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**Behavioral Science Consultation Team
Joint Intelligence Group, Joint Task Force-GTMO
Standard Operating Procedures (U)**

28 March 2005

1. (U) **Purpose.** The purpose of this document is to establish Standard Operating Procedures (SOP) for the daily operation and administration of the Behavioral Science Consultation Team (BSCT), Joint Interrogation Group (JIG), Joint Task Force-Guantanamo Bay, Cuba (JTF-GTMO).
2. (U) **Scope.** This SOP applies to all personnel assigned to the BSCT and supersedes the previous BSCT SOP.
3. (U) **BSCT Personnel.**
 - a. (U) **BSCT Chief (BSCT1).** Clinical Psychologist, USA, 73B. Chief, responsible for all issues relating to BSCT operations. Develops detailed BSCT policies and operating procedures. Reports to the Director, JIG; coordinates with the Commander, Joint Detention Operations Group (JDOG); and, as directed, provides special staff officer functions to the Commander, JTF-GTMO. In the event that the USAF 42P3 is senior in rank to the USA 73B, JIG Director will designate team chief based on experience and training in interrogation support.
 - b. (U) **Assistant BSCT Chief (BSCT2).** Clinical Psychologist, USAF, 42P3. Assumes duties of BSCT1 in his/ her absence. Provides consultation and interrogation support to the Interrogation Control Element (ICE). Works with JDOG-S2 (Counter-Intelligence) to identify trends in detainee behavior [REDACTED] [REDACTED] may support Deployment Cycle Support program by providing training on Posttraumatic Stress and Anger Management for personnel departing JTF-GTMO.
 - c. (U) **BSCT NCOIC (BSCT3).** Mental Health Specialist, USA, 91X. Provides consultation and interrogation support to the ICE. Assesses camp climate and provides feedback to BSCT1 on issues and trends. May provide training in behavioral principles/ management to ICE and JDOG personnel; may support Deployment Cycle Support program by providing training on Posttraumatic Stress and Anger Management for personnel departing JTF-GTMO.
4. (U) **Mission.** Provide psychological consultation in order to support safe, legal, ethical, and effective detention and interrogation operations at JTF-GTMO.
5. (U) **Objectives.**
 - a. (U) Provide psychological expertise to assess the individual detainee and his environment; provide recommendations to enhance the effectiveness of interrogation operations.
 - b. (U) Use psychological expertise to provide monitoring, consultation, and feedback regarding the entire detainee environment in order to assist the command in ensuring humane treatment of detainees, the prevention of abuse, and the safety of U.S. personnel.

CLASSIFIED BY: JTF-GTMO Classification Guide dated 10 June 2004
REASON: 1.4(C) or Intelligence Activity, Source, or Methods
DECL ON: 28 March 2030

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6. (U) Mission Essential Tasks.

a. (U) Provides consultation to interrogation staff in support of the intelligence collection mission.

(1) (S) [REDACTED]
(b)(1)

(2) (S) [REDACTED]
(b)(1)

(a) (U//FOUO) [REDACTED]
(b)(2)

(b) (S) [REDACTED]
(b)(1)

(3) (S) [REDACTED]
(b)(1)

b. (U) Monitors interrogations and other staff-detainee interactions; provides consultation on policies and strategies for ensuring the safety of detainees and JTF-GTMO personnel; provides direct feedback to command on issues involving psychological risk factors affecting detainee operations.

(1) (U) Provide psychological oversight to ensure that staff-detainee interactions are safe for both detainees and U.S. personnel. Immediately call attention to and appropriately report any interactions that are considered unsafe, unethical, illegal or in violation of applicable policies and procedures.

(2) (U) Provide feedback to command in verbal or written form to JIG Director, JDOG Commander, or JTF Commander, as appropriate, regarding potential risks to detainees and U.S. personnel at JTF-GTMO.

(3) (U//FOUO) [REDACTED]
(b)(2)

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c. (U) Monitors behavioral trends in the detainee population and integrates findings into consultation in support of interrogation and detention operations.

(b)(1)(1) (S) [Redacted]

(b)(1) (2) (S) [Redacted]

(b)(1)(3) (S) [Redacted]

d. (U) Provides selected JIG and JDOG personnel with training on behavioral, psychological, and cultural issues pertaining to the detainee population.

(b)(2) (1) (U//FOUO) [Redacted]

(b)(2) (2) (U//FOUO) [Redacted]

(3) (U//FOUO) Provides training to facilitate the maintenance of a stable and secure detention environment, such as appropriate ways to respond to detainee misbehavior, recognition and reporting of behavior patterns, minimizing transfer of information from guard staff to detainees, and strategies for increasing pro-American sentiment.

(4) (U) Provides training to increase awareness of religious and cultural issues unique to the detainee population, such as proper handling of Qur'ans, ways to demonstrate respect for religious practices, and special practices during religious holidays (e.g., Ramadan).

e. (U) Advises JIG and JDOG on use of materials for the Detainee Library and sits on the Library Advisory Board.

(1) (U) Participates on Library Advisory Board to review library materials and advise JIG and JDOG on future acquisitions.

(2) (U) As a member of the Board, reviews library operations and forwards recommendations to the JIG Director and JDOG commander

(S) [Redacted] (b)(1)

(1) (S) [Redacted] (b)(1)

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(2) (S)

(b)(1)
(3) (S)

g. (U) Assists in the development of detention facility behavior management plans.

(1) (U) Consults with JDOG S-3, JDOG S-2, Medical, Behavioral Health, and ICE personnel to develop camp-wide strategies for improving behavioral levels of detainees.

(a) (U) Provides input into the development of strategies for reducing unwanted behavior, such as re-location or movement of detainees, disciplinary actions, structural or procedural changes within the camp.

(b) (U) Provides input into the development of strategies for increasing positive behavior, such as implementation of incentive programs, reinforcement programs for positive behavior, and increasing access to recreational and social activities.

b (1)

(2) (S)

h. (U) Consults with JTF Commander on detainee issues, staff issues, and camp dynamics, and provides recommendations on ways to improve camp operations. BSCT personnel have full and direct access to JTF Commander to consult on all aspects of JTF mission.

i. (U) Other duties as assigned.

7. (U) Mental Health and Medical Services.

a. (U) BSCT personnel shall not conduct mental health evaluations or provide mental health treatment to detainees or JTF-GTMO personnel. BSCT personnel will take all reasonable steps to ensure that they are not perceived as healthcare providers for detainees or JTF-GTMO personnel.

(1) (U) The Joint Medical Group (JMG) provides all medical treatment, including mental health evaluation and treatment, for detainees and JTF-GTMO personnel. Services for detainees are provided through the Detention Hospital, Detention Clinic, and Detainee Behavioral Health Service. Services for JTF-GTMO personnel are provided through the Combat Stress Control, Joint Aid Station, and U.S. Naval Hospital, GTMO.

(2) (U) The JMG is responsible for advising JIG personnel (i.e., BSCT and ICE Operations) if there are any known physical, psychological, or medical conditions; limitations to functioning; or restrictions to usual activities that one is required to consider in order to ensure the safety of the detainee and U.S. personnel, e.g., diabetes, heart condition, special diet, psychological instability, contagious conditions.

b. (U) BSCT personnel will function as Medical Liaison Officers for the intelligence unit based on procedures established in conjunction with Joint Medical Group. When concerns about health status or medical condition of detainees are raised through observation by BSCT personnel, inquiries

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raised by interrogators or other reporting mechanisms, BSCT will convey these concerns to appropriate medical personnel for evaluation, treatment, and disposition.

(1) (U) Neither BSCT personnel nor interrogation teams have access to medical records of detainees. The BSCT acts as medical liaison between interrogation teams and medical personnel in order to maintain the separation between medical care and intelligence-collection.

(2) (U) The BSCT will direct requests for information and issues of medical concerns brought up by interrogation teams to the JTF-GTMO-JMG organizational box. From there it will be routed to the appropriate medical/ dental personnel for response to BSCT personnel who will forward to originator of the inquiry.

(3) (U) The kind of information shared will generally fall into two categories. The first is that of physical or medical conditions, or functional limitations, that one is required to consider in order to ensure the safety of the detainee and U.S. personnel, e.g., diabetes, heart condition, special diet, or contagious conditions. The other category of information shared is whether medical personnel were aware of the condition, if it had been evaluated and treated, or if an appointment is pending to address the concern.

(4) (U) The BSCT will meet on a regular basis with the Director, Joint Medical Group; Director, Medical Plans and Operations; OIC, SMO, and other staff from the Detention Hospital and Detainee Behavioral Health Service in order to discuss any issues related to policies and procedures.

8. (U) **Intelligence Collection with Juveniles.** JTF-GTMO does not normally detain Juvenile Enemy Combatants, however, in order to deal with this possibility, special procedures must be established. Juveniles are defined as any person below the age of 16. Gathering intelligence from juveniles will require special precautions and extra care because juveniles are often more vulnerable with less developed coping skills than adults. In order to ensure proper care for the juvenile detainee, the following procedures will be followed:

a. (U) For any person under the age of 16, a BSCT personnel will be present for the entire time of interrogation. A medical provider will evaluate the juvenile prior to and after the interrogation. The interrogation plan must be reviewed by the BSCT psychologist, ICE Regional Team Chief, ICE Chief, and the JIG Director.

b. (S)

[REDACTED]

(b)(1)

c. (S)

[REDACTED]

(b)(1)

(1)(S)

[REDACTED]

(b)(1)

(2) (U) Since many juvenile detainees have come from deprived environments, special effort will be made to ensure their protection, to provide necessary emotional support, and to provide education as available.

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(3) (U) Transportation and the security of the detainees will be organized and implemented by the JDOG personnel. [REDACTED]

(b)(2)

9. (U) **Other Operational Procedures.** The following procedures apply to the daily BSCT operations.

a. (U) **OPSEC.** All operations of the BSCT must conform to guidance set forth in JTF-GTMO General Order Number 2. Specific considerations for BSCT personnel are as follows.

(1) (U) Ensure that classified material (files, papers, photos, disks) are properly secured in the safe designated for BSCT use; at no time shall classified materials be left unattended in BSCT offices.

(2) (U) Do not discuss detainee operations or other classified information over unclassified phone lines.

(3) (U//FOUO) Sanitize uniforms by placing tape over the name when working in or visiting areas where contact with detainees is possible, including detainee blocks, interrogation buildings, and medical facilities.

(4) (U//FOUO) Use a courier bag when transporting classified or sensitive documents. Do not use courier bags for transportation of unclassified or prohibited materials.

(5) (U) Do not discuss detainee operations in areas where individuals without appropriate clearance or need to know could overhear information.

(6) (U) Do not discuss operations, current events, or personal information in the presence of detainees.

(7) (U) Ensure BSCT offices are locked at the end of the day and that the security checklist is completed. The last person leaving the building must also complete the security checklist for the building and ensure the front door is secured using the combination lock.

b. (U) **Vehicle Operations.** Ensure the BSCT vehicle is taken to motor pool for reassignment and routine maintenance NLT the end of each month.

c. (U) **Supplies.** Required office/administrative supplies can be obtained through the ICE Admin office. Other supplies and equipment can be ordered through ICE Admin office by completing the appropriate purchase order request.

10. (U) **Battle Rhythm.** Successful execution of day-to-day mission requirements requires flexibility, self-discipline, and ability to multi-task and prioritize in all BSCT personnel. There are often competing urgencies. Many tasks are self-directed; many demands are made with little or no notice while others are scheduled in advance. Assessments typically require a series of observations in different settings and hours of research. Many day-to-day activities are determined by response to requests for consultation and observation; often, rapid response is required. Some committee meetings and working groups follow established schedules while others are generated by the BSCT for specific purposes.

a. (U) **Ethical and legal responsibilities.** In addition to the other duties and qualifications noted in this document, it is the responsibility of all BSCT personnel to familiarize themselves with and adhere to

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SUBJECT: BSCT SOP (U)

the UCMJ, Geneva Conventions, applicable rules of engagement, local policies, as well as professional ethics and standards of psychological practice. All BSCT personnel will be expected to:

- (1) (U) Read and adhere to JTF-GTMO policy memoranda, regulations, and SOPs.
 - (2) (U) Immediately report any suspicions of abuse of detainees or misconduct by U.S. personnel to JIG Director who is responsible for further reporting to JTF Commander.
 - (3) (U) Consult with colleagues and their chain of command regarding any conflicts that may arise between professional requirements and performance of their duties.
- b. (U) **Referral process for consultations.** Interrogators may request consultation to support interrogations or other requirements by contacting any member of the BSCT. This will most typically occur in person at BSCT offices, by telephone, or by email.
- c. (U) **Committee Membership.** BSCT personnel participate in the following committees, working groups, and meetings.

- (1) (U) Interrogation Strategy Meeting (ISM, BSCT1): weekly in the JIG conference room.
- (2) (U) JIG Command and Staff Meeting (BSCT1): weekly in the JIG conference room.
- (3) (U) JIG pre-ISM (BSCT1/2): weekly in the JIG conference room.
- (4) (U) ICE Coordination Meeting (BSCT1/2): weekly in the ICE Conference Room.
- (5) (U) JDOG Coordination Meeting (BSCT1/2): weekly in the ICE Conference Room.
- (6) (U) JDOG Company Training (BSCT1/2/3): Camp America Chapel as convened by JDOG.
- (7) (U) ICEbox Review Committee (BSCT1/2/3): ICE Conference Room; convened by BSCT as needed.
- (8) (U) Library Advisory Board (BSCT1/2): Meetings as convened by chair.
- (9) (U) Other committees/ roundtables/ working groups, as appropriate.

11. (U) **Point of Contact.** The point of contact for this SOP is BSCT Chief at [REDACTED]

Attachments:

- Annex A – BSCT Assessment: Guidelines & Format (U)
- Annex B – BSCT Observation Report: Guidelines & Format (U)
- Annex C – BSCT Risk Assessment: Guidelines & Format (U)

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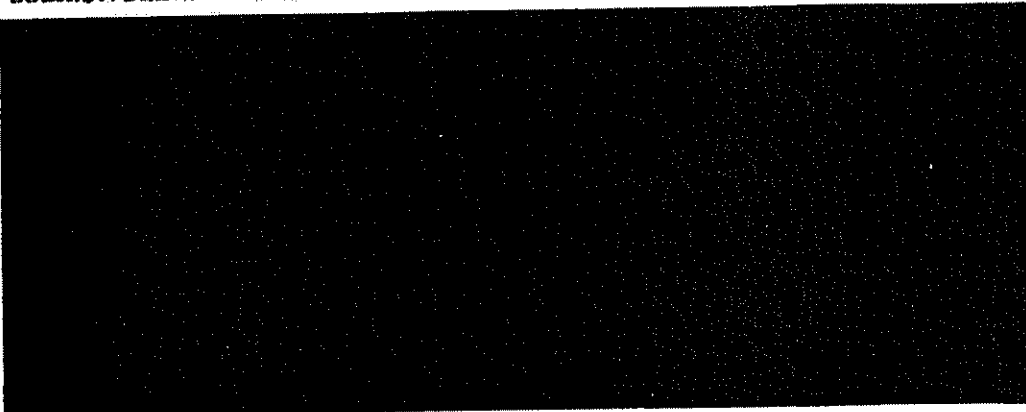
SUBJECT: BSCT SOP - Annex A
BSCT Assessment: Guidelines & Format (U)

JTF-GTMO- [REDACTED]

Date

MEMORANDUM FOR RECORD

SUBJECT: Behavioral Science Consultation Team Assessment; ISN XXX



4. (U//FOUO) Physical/ medical limitations: Include here a statement of any known physical or medical conditions, or limitations to functioning, that one is required to consider in order to ensure the safety of the detainee and U.S. personnel, e.g., diabetes, heart condition, special diet, or contagious conditions.

5. (U) Social history: [REDACTED]

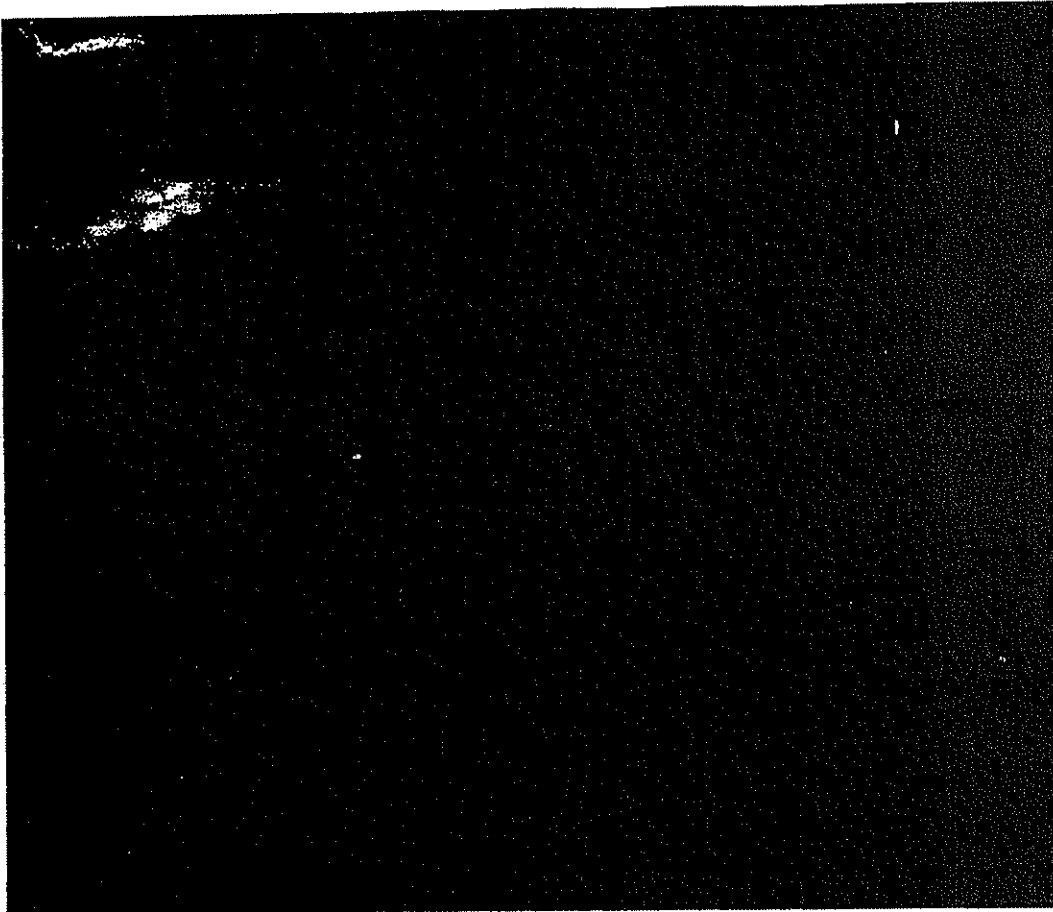
- a. (S) [REDACTED]
- b. (S) [REDACTED]
- c. (S) [REDACTED]
- d. (S) [REDACTED]

CLASSIFIED BY: JTF-GTMO Classification Guide dated (date of current guide)
REASON: 1.4(C) or Intelligence Activities, Sources, or Methods
DECL ON: (Future date - dependent on report content and Classification Guide noted)
BSCT SOP, Annex A 1

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SUBJECT: BSCT SOP - Annex A
BSCT Assessment: Guidelines & Format (U)



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Note: Sample reports may be found in electronic files.

BSCT SOP, Annex A 2

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FOIA/Press Assertion

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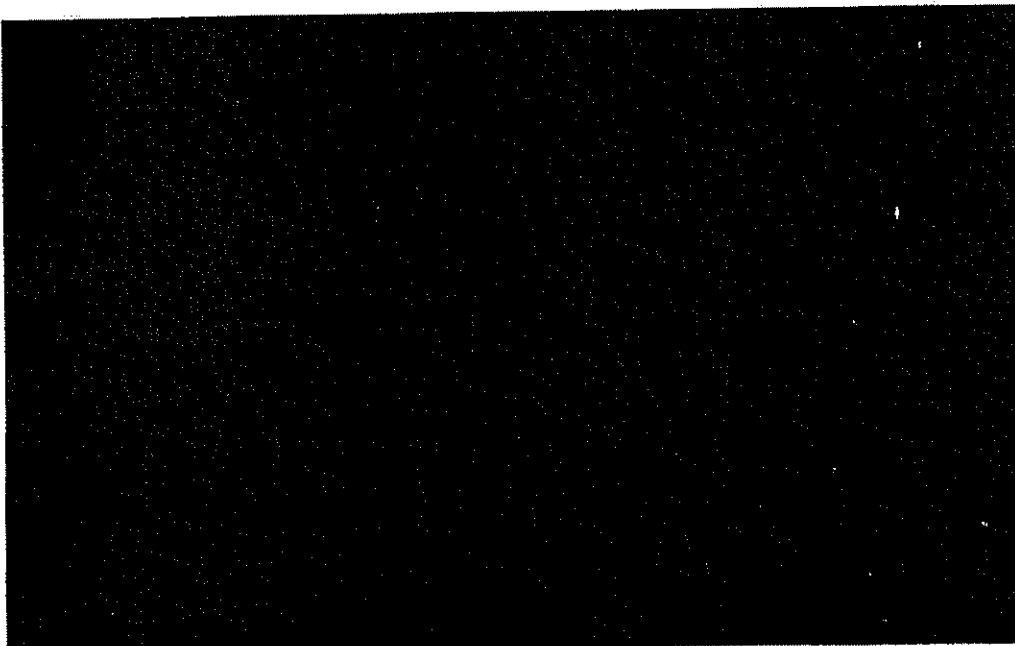
SUBJECT: BSCT SOP - Annex B
BSCT Observation Report: Guidelines & Format (U)

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Date

MEMORANDUM FOR RECORD

SUBJECT: Behavioral Science Observation Report - ISN XXXXX



BSCT3
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REASON: 1.4(C) or Intelligence Activities, Sources, or Methods
DECL ON: (Future date - dependent on report content and Classification Guide noted)

BSCT SOP, Annex B 1

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FOIA/Privacy Annotations

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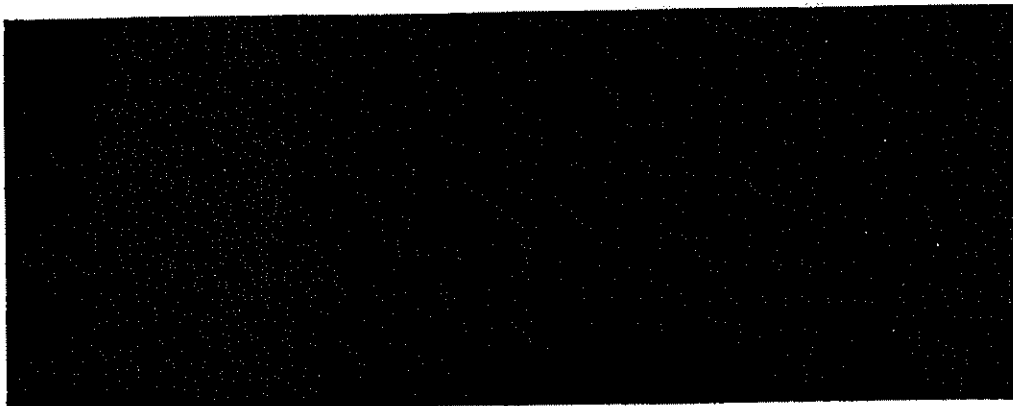
SUBJECT: BSCT SOP - Annex C
BSCT Risk Assessment: Guidelines & Format (U)

JTF-GTMO- [REDACTED]

Date

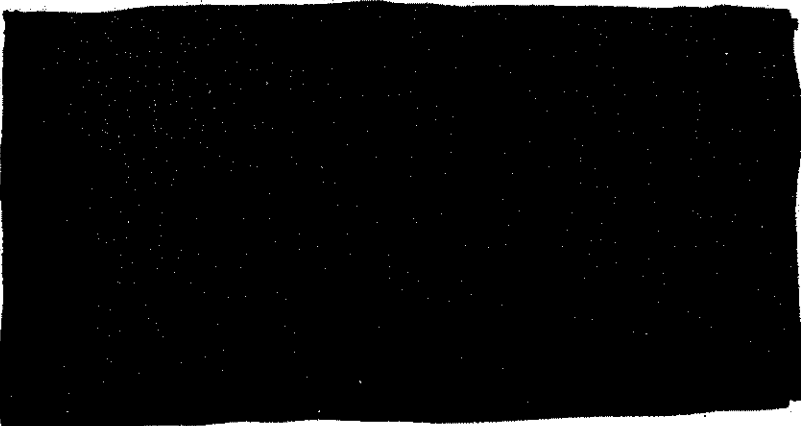
MEMORANDUM FOR RECORD

SUBJECT: Behavioral Science Consultation Team Risk Assessment; ISN XXXXXXXXXX



2. (U) Sources of Information: It is useful to identify in the risk assessment the sources used. There are many potential sources of information for these assessments including:

- a. (U)
- b. (U)
- c. (U)
- d. (U)
- e. (U)
- f. (U)
- g. (U)
- h. (U)



b(z)

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BSCT SOP, Annex C 1

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FOIA/Accession

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SUBJECT: BSCT SOP - Annex C
BSCT Risk Assessment: Guidelines & Format (U)

3. (U//FOUO) Psychosocial History: Provide a brief history based on information from database and hard copy files available at the time of review. Include age, place of birth, family of origin, motivations for violent jihad-travels, training/ education, capture, custody; language(s) spoken and fluency.

4. (U//FOUO) Health Status: Provide a brief summative statement based on medical and other reports, interviews with medical personnel, and possibly direct observation. A general statement will have been provided to DAB by medical personnel and will be used to develop the assessment as noted below. BSCT will need to use medical summary to identify the three elements of function – physical, cognitive and behavioral.

a. (U//FOUO) History: a brief statement of overall medical condition, provided by medical personnel.

b. (U//FOUO) Treatment: primary focus of this section will be on treatment provided while in custody but may include prior history if significant. This may include both medical and behavioral health treatment. Medical personnel will provide information necessary for the purposes of the DAB assessment.

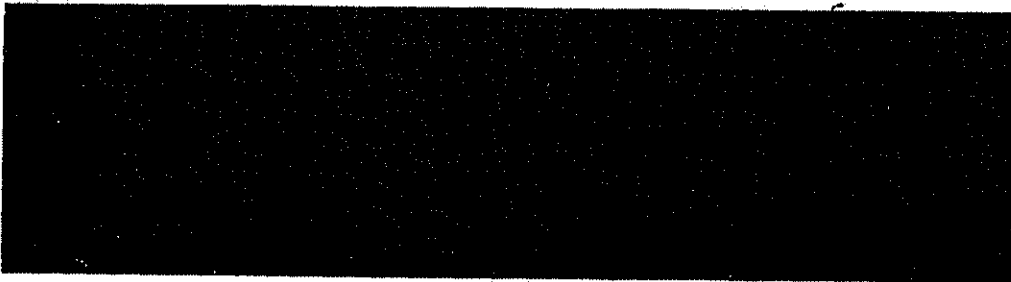
c. (U//FOUO) Function: section is comprised of a series of three statements regarding detainee's current level of functioning – physical, cognitive, and behavioral.

(1) (U//FOUO) Physical: a statement of overall physical functioning, including any significant limitations.

(2) (U//FOUO) Cognitive: a statement of general cognitive functioning including any significant limitations or deficits, and demonstrated intellectual abilities.

(4) (U//FOUO) Behavioral: an observationally-based statement of behavioral functioning while in detention.

d. (U//FOUO) Prognosis: a statement of prognosis based on current health status.



BSCT SOP, Annex C 2

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FOUO/Secret Annotation

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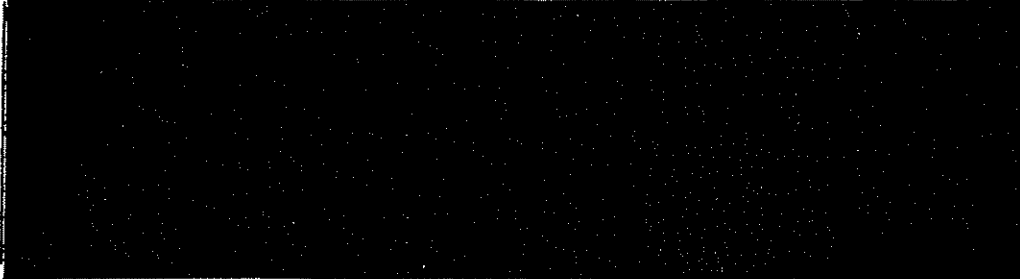
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**SUBJECT: BSCT SOP - Annex C
BSCT Risk Assessment: Guidelines & Format (U)**



**BSCT1
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BSCT SOP, Annex C 3

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FCIA/Privacy Association

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Camp Delta Standard Operating Procedures (SOP)

**Headquarters,
Joint Task Force - Guantanamo (JTF-GTMO)
Guantanamo Bay, Cuba
28 March 2003**

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