are licensed or BSCTs who are supervised by the BSC and trained specifically in BSS, validated by the BSS training course director, and have received refresher training as required by the Secretary of the Army according to DODI 2310.09.
- c. Behavioral science support personnel are authorized to make psychological assessments of the character, personality, social interactions, and other behavioral characteristics of interrogation subjects, and provide consultation on these detainee assessments to authorized personnel performing intelligence interrogations.
- d. Behavioral science consultants and BSCTs are assigned exclusively to provide BSS as operational support to detainee operations and intelligence interrogations or other human intelligence activities in the DOD.
- e. Assignment to the BSS role is voluntary and health care personnel who decline to participate in this mission will not be subject to disciplinary action or negative personnel actions, including in circumstances consistent with DODI 6025.27.
- f. Behavioral science support personnel may observe, assess, and consult on detainee operations but will not be used as medical monitors or safety officers on, nor supervise or direct, those operations.
- g. Behavioral science support personnel may observe, assess, and consult on intelligence interrogations but will not be used as medical monitors or safety officers on, nor supervise, conduct, or direct, those interrogations.
- h. Behavioral science support personnel will not be identified to detainees as health care providers.
- i. Behavioral science support personnel will not provide health care services, including medical screenings, for staff or detainees, except in emergency circumstances in which no other health care provider can respond to prevent loss of life, limb, eyesight, or harm to self or others.
- j. Behavioral science support personnel will not provide training in first aid, sanitation, or other health matters.
- k. Absent compelling circumstances requiring an exception to policy, BSS personnel will not, in future tours, switch between clinical and BSS roles where the same staff and detainees are present.
- l. Behavioral science support personnel who, in the course of their duties or in any other way, observe or suspect possible violations of applicable standards, including those prescribed in DODD 2310.01E, DODD 2311.01, and DODD 3115.09 for the protection of detainees, will report those circumstances to the chain of command.
- m. Any BSS personnel who observe or suspect possible violations of applicable standards for the protection of detainees, as described in applicable law, policy, or doctrine, will carefully document and report those circumstances to the operational commander. Additional reporting pathways include the combatant commander, law enforcement organizations, a judge advocate, a chaplain, a Service psychology or other applicable consultant, or an inspector general, who will then forward a report through the appropriate chain of command or supervision.
- n. Behavioral science support personnel will not review detainee medical records or medical information as part of detainee operations or intelligence interrogations support, except as needed to maintain safe, legal, and ethical interrogations. The BSS personnel do not function as health care providers and may not be used to determine detainee phobias for the purpose of exploitation during the interrogation process.
- o. Behavioral science support personnel will not consult with health care providers who provide medical treatment to detainees as part of detainee operations or intelligence interrogations support; BSS personnel do not function as health care providers. The health care treatment team should not seek information or advice from the BSS personnel on issues of treatment.
- p. Behavioral science support personnel will not provide BSS services for detention operations or intelligence interrogations that are not in accordance with law.
- q. Behavioral science support personnel will not, directly or indirectly, use or facilitate the use of protected health information derived from physical or mental health assessments or records regarding any detainee.

- r. Behavioral science support personnel may—
 - (1) Provide consultation concerning intelligence interrogations of detainees.
 - (2) Observe but will not supervise, conduct, or direct interrogations.
 - (3) Provide support to intelligence interrogators on listening and communication techniques and skills.
 - (4) Provide information on studies and assessments concerning questioning methods and potential effects of cultural and ethnic characteristics of subjects of intelligence interrogation.
 - (5) Provide training for all personnel who interact with detainees about behavioral drift. Advise command authorities on detention facility environment, organizational functioning, ways to improve detainee operations, and compliance with applicable standards concerning detainee operations.
 - (6) Advise command authorities responsible for the release or continued detention of detainees on the probability that the detainee will engage in terrorist, illegal, combatant, or similar activities against the interests of the United States.
 - (7) Serve on or advise members of a detainee review board, or equivalent.
 - (8) Consult at any time with the psychology or other applicable consultant designated by the Military Department Surgeons General concerned for this purpose regarding the roles and responsibilities of BSS personnel and procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

This page intentionally left blank.

Chapter 2

Concepts of Operation

Structure

2-1. Behavioral science consultants function as special staff officers to the commander in charge of both the detention facility and the intelligence interrogation operations. They should be aligned to report directly to the senior mission commander and not to a commander charged solely with command of the detention facility or the production of intelligence. This arrangement enhances the BSC's ability to provide comprehensive consultation regarding all subjects within the BSC's area of expertise. It also enhances the BSC's ability to function independently when developing recommendations to the command.

2-2. Behavioral science consultant technicians are assigned to support the BSCs and report directly to the senior BSC. Because of their rank and access, they assist and support the BSCs, often contributing observations that may not be provided by the BSCs alone.

Note. Behavioral science consultants and BSCTs are assigned exclusively to provide BSS as operational support to detainee operations and intelligence interrogations.

Behavioral Science Support Essential Tasks

2-3. Command consultation. Behavioral science support personnel may advise command authorities, within the constraints of their training and expertise, on the psychological aspects of the detention facility environment, organization, and functions; ways to improve detainee operations; and the psychological factors that may affect compliance with applicable standards concerning detainee operations. For example, BSS personnel may develop and conduct surveys of facility personnel (including guards, interrogators and debriefers, law enforcement professionals, and interpreters) who interact with detainees for the purpose of identifying indicators of behavioral drift. Behavioral science consultant technicians may assess the command climate within detention cell blocks and provide feedback on potential areas of concern or success to the BSCs. The BSS team may then develop recommendations for the command. These recommendations may then be shared with the appropriate level of command, ordinarily giving feedback to the lowest level first.

2-4. Interrogation consultation. Behavioral science support personnel are authorized to make psychological assessments of the character, personality, social interactions, and other behavioral characteristics of interrogation subjects and to provide consultation on these detainee assessments to authorized personnel performing intelligence interrogations. This task includes the individual assessment of detainees and the consultation on the specific interrogation process. These assessments are usually conducted by direct observation rather than direct interaction, interview, or administration of psychometric instruments. However, during any interaction with a detainee, the BSC must ensure he or she is not viewed as a health care provider by the detainee and the interaction is not seen by anyone as a part of the detainee's medical care. All decisions regarding appropriate medical treatment of detainees are the responsibility of medical personnel in accordance with DODD 3115.09.

2-5. Other indirect and direct assessments. Behavioral science support personnel may also provide assessments of detainees in support of detention operations and other human intelligence activities, as required and consistent with BSS personnel level of training. For example, BSS personnel may advise command authorities responsible for determinations of release or continued detention of detainees. This may address the likelihood that a detainee will, if released, engage in terrorist, illegal, combatant, or similar activities against the interests of the United States. Behavioral science support personnel may serve on or advise members of a detainee review board or equivalent.

2-6. Training and education. Behavioral science support personnel may provide training for interrogators in listening and communication techniques and skills, education on the results of studies and assessments concerning safe and effective interrogation methods, potential implications of cultural and ethnic characteristics of subjects on interrogation, and recognition of resistance techniques and use of counter-resistance measures.

They may also provide training and education to interrogation and detention facility personnel on such topics as the development and prevention of behavioral drift and other topics within their area of expertise.

2-7. Psychological screening. With proper oversight and training, BSCs may provide psychological screening of DOD military or civilian personnel and other personnel prior to their assignments in roles interacting with detainees (see paragraphs 3-2f and 3-9). Psychological screening can assist in reducing the risk of inappropriate behavior and behavioral drift.

2-8. Behavioral science support personnel may consult at any time with the Army's psychology consultant, senior medical ethics advisor, or Operational Psychology Consultant to the Army Surgeon General, regarding the roles and responsibilities of BSCs and BSCTs and procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

2-9. Limitations specific to the roles of BSC and BSCT. Because of the unique role of BSS personnel, there are specific limitations on their duties and behavior while in that role. The key purpose of these limitations is to prevent a misunderstanding of the relationship between BSS personnel and those with whom they interact, including detainees. The BSC and BSCT are initially trained as health care providers but are not providing health care while filling the BSS roles. It is essential that this is made clear to all with whom they come in contact. For this reason, specific guidelines must be followed. Behavioral science support personnel will not—

- a. Be identified as health care providers to detainees or facility personnel. As a matter of policy, BSS personnel will not provide health care services, including medical screenings, for staff or detainees, except in emergency circumstances in which no other health care provider can respond to prevent loss of life, limb, eyesight, or harm to self or others.
- b. Provide training in first aid, sanitation, or other health matters.
- c. Use medical information or their training to determine detainee phobias for the purpose of exploitation during the interrogation process.
- d. Consult with the health care treatment team on treatment issues as part of detainee operations or intelligence interrogations support. They will not use or facilitate the use of, directly or indirectly, protected health information derived from physical or mental health assessments or records regarding any detainee. In cases where this prohibition may result in harm to detainees, BSS personnel should report this to their chain of command and consult with the appropriate legal authorities. Any incidents that may or do cause harm to detainees because of this prohibition should be reported to the BSSC.

Note. Under normal circumstances, BSS personnel will not, in future tours, switch between clinical and BSS roles where the same staff and detainees are present. This is to prevent a misunderstanding concerning the role of individual BSS personnel.

Chapter 3

Applications of Behavioral Science Support

Applications in Detention Operations

3-1. A full discussion of detention operations is contained in FM 3-63, FM 3-39, and ADP 3-37. Behavioral science support personnel must be familiar with these manuals and the underlying policy and doctrine, for example, DODD 2310.01E and ATP 4-02.46. In addition, other documents may be used as resources to BSS personnel and should help inform them in their duties.

3-2. When supporting a detention facility, BSS personnel function as special staff to the overall operational mission commander and, as such, are the commander's eyes and ears, providing essential observations, consultations, and recommendations based on the education and training of a psychologist. Although BSS personnel may observe, assess, and consult on detainee operations, they will not be used as medical monitors or safety officers on, nor supervise or direct, those operations. To provide this staff support, BSS personnel may—

- a. Visit, observe, and interact with staff in all locations that house detainees. These locations may include various cell blocks but also include other areas of confinement. To perform their duties, BSCs and BSCTs should have access, consistent with the safety and security of both detainees and detention personnel, to all areas of the facility. This access allows BSS personnel to provide objective assessments on the environment to the command and staff tasked with the safety and security of the facility. Because of the challenges to visiting cell blocks that may ensue with senior commissioned officers serving as BSCs, noncommissioned officers serving as military BSCTs or civilians serving as BSCs and BSCTs are often able to visit cell blocks and more locations without interfering with detainee operations than military BSCs.
- b. Assist with the behavioral management of individual detainees by conducting direct observation and debriefing of detention personnel and consequently providing recommendations to the personnel tasked with detainee management.
- c. Advise command authorities on the detention facility environment, organizational functioning, ways to improve detainee operations, and compliance with applicable standards concerning detainee operations based on their observations and analysis. These observations and analyses are based on education and training in human behavior, as BSS personnel are not trained Military Police or corrections officers. Rather, they add to the information presented to the command and under no circumstances should they be seen as replacing the knowledge and judgement of qualified Military Police or corrections officers.
- d. Provide training and education to the facility personnel in areas of social psychology and the dynamics of human interaction specific to a detention facility. This may include such topics as preventing behavioral drift and other historically documented behavior patterns of detainees and facility personnel. It may also include education on coping with the unexpected stressors of the work in such potentially high-profile facilities. These stressors can be internal and external to the facility. They can include not only the dangerous behavior of detainees and the behavioral drift of guards and interrogators, but also media reporting, visiting outside delegations, and family visitation.
- e. Advise command authorities responsible for the release or continued detention of detainees on the probability that the detainee will engage in terrorist, illegal, combatant, or similar activities against the interests of the United States. As part of this function, BSS personnel may serve on or advise members of detainee review boards or equivalent. This may involve the assessment of an individual detainee's history, capability, and overall dangerousness.
- f. Assist the command by screening personnel assigned to detention duties for specific requirements, in certain situations. Such screenings are not a clinical assessment for health care purposes but a job suitability assessment. When such assessments are conducted, BSCs must make this purpose clear to the individual being assessed as part of the informed consent process. Such screenings may include, but are not necessarily limited to, an interview, administration of psychometric assessment instruments, and an estimate of intellectual functioning. The assessment should focus on the skills required of a detention specialist, which often involve coping with the behavior of those in captivity. This can require strong resilience in the face of anger, hostile behavior, and extreme acting out. Reacting impulsively to the

extreme behavior of detainees can be dangerous to both the detainee and the detention personnel, and it may even have potential negative impacts on U.S. national security and policy. Psychological screening can assist in selecting individuals who are best able to cope with such stress.

g. Consult at any time with the Army's psychology consultant, senior medical ethics advisor, or the Operational Psychology Consultant to the Army Surgeon General, regarding the roles and responsibilities of BSCs and BSCTs and the procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

Applications in Intelligence Operations

3-3. A full discussion of DOD intelligence and interrogation operations is contained in FM 2-0 and FM 2-22.3. All BSS personnel must be familiar with these manuals. In addition, other documents, such as DODD 3115.09 may be used as a resource to BSS personnel and should help inform them in their duties.

3-4. Behavioral science support includes the direct and indirect support to the interrogation of detained personnel. Specifically, BSS personnel may observe, assess, and consult on intelligence interrogations, but will not be used as a medical monitor or safety officer on, nor supervise, conduct, or direct those interrogations.

3-5. Behavioral science consultants and BSCTs may observe interrogations. They will customarily watch using video cameras emplaced in the interrogation booth. When the technological means of monitoring are not available or sufficient, BSS personnel may be present in the booth in accordance with DOD directives, policy, and guidance. This will allow BSS personnel to observe the detainee, interrogators, and other interrogation personnel such as interpreters more accurately.

Note. The BSCs may be introduced as observers but under no circumstances will they be represented as health care providers or interrogators. It is critical that their role as a consultant to the interrogator be understood by all interrogation personnel. The BSCs and BSCTs are not qualified or certified to conduct, supervise, or direct interrogations, and are specifically prohibited from doing so.

3-6. Behavioral science support personnel will routinely provide individual assessments of detainees to assist interrogators in their mission. Behavioral science consultants are authorized to make psychological assessments of the character, personality, social interactions, and other behavioral characteristics of detainees, including interrogation subjects. Based on the psychological assessments, BSCs advise authorized personnel performing lawful interrogations and other lawful detainee operations, including intelligence activities and law enforcement. These assessments are usually conducted by direct observation rather than direct interaction, interview, or administration of psychometric instruments. However, when directly interacting with detainees, BSCs will ensure the detainee understands the assessment is not for medical purposes. Based on their psychological assessments, BSS personnel will work with and assist the interrogators and analysts in consulting to the interrogation planning process and strategy, consistent with U.S. law and policy. Behavioral science support personnel are in a supporting role to the interrogators, regardless of rank.

3-7. Behavioral science support personnel may conduct training of interrogators in skills that will enhance their ability to establish functional relationships with detainees that lead to successful interrogations. This may include training in many of the skills outlined in chapter 5.

3-8. Behavioral science support personnel may conduct education on the status of current research on questioning methods and on the potential effects of the cultural and ethnic characteristics of detainees. Additionally, they may provide education in such areas as the principles of influence and persuasion, psychological reactance, cognitive dissonance, diffusion of responsibility, behavioral drift, and social compliance consistent with the requirements outlined in chapter 5.

3-9. Behavioral science support personnel may conduct screening of potential interrogators for specific requirements. These screenings are not clinical assessments for health care purposes but are job suitability assessments. When the assessments are conducted, BSCs must make this clear to the individual interrogator as part of the informed consent process. Interrogator screenings may include, but are not necessarily limited to, an interview, psychometric assessment instruments, and an estimate of intellectual functioning. The assessment

should evaluate the prospective interrogator's attributes, including, but not limited to, functional intelligence, social and verbal skills, self-control, adaptability, and personal appearance and demeanor.

Note. Behavioral science support personnel must report any observed or suspected abuse of detainees.

3-10. Behavioral science consultants may consult at any time with the Army's (or other Service's) psychology consultant, senior medical ethics advisor, or the Operational Psychology Consultant to the Army Surgeon General, regarding the roles and responsibilities of BSCs and BSCTs, and the procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

This page intentionally left blank.

Chapter 4

Ethical Principles and Legal Responsibilities

Application of Ethical Principles in Behavioral Science Consultation

4-1. This chapter focuses on ethical principles and legal responsibilities unique to the profession of psychology. Psychologists and those who assist them may work in various roles, including clinician, educator, scientist, and consultant. Although the issues discussed apply to most areas of consulting psychology, this chapter will primarily focus on the ethical principles and issues that arise from working in the role of a BSC or BSCT providing consulting services on detainee or human intelligence services in a military setting. These ethical principles are based on the role of a consulting psychologist. Although the principles remain the same, their application in a consulting role may differ from their application when in a clinical or health care role.

4-2. Both the military profession and the profession of psychology have ethical principles and guidelines that require behavior above and beyond legal and doctrinal requirements. Psychologists are bound by both legal and ethical standards when providing BSS. Every BSC and BSCT must understand the requirements of applicable U.S. laws, policies, and relevant regulations regarding the treatment of detainees. Behavioral science support strives to help DOD personnel develop informed judgements and choices concerning human behavior. Because of the particularly sensitive and dynamic nature of detention and intelligence interrogation operations, it is critical to emphasize the ethical standards associated with BSS while supporting these activities. This is especially true because of the potentially intense social and behavioral forces that influence the relationships between detainees and their interrogators and guards.

4-3. The DOD requires all military professionals to perform their duties in an ethical manner, informed by the standards promulgated by their nationally recognized professional organizations, although they are neither required to join nor adhere to the policies of any specific professional organization. The guidance contained in this chapter uses the *Ethical Principles of Psychologists and Code of Conduct*, published by the American Psychological Association found on the American Psychological Association website, as a foundation. Behavioral science support personnel should be familiar with this training circular, DODI 6025.27, and ADP 1.

4-4. It is important to distinguish the roles of a psychologist, in this case as a consultant, from the setting in which the psychologist works; for this publication, it is a military setting. A consulting psychologist can work in many different settings, including such as advertising messaging or helping with leadership development. Even within the Army, consulting psychologists provide support in a wide variety of settings. For example, psychologists use their skills to help commanders minimize risk while maximizing effectiveness during high risk and emotionally intense training. While in other settings, psychologists provide leader development and feedback to Service members of all ranks and backgrounds. Psychologists are used to help assess and select Service members for such diverse occupations as an Army aviator, a Special Forces Soldier, or a sniper.

4-5. Critically, the ethical principles of a consulting psychologist do not change based on the setting but are guidelines for the psychologist's behavior regardless of work location. In other words, ethical principles guide the behavior based on the role of psychologist, in this case as a consulting psychologist, and not the setting in which he or she works.

4-6. Even within BSS, a psychologist may work in many different settings. He or she might consult to detention operations in a tactical holding area, during active combat operations, or in a fixed facility holding detainees over an extended period. Similarly, a psychologist might provide consultation to interrogation operations during active combat operations or might support law enforcement questioning of criminal suspects. Although each setting is different, as this publication will discuss, the ethical principles guiding the psychologist's behavior are the same.

Note. To summarize, it is important to separate the role of the psychologist from the setting in which the psychologist works. Although specific recommendations may be unique to the setting, the overall ethical principles for consulting psychologists do not change. These ethical principles, based on the role of the psychologist, should guide the psychologist's behavior regardless of the location.

4-7. It is helpful to remember that a discussion of professional ethical principles should occur only after issues of safety and legality have been settled. If certain behavior is judged to have unacceptable levels of risk for detainee, guard, or other personnel, the ethics of such behavior are irrelevant. Likewise, if certain behavior is illegal, whether the behavior is ethical becomes moot.

4-8. Psychologists, in all roles and settings, "...strive to benefit those with whom they work and take care to do no harm." (APA Principle A: Beneficence and Non-maleficence.) These goals are no different when providing BSS. Although they desire to, "...take care to do no harm.", psychologists and other medical professionals may do harm and are at times required to do so as discussed in the following:

- a. When performed in a clinical role, psychotherapy and exposure therapy may cause extreme distress to individuals and families. The long-term benefit to the patient outweighs the short-term discomfort and possible harm that confronting painful memories or exposure to noxious stimuli will cause. However, this balance must be carefully monitored, as there will always be potential for error.
- b. When conducting psychological evaluations, the impact of learning test results may be extremely distressing and psychologically harmful to the subject of the evaluation or their loved ones. For example, being confronted with evidence of intellectual deficiency, emotional dysfunction, or cognitive decline or with results indicating a need for grade retention, institutionalization, or job unsuitability are likely to be quite distressing.
- c. When in a detention setting, a psychologist may make recommendations to a detainee review board, assessing the likelihood of recidivism by a specific detainee. The outcome of such a hearing may result in continued detention.
- d. When working as a consultant, psychologists must always work to maximize the benefit to their clients, while minimizing harm to all those who may be impacted by their recommendations, whether they are clients or not. For example, when applying their expertise to advertising specific products, psychologists may contribute to development of potentially harmful habits (consuming sugary drinks or alcohol, or gaming) in the recipients of this messaging. Competence and thoughtfulness are required to successfully navigate such issues.

4-9. Psychologists in whatever professional role they serve have a duty and responsibility both to individuals and to society (also referred to as fidelity and responsibility):

- a. When providing clinical care, the duty to individuals becomes primary, except under specific circumstances. One exception is suspicion of child or elder abuse. Such a situation may require that psychologists report such suspected abuse to law enforcement in fulfillment of their duty to society and the law.
- b. When providing psychological screening of job applicants, the psychologist's primary duty is to the organization. However, the psychologist still maintains responsibilities to the individual being screened and, for example, must be clear concerning the nature of the assessment. There may also be legal limits to what may be shared with the organization to protect the job applicant.

Note. In both examples (paragraphs 4-9a and 4-9b), the psychologist has a duty to ensure informed consent so the individual and the organization are fully knowledgeable about when those exceptions may occur.

- c. In detention operations, the psychologist's client is the U.S. Government and not the detainee or individual interrogator. However, the psychologist still has legal and ethical responsibilities to the detainee and facility personnel. In other words, the consulting psychologist, in this case providing BSS, always has multiple responsibilities even though one may be primary. Again, finding balance and making astute professional judgments are required for competent performance of these duties.

4-10. The BSC and BSCT have clear responsibilities to the U.S. Government to provide competent and thorough support. They also have responsibilities to all those with whom they work, including the chain of command, detention personnel, interrogators, analysts, and detainees. The BSC and BSCT must make sure the organization and its members understand the purpose and limitations of BSS. This may include formal briefings and informal discussions with an organization's personnel to explain what BSS personnel may and may not do. It includes making sure that there is no confusion regarding the role of BSS personnel and that BSS does not include medical care, except in emergencies. In BSS, as in every area of practice, the BSC and BSCT must ensure they work within their boundaries of competence. The unique aspects of BSS, along with its dynamic and evolving nature, underscore the importance of current, specialized training described in chapter 5 as well as the availability of consultation with subject matter experts.

4-11. In addition to their role as BSCs and BSCTs, BSS personnel are commissioned and noncommissioned officers with clear and defined responsibilities outside of their staff consulting role. Behavioral science support personnel must strive to prevent the multiple working relationships often referred to as dual role relationships or dual agency) from impairing their objectivity, competence, or effectiveness, and potential personal exploitation of those with whom they work. As discussed in paragraph 4-10, transparency and clarification of BSS personnel roles and responsibilities are essential in preventing misunderstanding and harm. As in other roles, a psychologist must strive to minimize harm and misunderstanding. If in doubt, the best answer is to consult with others.

4-12. The ethical responsibilities of BSS personnel to detainees are often easier to manage. Ordinarily, BSS personnel do not have direct contact or interaction with detainees. Therefore, there is little chance of detainees misunderstanding the role of BSS personnel. When BSS personnel do come into direct contact with detainees, BSCs and BSCTs do not provide medical care (except in emergencies), and they must take steps to ensure they are not perceived as medical personnel. If BSS personnel are understood by the detainees to be part of the detention and interrogation operations, there is little chance of misunderstanding their role. For this reason, BSS personnel should never be referred to as "Doc" or "Doctor" or anything similar when around detainees. They should also refrain from wearing any insignia that might imply medical responsibilities. One major ethical risk is that a detainee believes BSS personnel have a duty to provide them medical care and have the legal and ethical responsibilities that accompany that role.

4-13. The BSS personnel still have a responsibility to the detainees even if the detainees have no direct contact with them. This primarily includes making sure they are treated in accordance with U.S. law and the appropriate regulations. Behavioral science support personnel have a responsibility to report any abuse of a detainee. Above and beyond that, however, BSS personnel have the training and staff function to help prevent abuse before it occurs. They have this responsibility to both the command and to the detainees.

4-14. Informed consent in the psychological assessment process must be thoughtfully analyzed. Behavioral science support personnel will follow all requirements for informed consent when providing psychological screening of DOD military or civilian personnel, contractor employees, and other personnel as discussed in chapter 3. Informed consent is not required for the indirect assessment of detainees, but BSS personnel must still take reasonable steps to protect the individual's rights and welfare consistent with military regulations, U.S. law, and the provisions of this publication.

4-15. Integrity is a principle expected to be well engrained with all members of the military. A Soldier's word is his or her bond of honor. Service members can be exposed to extremely high levels of stress—emotional, social, and physical. It is essential that a Service member's honesty be uncompromised. This is equally true for BSCs and BSCTs. As is true for any professional (military or civilian), the behavior and recommendations BSCs or BSCTs make can have far reaching consequences and may sometimes be made under high levels of stress. For these reasons, BSCs and BSCTs must always strive to be accurate and forthright in their communications. This is essential given the nature of psychological science, which often can only give probabilities and not certainty. The overall impact of BSS personnel's behavior and recommendations also points out the importance of competence in understanding the limitations of psychological knowledge.

4-16. Per American Psychological Association ethics code principal D, BSCs and BSCTs should strive to minimize the effect of their biases and prejudices. This is critical in BSS. Many of the assessments and recommendations the BSCs and BSCTs produce involve individuals with different backgrounds and cultures. A thoughtful understanding of those differences is a foundation of competent work. This often requires specific education in the cultural differences between Americans and those we are fighting. For example, during World

War II the United States was successful in many of its interrogations of Japanese enemy prisoners of war, and this success was often based on a thorough understanding of Japanese culture and mores. An introduction to some of the important cultural factors involved will be provided during the formal training course discussed in chapter 5. However, it must be understood this is only an introduction, and continued self-study is essential for success in specific locations. The biases and prejudices of BSS personnel, if not understood, can have a substantial detrimental impact on the effectiveness of BSS and on the entire reason for their assignment to the mission.

4-17. Respect for people's rights and dignity is fundamental to human behavior. Psychologists must always set a high standard of respect for others, and this is vital when providing BSS. The nature of holding detainees always brings with it a potential for a highly charged emotional atmosphere. This is more obvious closer to the battlefield, but the atmosphere can also become powerful and dangerous in long-term detention facilities. Working with detainees can become extremely difficult in such emotionally charged settings. This makes it even more important that the BSCs and BSCTs set a high standard. Not only is it a legal requirement that all detainees be treated humanely, but poor or abusive treatment decreases the safety of the facility and decreases the production of useful intelligence. Such behavior may easily play into the hands of enemies. However, regardless of its effectiveness, psychologists still have an ethical responsibility to treat all those with whom they work, Soldier or detainee, with dignity and with respect for their rights. Maintaining professionalism can have a powerful impact on those around them, especially under the challenging conditions of the setting in which BSS is performed.

4-18. The BSCs and BSCTs strive to work only within their boundaries of competence, unless compelled by an emergency. Even in emerging areas of practice, which could include BSS, BSCs and BSCTs will make a reasonable effort to sustain competence through formal training courses, formal and informal supervision, and self-study.

Reporting Violations of Suspected Abuse

4-19. Behavioral science support personnel will provide BSS services for detention operations or intelligence interrogations that are in accordance with law. Several documents contain specific guidance on reportable incidents, and BSS personnel must be familiar with the following documents prior to taking on this role:

- DODD 2310.01E.
- DODD 2311.01.
- DODD 3115.09.
- FM 3-63.

4-20. Behavioral science support personnel who observe or suspect possible violations of applicable standards will carefully document and report those circumstances to the chain of command. The requirement is clear that any suspected or possible violation must be reported. It does not require the BSS personnel have firsthand knowledge or have proof the violation occurred. If the BSS personnel believe there is credible information on a possible, suspected, or alleged violation of the law of war (defined in DODD 2311.01) and no action was taken when reported to the chain of command, the BSS personnel will report such information to the next level of command and consult with the staff judge advocate.

4-21. In addition, anyone who believes such a credible report has not been acted upon properly may report through other channels including the combatant commander, law enforcement organizations, a judge advocate, a chaplain, a Service psychology or other applicable consultant, or an inspector general, who will then forward a report through the appropriate chain of command or supervision. Behavioral science support personnel may consult at any time with their Army's (or other Service's) psychology consultant, senior medical ethics advisor, or the Operational Psychology Consultant to the Army Surgeon General, regarding the roles and responsibilities of BSCs, BSCTs, and procedures for reporting instances of suspected noncompliance with standards applicable to detainee operations.

4-22. Behavioral science support personnel are strongly encouraged to discuss any such issues with their local staff judge advocate to inform their understanding of the requirement. The BSS personnel may also reach out to other legal advisors, as appropriate.

Chapter 5

Training, Personnel Selection, and Feedback Mechanisms

Training Requirements

5-1. The BSS mission is evolving, dynamic, highly visible, and politically charged. The BSS assignments are intensely demanding, requiring unique skill sets and specialized expertise. Consequently, BSS personnel must be carefully vetted, selected, and trained. This chapter addresses the specialized training requirements for BSS personnel, assignment prerequisites, and the mechanisms used to provide feedback and ensure the training remains flexible and responsive to changing operational requirements and needs of next-generation interrogators and BSCs. Continuous incorporation of emerging science, best practices, and lessons learned into BSS training is essential.

5-2. Personnel assigned to BSS duties must attend a formal initial training course, conducted by the U.S. Army Medical Center of Excellence, prior to unit assignment as a BSC or BSCT. After completion of the formal initial training course and assignment to a unit as a BSC or BSCT, BSS personnel must complete refresher training at least every five years thereafter. The formal initial training course will include training and education in the following:

- Behavioral drift and how to minimize it.
- Consultation, as a psychologist, to military operations.
- Cross-cultural concepts relevant to BSS including cultural differences between American culture and those of detainees and such concepts as the importance of guilt versus shame and personal space.
- DOD Law of War Program; legal issues, regulations, and policy related to detention and human intelligence operations.
- Ethics of consultation to military operations and specifically to BSS.
- Fundamentals of effective interviewing, including cognitive interviewing and active listening.
- Fundamentals of indirect assessments.
- Fundamentals of U.S. Military detention operations.
- Fundamentals of U.S. Military interrogation operations.
- History of providing behavioral science consultation to detention and interrogation operations.
- History of the development of various terrorist groups, including ideology and behavior patterns.
- Providing consultation to command.
- Providing consultation to interrogators and analysts.
- Providing consultation to detention facility personnel.
- Social processes that may result in detainee abuse or preferential treatment and mitigating factors.
- Social psychology applied to detention and human intelligence operations including fundamentals of persuasion and influence.
- The psychology of captivity and detention, including the stages of captivity, common reactions to captivity, and common methods of coping with the stress of captivity.
- The psychology of interrogation, including al Qaeda operations, and resistance techniques used to thwart interrogations.
- Updates on the science of interrogation and deception detection.
- Working in a joint environment—missions and roles of other government agencies, law enforcement agencies, nongovernmental organizations, and foreign government organizations present in theater.

Assignments

5-3. Behavioral science consultants and BSCTs are assigned exclusively to provide BSS as operational support to detainee operations and intelligence interrogations or other human intelligence activities in the DOD. Behavioral science support will be provided only by BSCs who doctoral level, licensed clinical psychologists are and BSCTs who are supervised by the BSC. Both BSCs and BSCTs must be trained specifically in BSS, be validated by the BSS training course director, and receive refresher training as required by the Secretary of the Army in accordance with DODI 2310.09, paragraph 2.8.

5-4. Assignment to the BSS role is voluntary. Health care personnel who decline to participate in this mission will not be subject to disciplinary action or negative personnel actions, including in circumstances consistent with DODI 6025.27, paragraph 1.2.c, and the National Defense Authorization Act for Fiscal Year 2014, section 533(a). If during the required initial training, personnel assigned to BSS duties come to believe that supporting this role would violate their consciences, moral principles, or religious beliefs, they should request removal from the training and the role.

Feedback

5-5. Given the evolving and dynamic nature of the BSS mission, real-time feedback on training effectiveness is essential. Behavioral science support personnel are expected to provide observations and lessons learned during their deployments. They are required to explain how the information might specifically impact future training and curriculum development, to the course director and BSSC. The course director and BSSC will stand ready to coordinate reach-back consultations and arrange staff assistance visits, as appropriate, during deployments.

Glossary

SECTION I – ACRONYMS AND ABBREVIATIONS

ADP	Army doctrine publication
AR	Army regulation
ATP	Army techniques publication
BSC	behavioral science consultant
BSCT	behavioral science consultant technician
BSS	behavioral science support
BSSC	Behavioral Science Support Consultant to the Army Surgeon General
DA	Department of the Army
DOD	Department of Defense
DODD	Department of Defense directive
DODI	Department of Defense instruction
FM	field manual
JP	joint publication
U.S.	United States

SECTION II – TERMS

Unless otherwise noted, these terms and their definitions are for the purpose of this issuance.

behavioral drift

The continual re-establishment of new, often unstated, and unofficial standards of behavior 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 control or power over others' activities of daily living or general functioning. Behavioral drift is detrimental to the mission and may occur very quickly without careful oversight mechanisms and training. (DODI 2310.9)

***behavioral science**

The body of knowledge that comes from the study of behavior. In this context, it refers to the knowledge of human behavior relevant to detainee operations and intelligence interrogations. This term I used to distinguish it from another application of the study of behavior, that of behavioral health.

behavioral science consultant (BSC)

Doctoral-level clinical psychologists who are military members or civil servants in the DOD, complete required BSS training and necessary refresher training developed by the Secretary of the Army and are assigned exclusively to provide consultative services to support authorized law enforcement, detention operations, or intelligence activities. (DODI 2310.9)

behavioral science consultant technician (BSCT)

Non-doctoral level mental health professionals or other health care personnel who complete required BSS training and receive refresher training developed by the Secretary of the Army. (DODI 2310.9)

behavioral science support (BSS)

A consultative service that assists operational commanders in developing an understanding of the operational environment and supports the execution of detention operations and intelligence interrogations. This support is only provided by BSCs and BSCTs. (DODI 2310.9)

***Behavioral Science Support Consultant (BSSC) to the Army Surgeon General**

The DOD subject matter expert for BSS operations. The BSSC is designated by the Army Surgeon General.

Glossary

***behavioral science support team (BSST)**

A team of personnel composed of one or more BSCs and may include two or more BSCTs.

consulting psychologist

The psychologist who provides psychological subject matter expertise in a consultative or advisory manner to individuals, groups, and organizations (Gullette, et al. 2019). Within the DOD, a consulting psychologist functions in a manner like other staff officers.

consulting psychology

The area of psychology practice that provides psychological subject matter expertise in a consultative or advisory manner. (Gullette, et al. 2019)

detainee

Any individual captured by, or transferred to, the custody or control of DOD personnel pursuant to the law of war. This does not include persons being held solely for law enforcement purposes, except where the United States is the occupying power. Detainees who are U.S. citizens or U.S. resident aliens will continue to enjoy all applicable rights and privileges under the U.S. law and DOD regulations. (DODD 2310.01E)

health care personnel (also called health care provider)

Any member of the Armed Forces, civilian employee of the Department of Defense, or personal services contract employee under Title 10, United States Code, Section 1091 authorized by the Department of Defense to perform health care functions. (DOD Dictionary of Military and Associated Terms) Also called DOD health care provider. (JP 4-02)

intelligence interrogation

The systemic process of using interrogation approaches to question a captured or detained person to obtain reliable information to satisfy foreign intelligence collection requirements. (DODD 3115.09)

***operational psychologist**

A doctoral level, licensed clinical or counseling psychologist who has completed post-doctoral training in the specific areas of practice or operational psychology and has gained significant relevant experience in the field and who is assigned duties within the scope of operational psychology, as determined by the Operational Psychology Consultant to the Army Surgeon General.

***operational psychology**

A specialty area within the field of consulting psychology. DOD operational psychology is the application of psychological science to the operational activities of national security, defense, and public safety. Operational psychology is distinct from the provision of health care. BSS is an area of operational psychology.

***psychological assessment**

An analysis of data regarding the character, personality, social interactions, and other behavioral characteristics of an individual or group. For the purposes of this manual a behavioral assessment is conducted for the purpose of describing and predicting the behavior of an individual or group of interest to the U.S. Government and not for any health care-related purpose.

reportable incident

An incident that a unit commander or other responsible official determines, based on credible information, potentially involves: a war crime; other violations of the law of war; or conduct during military operations that would be a war crime if the military operations occurred in the context of an armed conflict. The unit commander or responsible official need not determine that a potential violation occurred, only that credible information merits further review of the incident. (DODD 2311.01)

***U.S. Army Medical Center of Excellence (MEDCoE)**

The U.S. Army MEDCoE, located at Ft. Sam Houston, formerly the U.S. Army Medical Department Center and School (AMEDDC&S). The MEDCoE is responsible for conducting training and curriculum development for BSS training.

References

All websites accessed on 5 January 2023.

REQUIRED PUBLICATIONS

These documents must be available to the intended users of this publication.

DOD Dictionary of Military and Associated Terms. November 2022.

FM 1-02.1 *Operational Terms*. 9 March 2021.

RELATED PUBLICATIONS

These documents are cited in this publication.

JOINT AND DEPARTMENT OF DEFENSE PUBLICATIONS

Most Department of Defense publications are available online at <https://www.esd.whs.mil/DD/>. Most joint publications are available online at <https://www.jcs.mil/Doctrine/>.

DODD 2310.01E. *DOD Detainee Program*. 15 March 2022.

DODD 2311.01. *DOD Law of War Program*. 2 July 2020.

DODD 3115.09. *DOD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning*. 11 October 2012.

DODI 2310.09. *Behavioral Science Support (BSS) for Detainee Operations and Intelligence Interrogations*. 5 September 2019.

DODI 6025.27. *Medical Ethics in the Military Health System*. 8 November 2017.

JP 2-0. *Joint Intelligence*. 26 May 2022.

JP 3-0. *Joint Campaigns and Operations*. 18 June 2022.

JP 4-02. *Joint Health Services*. 11 December 2017.

ARMY PUBLICATIONS

Most Army publications are available online at <https://armypubs.army.mil>.

ADP 1. *The Army*. 31 July 2019.

ADP 3-37. *Protection*. 31 July 2019.

AR 40-68. *Clinical Quality Management*. 26 February 2004.

AR 190-8/OPNAVINST 3461.6/AFJI 31-304/MCO 3461.1. *Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees*. 1 October 1997.

AR 381-10. *The Conduct and Oversight of U.S. Army Intelligence Activities*. 27 January 2023.

AR 381-100. *The Army Human Intelligence (HUMINT) Collection Program (U)*. 27 August 2020.

ATP 4-02.46. *Army Health System Support to Detainee Operations*. 24 August 2021.

FM 2-0. *Intelligence*. 6 July 2018.

FM 2-22.3. *Human Intelligence Collector Operations*. 6 September 2006.

FM 3-39. *Military Police Operations*. 9 April 2019.

FM 3-63. *Detainee Operations*. 2 January 2020.

FM 6-27/MCTP 11-10C. *The Commander's Handbook on the Law of Land Warfare*. 7 August 2019.

OTHER PUBLICATIONS

American Psychological Association. *Ethical Principles of Psychologists and Code of Conduct*. Including 2010 and 2016 Amendments. 1 June 2003. Available online at <https://www.apa.org/ethics/code>.

References

- Executive Order 13491. *Ensuring Lawful Interrogations*. 22 January 2009. Available online at https://obamawhitehouse.archives.gov/briefing-room/presidential-actions/executive-orders?term_node_tid_depth=51&page=27.
- Geneva Convention Relative to the Treatment of Prisoners of War*. 12 August 1949. Available online at https://www.loc.gov/rr/frd/Military_Law/Geneva_conventions-1949.html.
- Geneva Convention Relative to the Protection of Civilian Persons in Time of War*. 12 August 1949. Available online at https://www.loc.gov/rr/frd/Military_Law/Geneva_conventions-1949.html.
- Gullette, E. C. D., Fennig, J., Reynolds, T., Humphrey, C., Kinser, M., and Doverspike, D. Guidelines for Education and Training at the Doctoral and Postdoctoral Levels in Consulting Psychology/Organizational Consulting Psychology: Executive Summary of the 2017 Revision. *American Psychologist*, Volume 74, Number 5, 608–614. 2019. Available online at <https://doi.org/10.1037/amp0000462>. (Subscription required.)
- H.R.2901. Detainee Treatment Accountability Act of 2005. Available online at <https://www.congress.gov/bill/109th-congress/house-bill/2901>.
- H.R.3304. National Defense Authorization Act for Fiscal Year 2014. Available online at <https://www.congress.gov/bill/113th-congress/house-bill/3304>.

PRESCRIBED FORMS

This section contains no entries.

REFERENCED FORMS

Unless otherwise indicated, DA form is available on the Army Publishing Directorate website at <https://armypubs.army.mil>.

DA Form 2028. *Recommended Changes to Publications and Blank Forms*.

TC 8-250
15 March 2023

By Order of the Secretary of the Army:

JAMES C. MCCONVILLE
General, United States Army
Chief of Staff

Official:



MARK F. AVERILL
Administrative Assistant
to the Secretary of the Army
2306804

DISTRIBUTION:

Active Army, Army National Guard, and United States Army Reserve. Distributed in electronic media only(EMO).

PIN: 214761-000