



DoD INSTRUCTION 2310.09

BEHAVIORAL SCIENCE SUPPORT (BSS) FOR DETAINEE OPERATIONS AND INTELLIGENCE INTERROGATIONS

Originating Component:	Office of the Under Secretary of Defense for Personnel and Readiness
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Approved by:	James N. Stewart, Assistant Secretary of Defense for Manpower and Reserve Affairs, Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Purpose: In accordance with the authority in DoD Directive (DoDD) 5124.02, this instruction establishes policy, assigns responsibilities, and describes the purpose and roles of BSS personnel in detainee operations and intelligence interrogations and reaffirms the responsibility of BSS personnel to perform, encourage, and support directly and indirectly, actions to uphold the humane treatment of detainees and ensuring compliance with the laws of the United States, the law of war, including the Geneva Conventions of 1949, and all applicable policies, directives, and other issuances.

- Establishes the definition of BSS, the behavioral science consultant (BSC) and the behavioral science consultant technician (BSCT).
- Establishes the qualifications of BSCs and BSCTs.
- Distinguishes BSS operations from medical operations in support of detainee operations and intelligence interrogations in accordance with DoD Instruction 2310.08E, DoDD 2310.01E and DoDD 3115.09.
- Establishes a DoD-wide process to collect, integrate, and analyze information on the utilization and effectiveness of BSS.

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SECTION 1: GENERAL ISSUANCE INFORMATION

1.1. APPLICABILITY. This issuance applies to OSD, the Military Departments (including the Coast Guard at all times, including when it is a Service in the Department of Homeland Security by agreement with that Department), the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this issuance as the “DoD Components”).

1.2. POLICY. Consistent with DoDD 2310.01E and DoDD 3115.09, it is DoD policy to use BSS as the provision of psychological expertise and consultation to commanders responsible for detainee operations or intelligence interrogations to assist with the humane treatment of detainees.

SECTION 2: RESPONSIBILITIES

2.1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)).

Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, and in accordance with DoDD 5136.01, the ASD(HA):

- a. Develops, coordinates, and oversees the compliance with DoD policy regarding BSS to detention operations and intelligence interrogations and provides supplementary direction, as necessary.
- b. Grants exceptions to provisions of this issuance, if otherwise consistent with law and other applicable requirements.
- c. Reviews all DoD Component directives, procedures, and doctrine related to BSS to detention operations and intelligence interrogations.
- d. Coordinates on issues regarding activities covered in this issuance with the:
 - (1) Under Secretary of Defense for Policy (USD(P)).
 - (2) Under Secretary of Defense for Intelligence (USD(I)).
 - (3) General Counsel of the Department of Defense.
 - (4) Secretaries of the Military Departments.
 - (5) Secretary of the Army in his or her capacity as DoD Executive Agent for Administration of Detainee Operations Program pursuant to DoDD 2310.01E, in accordance with DoDD 5101.1.
 - (6) Chairman of the Joint Chiefs of Staff.
 - (7) Combatant Commanders.
 - (8) Other DoD Component heads as appropriate.
- e. In coordination with the USD(P), the USD(I), the Secretaries of the Military Departments, the Chairman of the Joint Chiefs, and the Combatant Commanders:
 - (1) Establishes procedures for all DoD Components involved in such matters to ensure there are consistent roles and responsibilities for BSCs and BSCTs who provide BSS to detainee operations and intelligence interrogations.
 - (2) Develops and implements a DoD-wide process to collect, integrate, and analyze information on the utilization and effectiveness of BSS to detainee operations and intelligence interrogations.

2.2. DIRECTOR, DEFENSE HEALTH AGENCY. Under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness, through the ASD(HA), and in addition to the responsibilities in Paragraph 2.6., the Director, Defense Health Agency, develops business rules and procedures to ensure dissemination and implementation of this issuance, and development of other documents as determined necessary, as set forth in DoDD 5136.13.

2.3. USD(I). The USD(I), in carrying out the USD(I)'s responsibility in accordance with DoDD 3115.09, to review, approve and ensure coordination of all DoD Components policies, directives, and doctrine related to intelligence interrogations, ensures that all such issuances that relate to the use of BSS in intelligence interrogations and are developed or coordinated by the Office of the USDI(I) are coordinated with the ASD(HA).

2.4. DIRECTOR, DEFENSE INTELLIGENCE AGENCY (DIA). Under the authority, direction, and control of the USD(I), in addition to the responsibilities in Paragraph 2.6., and in accordance with DoDD 3115.09, the Director, DIA:

- a. Oversees DIA compliance with this issuance.
- b. Institutes programs within the Defense Human Intelligence Enterprise or in coordination with the Secretary of the Army as set forth in Paragraph 2.8., to comply with this issuance.

2.5. USD(P). The USD(P), in accordance with DoDD 2310.01E, ensures that all policies and guidance developed pursuant to the DoD Detainee Program that relates to the use of BSS is coordinated with the ASD(HA).

2.6. DOD COMPONENT HEADS. DoD Component heads involved in detainee operations and intelligence interrogations must:

- a. Comply with this issuance.
- b. Coordinate all component directives, procedures, and doctrine related to BSS to detainee operations or intelligence interrogations with the ASD(HA).

2.7. SECRETARIES OF THE MILITARY DEPARTMENTS. In addition to the responsibilities in Paragraph 2.6., the Secretaries of the Military Departments must:

- a. Implement the requirements of this issuance.
- b. Develop, establish, and sustain BSS personnel force management programs to recruit, train, and retain a cadre of qualified military and civilian personnel to satisfy BSS requirements.

c. Ensure health care personnel assigned to BSS duties have been appropriately trained, validated, are current and consistent with the standards and procedures established by the Secretary of the Army.

d. Assign health care personnel to BSS duties, consistent with mission requirements and allow health care personnel to volunteer for the assignment as set forth in Paragraph 3.1.e.

2.8. SECRETARY OF THE ARMY. In addition to the responsibilities in Paragraphs 2.6., and 2.7., the Secretary of the Army in his or her capacity as DoD Executive Agent for Administration of Detainee Operations Program pursuant to DoDD 2310.01E, in coordination with the ASD(HA):

a. Establishes initial training, validation standards, and refresher training that occurs no less frequently than every 5 years for BSCs and BSCTs, in coordination with the USD(I), the USD(P), the Services, and the Combatant Commands.

b. Develops a handbook or technical manual that includes detailed information on the definition, roles and responsibilities, tactics, techniques and procedures for BSS personnel.

2.9. CHAIRMAN OF THE JOINT CHIEFS OF STAFF. In addition to the responsibilities in Paragraph 2.6., the Chairman of the Joint Chiefs of Staff:

a. Takes appropriate action to incorporate this issuance into relevant joint doctrine, training, and plans, as appropriate.

b. Ensures the Combatant Commands develop consistent roles and responsibilities for BSCs and BSCTs who provide BSS to detainee operations and intelligence interrogations.

c. In coordination with the ASD(HA), develops and implements a DoD-wide process to collect, integrate, and analyze information on the utilization and effectiveness of BSS to detainee operations and intelligence interrogations.

d. Consults with the Combatant Commanders and the Secretaries of the Military Departments to monitor the implementation of this issuance.

2.10. GEOGRAPHIC COMBATANT COMMANDERS. In accordance with the responsibilities in Paragraph 2.6., through the Chairman of the Joint Chiefs of Staff, the geographic Combatant Commanders must:

a. In coordination with the ASD(HA), the USD(P), the USD(I), and the Secretaries of the Military Departments:

(1) Implement relevant doctrine, training and plans that ensure there are consistent roles and responsibilities for BSCs and BSCTs who provide BSS to detainee operations and intelligence interrogations within their respective commands.

(2) Ensure personnel who are involved in BSS operations are credentialed consistent with training requirements as described in Section 3.

b. Plan for, execute, and oversee BSS for detainee operations and intelligence interrogations within their respective commands, ensuring compliance with the issuance.

SECTION 3: PROCEDURES

3.1. BASIC PRINCIPLES FOR BSS PERSONNEL.

- a. In order to improve the effectiveness and efficiency of operations, BSS personnel report directly to the operational commanders to increase understanding of the operational environment.
- b. BSS will only be provided by BSCs who are licensed doctoral-level clinical psychologists, or BSCTs who are supervised by the BSC and who are trained specifically in BSS, are validated by the BSS training course director and receive refresher training as required by the Secretary of the Army in accordance with Paragraph 2.8.
- c. BSS 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. BSCs 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 DoD Instruction 6025.27.
- f. BSS personnel may observe, assess, and consult on detainee operations, but will not be used as a medical monitor or safety officer on, nor supervise or direct, those operations.
- g. 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.
- h. BSS personnel will not be identified to detainees as health care providers.
- i. 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 adequately to prevent loss of life, limb or eyesight or harm to self or others.
- j. BSS 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. BSS personnel who in the course of their duties or in any other way observe or suspect a possible violation of applicable standards, including those prescribed in DoDD 2310.01E,

DoDD 2311.01E, 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 a possible violation 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. BSS personnel will not review detainee's medical records or medical information as part of detainee operations or intelligence interrogations support. BSS personnel may not be used to determine detainee phobias for the purpose of exploitation during the interrogation process.

o. BSS personnel will not consult with health care providers who provide health care to detainees as part of detainee operations or intelligence interrogations support.

p. BSS personnel will not provide BSS services for detention operations or intelligence interrogations that are not in accordance with law.

q. BSS 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.
- (6) Advise command authorities on detention facility environment, organizational functioning, ways to improve detainee operations, and compliance with applicable standards concerning detainee operations.
- (7) 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.
- (8) Serve on or advise members of a detainee review board, or equivalent.
- (9) 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.

(10) 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.

3.2. REPORTABLE INCIDENT REQUIREMENTS. In accordance with DoDD 2310.01E, DoDD 2311.01E, DoDD 3115.09, and Joint Publication 3-63, BSS personnel:

a. Will carefully document and report possible, suspected, or alleged violations of the law of war, as defined in DoDD 2311.01E; Chapter 47 of Title 10, United States Code also known as the “Uniform Code of Military Justice”; and the Law of War Manual, for which there is credible information.

b. Will report possible, suspected, or alleged violations of the law of war, for which there is credible information, to the next level of command if no action is taken on a report made pursuant to this section.

c. Who believe such a 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.

GLOSSARY

G.1. ACRONYMS.

ASD(HA)	Assistant Secretary of Defense for Health Affairs
BSS	behavioral science support
BSC	behavioral science consultant
BSCT	behavioral science consultant technician
DIA	Defense Intelligence Agency
DoDD	DoD directive
USD(I)	Under Secretary of Defense for Intelligence
USD(P)	Under Secretary of Defense for Policy

G.2. DEFINITIONS. Unless otherwise noted, these terms and their definitions are for the purposes 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.

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 as described in Paragraph 2.8., and are assigned exclusively to provide consultative services to support authorized law enforcement, detention operations, or intelligence activities.

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 as described in Paragraph 2.8.

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.

detainee. Defined in DoDD 2310.01E.

detainee operations. Defined in Joint Publication 3-63.

health care personnel. Also called health care providers, defined in Joint Publication 4-02.

intelligence interrogation. Defined in DoDD 3115.09.

reportable incident. Defined in DoDD 2311.01E.

REFERENCES

- DoD Directive 2310.01E, “DoD Detainee Program,” August 19, 2014
- DoD Directive 2311.01E, “DoD Law of War Program,” May 9, 2006, as amended
- DoD Directive 3115.09, “DoD Intelligence Interrogations, Detainee Debriefings, and Tactical Questioning October 11, 2012, as amended
- DoD Directive 5101.1, “DoD Executive Agent,” September 3, 2002, as amended
- DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008
- DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- DoD Directive 5136.13, “Defense Health Agency,” September 30, 2013
- DoD Instruction 2310.08, “Medical Program Support for Detainee Operations,” September 5, 2019
- DoD Instruction 6025.27, “Medical Ethics in the Military Health System,” November 8, 2017
- DoD Law of War Manual, current edition
- Joint Publication 3-63, “Detainee Operations,” November 13, 2014, as amended
- Joint Publication 4-02, “Joint Health Services,” December 11, 2017, as amended
- United States Code, Title 10, Chapter 47